

# Home and Community Based Services (HCBS) Case Manager/Supports Coordinator (CM/SC) Training

## Module 3: Compliance Monitoring



# Learning Objectives

1

Review the HCBS Final Rule Set and its requirements

2

Understand compliance monitoring processes and activities

3

Learn about role of the CMHSP, PIHP, and CM/SC in achieving and documenting HCBS compliance



# **PART 1:**

## **Review:**

# **The HCBS Final Rule Set**



# Final Rule- Review

The HCBS Final Rule set emphasizes individuals' rights and freedoms, including but not limited to:

- Civil rights
- Privacy
- Dignity
- Choice in services, settings where services are provided, and who provides the services

These freedoms can only be limited if there are health and/or safety reasons that justify the identified restriction. Health and safety reason(s) must be:

- Identified and justified in the Individual Plan of Service (IPOS).
- Provide evidence of the need for the restriction.
- Meet be consistent with federal requirements set down by Centers for Medicare & Medicaid Services (CMS) and to the satisfaction of MDHHS.



# HCBS Final Rule:

## Requirements for Residential Settings

- The requirements for residential settings apply to provider-owned or controlled settings.
- If it can be shown that an individual is living in a private home, the residence is presumed to be compliant with the HCBS requirements. However, HCBS services and supports provided in the private home must be compliant with the HCBS rule.
- Individuals receiving Medicaid HCBS have the same rights, protections, and assurances in all living arrangements as those not receiving Medicaid HCBS.



# HCBS Final Rule:

## Requirements for Residential Settings (cont'd)

**Meals-** Individuals must have access to food at any time. This does not mean the residential setting must be prepared to make a full meal at any time, but the individual must have access to food and food preparation utensils and appliances when they choose. The type of food offered must be something that the individual likes to eat.

**Visitors-** Individuals must be allowed to have visitors of their choosing at any time.

**Lockable doors-** Residential settings must have bedroom and bathroom doors that are lockable by the individual, with only appropriate staff having keys to the doors. The doors must be lockable from the inside of the room and equipped with positive-latching, non-locking- against-egress hardware. This means the door should open from the inside in one single motion such as the turn of the knob or handle. If the setting utilizes keypads, the individual must have a unique code and have the manual dexterity and capacity to utilize the keypad.



# HCBS Final Rule:

## Requirements for Residential Settings (cont'd)

**Freedom to Furnish and Decorate Room-** Individuals must have the freedom to furnish and decorate their room however they choose. In the case of a shared room, the furnishings and decor may be a collaborative effort with roommates.

**Choice of Roommate-** Individuals must have their choice of roommate if possible. In some circumstances, there may only be limited beds available at the residence so if the individual chooses that setting, they may also be choosing that bed without the ability to choose the roommate. Different arrangements may be made as the individual continues to live in that setting.

**Freedom to Control Schedule, Activities, and Resources-** Individuals must have freedom to control their own schedules, activities and resources to the extent they desire. If they choose to receive assistance, that should be provided as needed and desired by the individual.



# HCBS Final Rule:

## Requirements for Residential Settings (cont'd)

**Privacy-** Individuals must have privacy in their unit. This includes physical privacy as well as keeping any of the individual's confidential information private. Protected health information and other confidential personal information must be stored in a locked area.

**Accessibility-** Each setting must be physically accessible to the individuals residing there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals utilizing wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walking aids to navigate easily if individuals with these types of mobility aids reside in the setting.

**House Rules-** House rules are not permitted.





# HCBS Final Rule:

## Requirements for Residential Settings (cont'd)

**Evictions and Appeals-** Individuals receiving services must have a lease or other legally enforceable agreement that offers comparable responsibilities and protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other locality.

For settings in which landlord/tenant laws do not apply, MDHHS or its designee must ensure that a lease, Resident Care Agreement (RCA) or other written agreement is in place for each individual and that the lease or agreement provides protections that address eviction processes and appeals similar to that of landlord/tenant laws.

The RCA must be accompanied by the Summary of Residents Rights document. An original copy of this document will be signed and kept in the individuals record with a copy provided to the individual.

**Control of Personal Resources-** The HCBS Final Rule requires that individuals be able to control their personal resources.



# HCBS Final Rule:

## Service Specific HCBS Requirements

**Skill-Building Assistance-** Consists of activities identified in the IPOS that assist a beneficiary to increase their economic self-sufficiency with an emphasis on developing and teaching skills that lead to the individual competitive integrated employment (ICIE) and developing skills to successfully engage in meaningful activities such as school, work, and/or volunteering.

