Redefining Home & Community Based Services: CMS Guidance on Non-Residential Services and its Implications for Employment

March 25, 2015

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TODAY’S SPEAKERS

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The National Center on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD) is a collaborative of disability, workforce and economic empowerment organizations led by National Disability Institute with funding from the U.S. Department of Labor’s Office of Disability Employment Policy, Grant No. #OD-23863-12-75-4-11.

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- To advance sustainable individual and systems level change that results in improved, competitive integrated employment and economic self-sufficiency outcomes for individuals across the spectrum of disability.

www.leadcenter.org
WELCOME

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TODAY’S SPEAKERS

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AGENDA

- HCBS Final Rule Intent & Key Highlights Relevant to Today’s Focus on Employment
- CMS Toolkit & Additional Guidance on Applications of Rule to Non-residential Settings
- The HCBS Settings Rule and Olmstead: Impacts for Employment and Day Services
- The Intersection of HCBS Settings Regulations and Employment First
- Panel Discussion
- Questions & Answers
- Additional Resources
- Upcoming Webinars
TODAY’S SPEAKERS

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Final Rule
Medicaid HCBS

Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Medicaid Authorities Support Employment

- 1915(c) Home and Community Based Waiver Services
- 1915 (i) State Plan Option for Home and Community-Based Services
- 1915(j)
- 1915(k)
- 1115 - Demonstrations
Published in the Federal Register on 01/16/2014

Title:
Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act)
HCBS Final Rule:
QUICK REFRESHER OF THE INTENT & KEY HIGHLIGHTS RELEVANT TO TODAY’S FOCUS ON EMPLOYMENT
Intent of the Final Rule

• To ensure that individuals receiving long-term care services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate

• To enhance the quality of HCBS and provide protections to participants
Highlights of the Final Rule

• Defines, describes, and aligns home and community-based setting requirements across three Medicaid authorities

• Defines person-centered planning requirements for persons in HCBS settings under 1915(c) HCBS waiver and 1915(i) HCBS State Plan authorities

• Implements regulations for 1915(i) HCBS State Plan benefit
Highlights of the Final Rule

• Provides option to combine multiple target populations within one 1915(c) waiver
• Provides CMS with additional compliance options for 1915(c) waiver programs
• Establishes five-year renewal cycle to align concurrent authorities for certain demonstration projects or waivers for individuals who are dual eligible
• Includes a provider payment reassignment provision to facilitate certain state initiatives
Home and Community-Based Setting Requirements

• The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individuals’ experiences.

• The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting.
Home and Community-Based Setting Requirements

The Home and Community-Based setting:

• Is integrated in and supports access to the greater community

• Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

• Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
Home and Community-Based Setting Requirements

- Person-centered service plans document the options based on the individual’s needs, preferences; and for residential settings, the individual’s resources
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them
Settings PRESUMED NOT to Be Home and Community-Based

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS
Settings presumed NOT to be home or community-based may NOT be included in states’ 1915(c), 1915(i) or 1915(k) HCBS programs unless:

- A state submits evidence (including public input) demonstrating that the setting does have the qualities of a home and community-based setting and NOT the qualities of an institution; AND
- The Secretary finds, based on a heightened scrutiny review of the evidence, that the setting meets the requirements for home and community-based settings and does NOT have the qualities of an institution
Final rule includes changes to the requirements regarding person-centered service plans for HCBS waivers under 1915(c) and HCBS state plan benefits under 1915(i) -

• Identical for 1915(c) and 1915(i)
• The person-centered service plan must be developed through a person-centered planning process
The person-centered planning process is driven by the individual.

- Includes people chosen by the individual.
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible.
- Is timely and occurs at times/locations of convenience to the individual.
- Reflects cultural considerations/uses plain language.
- Includes strategies for solving disagreement.
• Offers choices to the individual regarding services and supports the individual receives and from whom
• Provides method to request updates
• Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
• Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual
• May include whether and what services are self-directed
• Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
1915(i) State Plan HCBS Benefit – Self-Directed Services

• Services that are planned and purchased under the direction and control of the individual (or representative)
• Services include the amount, duration, scope, provider, and location
• Person-centered service plan must meet additional requirements when individual chooses to direct some/all HCBS
• Person-centered service plan specifies employer authority, limits to authority, and parties responsible for functions outside individual authority
HCBS Final Rule:
CMS TOOLKIT & ADDITIONAL GUIDANCE ON APPLICATIONS OF RULE TO NON-RESIDENTIAL SETTINGS
HCBS Settings Requirement Compliance Toolkit: PURPOSE

• To assist states develop Home and Community-Based 1915(c) waiver and 1915(i) SPA amendment or renewal application(s) to comply with new requirements in the recently published Home and Community Based Services' (HCBS) regulations.
HCBS Settings Requirement Compliance Toolkit: CONTENTS

• A summary of the regulatory requirements of fully compliant HCB settings and those settings that are excluded.