- These services occur in community-based integrated settings with individuals without disabilities, provide knowledge and specialized skill development and/or supports to achieve specific outcomes consistent with the individual's identified goals with the purpose of furthering habilitation goals that will lead to greater opportunities of community independence, inclusions, participation, and productivity.
- Skill-Building Assistance is a time-limited service with primary focus on skill development, acquisition, retention, or improvement in self-help socialization and adaptive skills.



# HCBS Final Rule:

## Service Specific HCBS Requirements

**Community Living Supports (CLS)**- are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of their goals of community inclusion and participation, independence or productivity.

- The supports may be provided in the individual's residence or in community settings.
- Services should provide opportunities for integration with the community and participation in activities comparable to activities for individuals of similar age or with similar interests who do not receive Medicaid HCBS.



# HCBS Final Rule:

## Service Specific HCBS Requirements (cont'd)

**Supported Employment-** services that are provided in a variety of community settings for the purposes of supporting individuals in obtaining and sustaining individual competitive integrated employment.

- Provides a combination of ongoing support and paid employment that enables the individual to work in the community. Setting options offered should include community-based, integrated work settings where individuals with disabilities work alongside other individuals who do not have disabilities.
- Supported Employment is no longer monitored under HCBS compliance as this service must be provided in the community and therefore is presumed to be compliant.



# Knowledge Checkpoint

True or False

Individuals receiving Medicaid HCBS have the same rights, protections, and assurances in all living arrangements as those not receiving Medicaid HCBS.



# Knowledge Checkpoint

## True or False

Individuals receiving Medicaid HCBS have the same rights, protections, and assurances in all living arrangements as those not receiving Medicaid HCBS.

**True**



# Knowledge Checkpoint

Under the HCBS Final Rule, individuals' rights to civil rights, privacy, dignity, and choice in services can only be restricted under certain circumstances. Which of the following conditions must be met for such a restriction to be justified?

- A. The restriction only needs to be included in the service provider's policies.
- B. The restriction must be identified and justified in the IPOS.
- C. The restriction is based on health and safety reasons with evidence provided.
- D. The restriction must meet federal requirements and be approved by MDHHS.



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## **PART 2:**

# **CMHSP, PIHP, CM/SC and MDHHS Compliance Monitoring Roles**



# CMHSP Role- Broad Overview

- **Community-Based Services:** CMHSPs provide mental health, intellectual and developmental disabilities, and substance use disorder services within the community. These services are designed to promote recovery, independence, and integration into everyday life.
- **Comprehensive Care:** CMHSPs offer a wide range of services, including case management, psychiatric support, crisis intervention, and long-term care for individuals with serious mental health needs.
- **Eligibility:** CMH agencies assess and determine eligibility for services based on an individual's needs, ensuring equitable access to care for vulnerable populations.



# CMHSP Role- HCBS Responsibilities

- **Person-Centered Planning (PCP):** Ensure each individual receiving HCBS has a comprehensive, person-centered plan that reflects their personal goals, preferences, and needs.
- **Service Delivery and Monitoring:** Oversee the delivery of HCBS services to ensure they are community-based, promote integration, and protect the rights and freedoms of the individuals served.
- **Supporting Independence:** Promote community involvement and self-determination, with services designed to help individuals achieve the highest level of independence possible.



# CMHSP Role- HCBS Compliance Monitoring

- **Ensuring Compliance:** CMHSPs are responsible for ensuring HCBS settings meet the federal and state requirements, including privacy, dignity, freedom of choice, and integration into the broader community.
- **Ongoing Evaluation:** CMHSPs must regularly monitor and assess services to confirm compliance with HCBS rules, especially regarding any restrictions in service delivery, which must be justified and documented in the IPOS.
- **Corrective Actions:** When issues of non-compliance are identified, CMHSPs take corrective actions to align services with HCBS standards and support participant rights.



# PIHP Role- Broad Overview

- **Funding and Oversight:** PIHPs manage Medicaid funding for behavioral health services, overseeing the allocation and distribution of funds to ensure compliance with Medicaid requirements and standards.
- **Provider Network Management:** PIHPs manage and maintain a network of providers offering mental health, intellectual and developmental disabilities, and substance use disorder services. This network includes inpatient, outpatient, and crisis intervention services to meet diverse community needs.
- **Care Coordination:** PIHPs ensure seamless coordination of care across various settings, including hospitals, community clinics, and residential facilities. Their goal is to guarantee that individuals receive the right services at the right time.



# PIHP Role- HCBS Responsibilities

- **Contracting and Monitoring:** PIHPs contract with CMHSPs and service providers to deliver HCBS, ensuring that all providers comply with Medicaid and state regulations.
- **Ensuring Quality of Care:** PIHPs are responsible for setting quality standards and monitoring service providers to ensure they meet the person-centered principles and rights established by the HCBS Final Rule set.
- **Service Accessibility:** By managing provider networks and distributing resources, PIHPs ensure that HCBS are accessible to individuals with diverse needs, promoting independence and community integration.



# PIHP Role- HCBS Compliance Monitoring

- **Oversight and Accountability:** PIHPs play a critical role in monitoring compliance with HCBS standards, including regular audits and reviews of provider performance to ensure adherence to federal and state requirements.
- **Education and Technical Assistance:** PIHPs are responsible to ensure and document that all providers are trained in the HCBS rule and monitored consistently for compliance.
- **Review and Approve Plans:** PIHPs are tasked with ensuring that IPOS developed by CMHSPs meet HCBS requirements, including the documentation and justification of any service restrictions imposed for health and safety reasons.
- **Corrective Actions and Performance Improvement:** When issues of non-compliance are identified, PIHPs work with CMHSPs and providers to implement corrective actions and improve service quality, ensuring that individuals continue to receive person-centered care in the least restrictive settings.



# CM/SC Role- Broad Overview

- **Individualized Care Coordination:** CM/SCs work directly with individuals to conduct comprehensive assessments and develop an IPOS that aligns with their unique goals, preferences, and needs. The IPOS ensures that services are personalized and promote recovery, independence, and community inclusion.
- **Advocacy and Support:** Acting as advocates, CM/SCs ensure individuals receive access to essential services, such as medical care, mental health support, and social services. They navigate the system on behalf of individuals, removing barriers to care and securing the right resources.
- **Ongoing Monitoring and Adjustment:** CM/SCs are responsible for regularly monitoring the individual's progress. They review and revise the IPOS as circumstances change or as goals evolve, ensuring that services continue to support the individual's journey toward independence.





# CM/SC Role- HCBS Responsibilities

- **PCP Process:** CM/SCs lead the PCP process, involving individuals, their families, and their support teams to ensure that the IPOS is fully aligned with the individual's goals. This process is central to HCBS services, promoting autonomy, dignity, and choice.
- **Coordination of HCBS:** CM/SCs ensure that the services provided under HCBS are integrated into the IPOS. They work with various service providers to coordinate care that meets the individual's specific needs.
- **Addressing Health and Safety Restrictions:** If any restrictions are required for health or safety reasons, CM/SCs are responsible for documenting the restriction and justification in the IPOS. They must ensure that these restrictions comply with HCBS rules and are based on clear, documented evidence.



# CM/SC Role- HCBS Compliance Monitoring

- **Monitoring for Quality and Compliance:** CM/SCs regularly monitor the implementation of services to ensure compliance with HCBS Final Rule requirements. This includes ensuring that services promote integration into the community and do not unnecessarily restrict individual rights.
- **Progress Review and Reporting:** CM/SCs are responsible for tracking and documenting the individual's progress toward the goals outlined in the IPOS. They report on outcomes and make timely adjustments to the IPOS to reflect any changes in needs, preferences, or circumstances.
- **Ensuring Accountability:** CM/SCs ensure that service providers are delivering high-quality care in accordance with HCBS standards. They are also responsible for identifying and addressing any areas of concern or non-compliance.



# Collaboration Between the CMH, PIHP, and CM/SC

## Coordination Across Systems:

The successful delivery of services under HCBS relies on collaboration between CMH agencies, PIHPs, and CM/SCs. These entities work together to ensure that individuals receive coordinated care tailored to their unique needs.

- **CMH Role:** Provides direct services and supports to individuals in the community, including mental health, intellectual and developmental disabilities, and substance use disorder services.
- **PIHP Role:** Manages Medicaid funding and oversees compliance with regulatory and quality standards for service providers.
- **CM/SC Role:** Directly engages with individuals to develop and implement the IPOS, ensuring that services are delivered according to the individual's goals.



# Collaboration Between the CMH, PIHP, and CM/SC (cont'd)

## Monitoring Compliance:

CMH and PIHPs are responsible for ensuring that service providers comply with Medicaid requirements and quality standards. CM/SCs collaborate with service providers to ensure that services align with the goals and objectives in the IPOS.

- **CM/SC Involvement:** Through ongoing monitoring and coordination, CM/SCs ensure that services provided meet the individual's needs while adhering to HCBS standards.
- **CMH/PIHP Oversight:** CMH and PIHPs ensure that all services meet regulatory and compliance measures, tracking performance and intervening when providers do not meet standards.



# Collaboration Between the CMH, PIHP, and CM/SC (cont'd)

## Ensuring Access to Services:

The collaboration between CMH, PIHPs, and CM/SCs is essential in helping individuals access necessary services that promote recovery, health, and well-being.

- **Joint Responsibility:** CMH, PIHPs, and CM/SCs work together to reduce barriers, ensure individuals have access to the appropriate services, and advocate for the resources needed to support independence and integration into the community.
- **Holistic Approach:** This collaborative framework ensures that individuals receive a comprehensive approach to care, where mental health, medical, and social supports are coordinated and continuously monitored for quality and effectiveness.



# **PART 3:**

# **Compliance Monitoring**



# Compliance Monitoring

- Assessments (comprehensive and physical) for HCBS compliance occur on a regular basis and focus on the rights and freedoms of participants, including but not limited to:
  - Civil rights.
  - Privacy.
  - Dignity.
  - Choice of services, settings where services are provided, and who provides the services.
- HCBS compliance monitoring is also part of MDHHS' site review process.
- Monitoring includes review of provider policies, handbooks, IPOS's, activity calendars, etc.



# HCBS Assessments

- **HCBS Annual Physical *Setting* Assessment:** this assessment is done annually, at least one per year and will ensure the setting providing the service to waiver participants is compliant with the HCBS standards that relate to the physical structure of the setting including but not limited to access to all public areas of the setting.
- **HCBS Comprehensive Assessment:** this assessment will be completed every three years for each beneficiary and will focus on the individual's experience of the setting including freedom of movement and satisfaction with setting.
- The CM/SC may be asked to assist in the physical assessment and comprehensive assessment process.





# Corrective Action Plan (CAP)

- A CAP may be developed between the CMH, PIHP, and the provider when there are areas of non-compliance.
- A CAP is required for settings that have areas of non-compliance that can likely be corrected.
- CM/SC's should know if an individual's setting is required to implement corrective action(s) in response to issues.
- If the setting is under a CAP, the CM/SC should monitor to ensure these changes are occurring.



# Heightened Scrutiny (HS)

- HS means additional information needs to be collected about a setting's compliance with selected HCBS requirements.
- HS is a detailed review, or “second look” of selected settings, service providers, and individuals receiving services to determine if the setting and services meet the Final Rule set or could meet the requirements by making certain changes.



# What Triggers HS?

A setting or service that requires HS has at least one of the following characteristics:

- Setting is located in a building that is also a publicly- or privately-operated facility that provides inpatient institutional treatment.
- Setting is in a building on the grounds of, or immediately adjacent to, a public institution.
- Setting or service has the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS.



# HS Process

- Evidence for HS is gathered by MDHHS or its designated entity.
- Once collected, evidence will go through a review process.
- The CM/SC may be asked to assist in providing documentation, make a visit to the home to physically assess the home/restrictions.
- A determination will be made by MDHHS regarding the setting's compliance with the rule. This will require additional consultation with MDHHS.



# The Critical Role of the CM/SC in Ensuring Provider Compliance with HCBS Requirements

## CM/SCs:

- Are essential in ensuring that providers achieve and maintain compliance with regulations.
- Serve as the key link between residents, care providers, and regulatory guidelines.
- Help providers understand and implement any restrictions/modifications that are necessary to meet individual needs while staying compliant with standards.
- Communicate with providers and residents to ensure restrictions/modifications are managed in compliance with HCBS requirements.
- **Collaboration with Other CM/SCs:** In homes with multiple CM/SCs, coordination is necessary to maintain consistent care and compliance. This collaboration ensures all residents' needs are met, without conflicting or overlapping services.



# **PART 4:**

## **Best Practices to Achieve and Document HCBS Compliance** **(Lessons Learned From HCBS HS Reviews)**



# Remember the Purpose of the HCBS Rule Set

- Ensure that individuals receiving HCBS have the same opportunities to exercise autonomy as you and I do.
- Provide the necessary support to help them implement their choices effectively.
- Strive to ensure that HCBS fosters, develops, and enhances the individual's independence and connection to their community.



# Collaboration is Essential for Achieving Compliance

Achieving compliance with the HCBS Final Rule set involves a diverse group of stakeholders, each playing a specific role, including:

- The individual and their family member or support network.
- CM/SCs.
- CMHSP and PIHP quality and contract oversight staff.
- Direct care workers.
- Individual providers and provider agencies.
- MDHHS HCBS staff.
- MDHHS site review staff.





## Collaboration is Essential for Achieving Compliance (cont'd)

CM/SCs play a crucial role in connecting individuals' hopes, desires, and lived experiences. The HCBS Final Rule set provides the structural foundation for this connection, while the dedication and documentation efforts of CM/SCs pave the way.

The following slides focus on the CM/SC's role in documenting critical aspects of the HCBS Final Rule to demonstrate compliance.



# Individual's Choice

## **Compliance Issue: Ensuring choice of residential settings and service providers**

Many individuals receiving HCBS require specialized residential care, typically in settings tailored to their documented needs. For many, this has meant living in disability-specific environments for years.

However, the HCBS rules mandate that individuals are offered a range of options, including non-disability specific residential settings, to promote greater choice and community integration. For this reason, the range of options for where the individual lives must be explored no less than annually and documented by name in the persons IPOS.



# Individual's Choice

## Solution:

At intake, and throughout the PCP process, document the following:

- The individual's service needs, including an explanation of why specialized residential care may be the safest option, if applicable.
- At intake, or in situations where an individual is seeking a new provider, requesting a new service, or would like to explore other living arrangements, all available and suitable options and choices must be identified in the IPOS.
  - \*The names of the settings/provider considered need to be identified.\*
- The individual's opportunities to explore options, such as visiting, sharing meals, meeting potential housemates, and participating in overnight stays.
- Confirmation that the chosen setting was selected by the individual. From among other options considered including private and non disability specific settings identified by name in the record.



# Individual's Choice

## Solution:

- At least annually, and ideally during each home visit, document the individual's satisfaction with their living situation, including their staff and roommates.
- Effective documentation should go beyond a simple question like "Are you satisfied with your services?" It should delve deeper, asking "Are you happy living here? Do you wish to continue living here?" Pay attention to the individual's non-verbal cues and engage with staff to discuss any changes in the person's behavior and interactions with staff and housemates.
  - If the individual is living in a restrictive setting, there should be continuing conversations and dialogue about the ability and interest of the individual to move to a less restrictive setting and available options.
- This documentation must be included in the IPOS and reflect the ongoing nature of the individual's choices.



# Individual's Choice

## Compliance Issue: Choice of Provider(s)

- HCBS rules require that individuals have the freedom to choose their providers, encompassing not only HCBS services (e.g., CLS, Skill Building Assistance) and individual Direct Service Providers who deliver direct support, but also other vital services and supports. These include healthcare providers such as doctors, dentists, and podiatrists; services like immunizations; and access to essential community resources such as barbers, eye care, libraries, as well as social, religious, and recreational opportunities.
- “Choice” encompasses both the selection of the provider and the location where the service is delivered. When individuals receiving HCBS receive all or most of these supports at home, it can resemble the service delivery model of institutional settings.



# Individual's Choice

## **Solution:**

Document the range of choices available to the individual for selecting their service providers, ensuring that community providers are included.

- If the individual opts to receive services in the residential setting, the documentation should clearly indicate that this was their choice and that other options were explored.
- When services are provided at home on a temporary basis (e.g., a visiting nurse from a home health agency), the reason for this should be clearly documented.
- If the individual chooses a provider in the community, the IPOS must address transportation, and any other supports needed to facilitate this choice.



# Individual's Choice

Choice and documentation also extend to non-residential providers.

- Individuals in specialized residential settings often receive services in disability-specific environments for all or part of the day. Sometimes, they may spend part of the day in a structured setting and the other part in the community.
- It is essential to clearly document in the IPOS where and how individuals receiving HCBS spend their day, ensuring it aligns with their preferences.



# Improving IPOS Documentation

The next few slides suggest best practices for documenting:

- Freedom/Independence:
  - Modifications.
  - Movement within the setting.
  - Ability to come and go from the setting.
- Opportunities for Employment.
- Community Engagement.
- CLS Services.





# Freedom/Independence: Movement Within the Setting

- All common areas in the setting must be accessible for all residents.
  - This includes the laundry room and kitchen.
- The rationale and documentation for all restrictions and limitations must be in the IPOS consistent with modification requirements.
  - This includes access to food, snacks, food preparation utensils and appliances, accessible doorknobs for bedrooms or bathrooms, and any other relevant detail.



# Modifications/Restrictions

- Any modifications to the HCBS settings requirements needed by an individual must be supported by a specific assessed health and/or safety need and justified in the person-centered plan.
- There must be evidence in the record that the modification is required *prior* to the institution of the restriction.
- *Settings may not request that restrictions be documented in the persons IPOS based upon the convenience or preferences of the setting.*



# Modifications/Restrictions (cont'd)

- Settings may not institute setting wide restrictions for the benefit of one individual.
- For example, a setting may not restrict access to the kitchen or the kitchen cupboards for all residents because one person requires a modification in this area.
- *The agreement of residents to any such restriction may not be requested by the setting in order to live within the setting and will not be considered justification of the restriction by MDHHS.*
- *A workaround must be developed and specified in the IPOS of any person receiving services in the setting who does not require the modification.*



# Modifications/Restrictions (cont'd)

The following must be documented in the plan:

- Identify a specific and individualized assessed safety or health related need.
- Positive interventions and supports used prior to modification.
- Less intrusive methods tried.
- Describe the restriction or modification that is directly proportionate to the specified need.
- Develop a fade or titration plan to identify how the restriction will be eased over time based upon skill acquisition or reduced safety concerns.
- The plan to ameliorate or eliminate the behavior must be reviewed and approved by the CMHSP or PIHP behavior review committee.
- The plan must be reviewed regularly and no less than quarterly to determine if the modification is still needed.
- Informed consent of the individual.
- Assure interventions and supports will cause no harm.
- Identify services and supports that will be utilized to support the person in the development of skills necessary to decrease the need for restrictive measures.



# Challenges of Shared Space Modifications

**Complexity in Shared Settings:** Navigating restrictions in shared environments can create difficulties for unaffected residents if not properly planned.

*Solution Strategy:* Ensure that the rights and freedoms of unaffected residents are not limited.

*Example 1:* In a situation where one resident needs restricted access to certain foods due to dietary needs, others can be given personal food storage options or a shared pantry that the restricted resident cannot access.

*Example 2:* If one resident's behavior necessitates a lock on certain shared living spaces, unaffected individuals should be provided with keys or codes to ensure their access remains unrestricted.



# Impact of Modifications/Restrictions on Other Residents

**Inadvertent Restrictions:** When one resident requires a restriction, others in the home may be unintentionally impacted.

*Example 1:* If one individual needs a restriction/modification that requires the front door to be locked at all times, other residents must have a way to both exit and re-enter.

*Example 2:* If one individual needs a restriction/modification so that they do not have access to laundry detergent, accommodations must be made so others can access laundry detergent at all times.



# Planning for All Residents in Shared Settings

**Clear Definition in the IPOS:** The IPOS must explicitly state how unaffected individuals will continue to access spaces or activities without interruption.

*Requirement:* Specify how residents will navigate shared spaces while respecting the restriction.

*Example:* If an individual is restricted from accessing sharp objects, others can have personal cooking tools stored in separate, accessible locations.



# Overcoming Inadvertent Restrictions

**Identifying Workarounds:** Solutions must be developed so that individuals not needing restrictions can maintain full access.

*Plan Solutions:* Implement strategies that do not infringe on other residents' autonomy.

*Example 1:* If one person needs restricted access to cleaning supplies for safety, provide others with personal storage for their supplies in a separate location.

*Example 2:* If someone requires limited access to electronics, others may be offered private use of devices in their own rooms.





# Freedom/Independence: Ability to Come and Go From the Setting

- Individuals should have the freedom to come and go from the setting- whether residential or non-residential- as they choose, with or without support. Access points for entering and exiting must be available to all individuals.
- When support is needed or required care must be taken to ensure this does not amount to a restriction and if it does this must be documented in IPOS consistent with HCBS requirements.
- Any limitations or restrictions related to health issues must be documented in a current health assessment. Similarly, limitations or restrictions pertaining to health and safety concerns must be recorded in the IPOS.



# Freedom/Independence:

## Ability to Come and Go From the Setting (cont'd)

- The IPOS must outline the individual's preferences and support needs for participating in community activities, such as grocery shopping, selecting and ordering from restaurants, making purchases, and managing banking. It should detail the type of staff assistance required for making shopping choices and handling funds.
- Additionally, the IPOS must specify how staff support and supervision will be provided.



# Opportunities for Employment (or Not)

- The IPOS should document the individual's employment preferences, and the support needed to achieve them.
  - Is the individual interested in exploring employment options and/or skill building services?
  - Is there interest in working in a competitive, integrated setting?
  - If interested in CIE, a plan to support the individual in achieving this goal must be developed. This must be reviewed and addressed annually, regardless of whether the individual has previously expressed interest in employment or is of retirement age.
- Settings should offer opportunities for individuals to seek employment in competitive integrated environments, engage in community life, and manage personal resources in alignment with their preferences.



# Community Engagement

- Shift the focus from the frequency of community outings to developing strategies that facilitate genuine integration into the community.
- This involves creating and supporting opportunities for individuals to connect with others, build relationships, and establish trust.
- Pay close attention to the nature and quality of the individual's interactions with others.
- Access to the community is to be facilitated no less than twice per week.
- Individuals can decline to participate in any activity without negative repercussions.
- Individual's must be supported to control their own schedules and activities as desired.



# Community Engagement (cont'd)

Identify and honor the individual's preferences, as this is essential for meaningful community engagement. Consider the following questions:

- What are the individual's interests?
- What activities truly engage them?
- What brings joy to their eyes or animates their expressions?
- How do they spend their time when at home?
- What music do they listen to, and what do they like to watch on TV?
- How do they respond to interactions with housemates and others?



# Community Engagement (cont'd)

- The IPOS should offer an accurate and current representation of the individual's preferences. This must be regularly reviewed and updated to reflect any changes in the individual's interests
- The IPOS should reflect a *detailed* discussion around interests of the person and there should be a direct link between these interests and the activities the person is supported in engaging regularly. If there are barriers to the identified interests of the person these must be documented and a plan developed to increase access over time.
- If the individual expresses a preference or behavior indicating they do not wish to engage with the community, this should be clearly documented in the IPOS.
- However, if the individual consistently declines to participate in community activities, it may suggest that those activities do not align with their interests, and alternative opportunities should be explored.



# Community Engagement (cont'd)

- Attentive and active listening to both verbal and non-verbal cues, along with discussions with the house manager and direct care staff, is essential for providing relevant and meaningful opportunities for community engagement that fosters strong relationships.
- Effective documentation relies on ensuring that the individual's activity calendars and outing notes are consistent with, and reflective of, their stated interests and desires.



# Community Engagement (cont'd)

Case notes and activity calendars are used as evidence to show community engagement and participation in activities and should identify:

- Where activities/events took place (e.g., in the home or a specific setting elsewhere).
- Whether the activity was “one-on-one” or a group activity.
- Whether or not the individual participated.
- Information about the nature and extent of the individual’s interaction with others, including those not receiving services.
- Staff assistance or support required for the individual to participate.
- An indication of the individual’s response/reaction to the activity.





# Community Living Supports (CLS)

The IPOS should:

- Identify specific goals and objectives for CLS:
  - Is the goal to increase the individual's independence in areas such as shopping, menu planning, and money management?
  - Is the goal to promote community inclusion and participation?
  - Is the goal to facilitate the individual's productivity?
  - What skills does the individual need to acquire to successfully achieve their goal?
- Specify location and methodology appropriate for each CLS goal and objective:
  - Will CLS be provided in the home, out in the community, or both?
  - How will CLS activities be worked on in the home and/or community?
  - What skill acquisition or independence promoting activities will take place in the community?



# Documentation is Not Just a four-Letter Word

In addition to the IPOS, other types of documentation are needed to demonstrate compliance with the HCBS rule set.

Successful demonstration of HCBS compliance in the following areas requires the involvement of direct care staff, the house manager, and the CM/SC:

- Activity Calendars.
- Progress Notes, Shift Notes, Activity Logs, Transportation Logs.
- House Meetings.
- Resident Care Agreements.



## Documentation is Not Just a 4 Letter Word (cont'd)

Activity Calendars: There are two types – one for the residential setting and one for the individual.

**House Calendars** are typically developed by the house manager and include:

- Upcoming events such as festivals, parades, concerts, and community-wide social or recreational activities.
- Regularly scheduled in-house activities such as game night, spa day, pizza night, and birthday celebrations for individuals living in the setting.
- Regularly scheduled group activities outside the home such as bowling and movie nights.
- Suggestions raised by residents during house meetings.



# Documentation is Not Just a four-Letter Word (cont'd)

**Individual calendars** include events and activities that the individual chooses to participate in or attend.

- These calendars should reflect the individual's interests and not be influenced by the wishes of a family member or guardian.
- Since the calendar often includes both in-home and community events and activities, it should specify the location of each activity or event.
- For community events, the calendar should indicate whether the activity was one-on-one or a group activity.



# Documentation is Not Just a four-Letter Word (cont'd)

- Activity calendars can be an effective way to document the opportunities an individual has to be part of the community, but a calendar alone is insufficient.
  - Refer to slide #43 for a list of elements that should be included in activity calendars, activity logs, and case notes to provide a meaningful picture of community engagement.
- Activity calendars, activity logs, and case notes are developed and maintained by direct care staff and house managers. It is the responsibility of the CM/SC to regularly review these documents in the context of the individual's interests and preferences as described in the IPOS.
- In conjunction with the rich description and "picture" provided by the IPOS, the CM/SC's regular review of activity calendars, activity logs, and case notes is a powerful tool for ensuring the individual's lived experience aligns with their preferences.



## Documentation is Not Just a four-Letter Word (cont'd)

Consider the following questions:

- Is there a clear connection between the individual's stated interests and wishes, and their activity calendar, travel logs, and case notes?
- Are the individual's interests at the core of their activity calendar, rather than those of a family member or guardian?
- Does the individual participate in events and activities listed on their calendar? If not, why? Occasional refusals indicate autonomy, while repeated refusals suggest that the individual's preferences need to be reviewed, and the nature of offered opportunities may need to change or expand.
- Is there something the individual has expressed interest in that hasn't appeared on the calendar for several months? If so, why?
- Is the individual provided with information about opportunities in a manner and mode relevant to their communication style? For example, how is information presented and preferences understood for a non-verbal individual?



## Documentation is Not Just a four-Letter Word (cont'd)

- House meetings can effectively provide individuals with meaningful choices about activities in the home and community. Most residential settings hold these meetings monthly, sometimes more frequently.
- These meetings offer an opportunity for individuals to learn about scheduled community events or activities, upcoming birthdays, and special events planned by housemates, such as family trips. They also allow individuals to make special requests regarding meals or activities in the home and to express any concerns.
- Documentation of house meetings is maintained in the home and includes information about who attended, the topics discussed, requests made, and concerns shared. The best documentation captures individuals' feedback and input, going beyond simple check-off boxes and limited pre-established lists of activities and events.
- Regular review of house meeting notes by the CM/SC provides an additional tool for ensuring that individual's interests are reflected in both the house calendar and their individual calendars.





## Documentation is Not Just a four-Letter Word (cont'd)

### Progress Notes/Case Notes, Activity Logs, Transportation Logs

By now you probably know the mantra: document everything!

Specifically, ensure you record:

- The exact location of the event or activity, such as the credit union, city park, downtown bowling alley, Majestic Theater, movie night at home, high school, community center, etc., rather than just saying “in the community.”
- Whether the activity was one-to-one or a group event.
- The individual’s level of participation, their response, reaction, and behavior during the event or activity.
- The type of assistance needed and who provided it.
- The nature and type of interaction with others, including those not receiving services.





## Documentation is Not Just a four-Letter Word (cont'd)

### Resident Care Agreements (RCA)

- The CM/SC should review the RCA to ensure it is updated annually or as needed to reflect any changes.
- The Summary of Resident's rights must be reviewed and signed by the person.
- The RCA form contains a checkbox for “House Rules” which is often checked automatically. If the CM/SC notices this box is checked, they should remind the licensee that House Rules are not permitted and advise them to uncheck this box.



# Additional Resources

The following documents are available on the [MDHHS HCBS webpage](#):

- Residential Provider Readiness Tool.
- Non-Residential Provider Readiness Tool.
- MDHHS/LARA Joint Guidance Document.
- MDHHS Statewide Transition Plan.
- HCBS Heightened Scrutiny Process.
- Summary of Resident Rights.
- Contact Information.
- And more!



**Congratulations!**

**You have completed the  
training!**