• Schematic drawings of the heightened scrutiny process as a part of the regular waiver life cycle and the HCBS 1915(c) compliance flowchart.

• Additional technical guidance on regulatory language regarding settings that isolate.
HCBS Settings Requirement Compliance Toolkit: CONTENTS

• **Statewide Transition Plan Toolkit** for Alignment with HCB Settings Regulation Requirements Suggestions for alternative approaches and considerations for states as they prepare and submit Statewide Transition Plans for the new federal requirements for residential and non-residential home and community-based settings. The regulatory requirements can be found at 42 CFR 441.301(c)(4)(5) and 441.710(a)(1)(2).

• **HCBS Basic Element Review Tool for Statewide Transition Plans and HCBS Content Review Tool for Statewide Transition Plans**
HCBS Settings Requirement Compliance Toolkit: CONTENTS

• Exploratory questions that may assist states in the assessment of:
  – Residential Settings
  – Non-Residential Settings

• Questions and Answers Regarding Home and Community-Based Settings
“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”
Exploratory Questions – Area #2:

“The setting is selected by the individual from among setting options including non-disability specific settings … The settings options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences…”
“The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint.”
Exploratory Questions – Area #4:

“The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.”

42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)
Exploratory Questions – Area #5:

“The setting facilitates individual choice regarding services and supports, and who provides them.”

42 CFR 441.301(c)(4)(v)
441.710(a)(1)(v)/441.530(a)(1)(v)
• Why did CMS decide to define what settings are appropriate for the provision of home and community-based services?

• How is CMS applying the home and community-based settings requirements to day programs including settings offering prevocational and training and employment services?

• When is a state required to come into compliance with the person-centered planning requirements of the new regulations?
Why is CMS proposing to add an exception to the provider payment reassignment rules?

What impact will this policy change to the provider payment reassignment have on states, providers and beneficiaries?
Discussion

HOW CAN THE HCBS FINAL RULE BE USED TO SUPPORT COMPETITIVE, INTEGRATED EMPLOYMENT OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES?
For more information

More information about the final regulation is available:

http://www.medicaid.gov/HCBS

A mailbox to ask additional questions can be accessed at:

hcbs@cms.hhs.gov
TODAY’S SPEAKERS

Alison Barkoff
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The HCBS Settings Rule and Olmstead: Impacts for Employment and Day Services

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APSE Webinar, Feb. 4, 2015
What Do We Want Our Disability Service Systems to Help People Do?

• Help people with disabilities live like people without disabilities

• Help people with disabilities have true integration, independence, choice and self-determination in all aspects of life – where people live, how they spend their days, and real community membership

• Ensure quality services that meet people’s needs and help them achieve their own goals

The HCBS rule and *Olmstead* can be a path towards this vision!
Current State of Day Service Systems

• State IDD service systems:
  – Only 18% of people receiving IDD day services are in integrated employment
    • This is DOWN from a peak of 25% in 2001
    • For those working, it is often for very limited number of hours
  – State investment in facility-based programs and community-based non-work is INCREASING
Current State of Day Service Systems (cont’d)

• State MH day service systems:
  – The vast majority of funding in states’ mental health systems goes to day programs, such as day treatment and psycho-social rehab programs.
  – According to the most recent SAMHSA data (2012), only 1.7% of people receiving mental health services are receiving evidence-based supported employment services.
Employment is Critical
To Meeting Our System Goals

• Supporting people with disabilities to work in integrated employment in the community is critical to:
  – Helping people with disabilities access the greater community;
  – Facilitating relationships with people without disabilities;
  – Building new skills and self-esteem;
  – Recovery for people with mental illnesses;
  – Helping bring people with disabilities out of poverty; and
  – Providing meaningful ways for people with disabilities to spend their days.
Using the HCBS Rule To Further *Olmstead* Compliance in States’ Employment and Day Service Systems
Title II of the ADA

• Prohibits discrimination by public entities in services, programs and activities

• Integration regulation requires administration of services, programs and activities in the most integrated setting appropriate

• Most integrated setting is one that enables people with disabilities to interact with people without disabilities to the fullest extent possible
**Olmstead v. L.C.: Unjustified segregation is discrimination**

- S. Ct. held that ADA prohibits unjustified segregation of PWD and that public entities are required to provide community-based services when:
  - Such services are appropriate;
  - Affected persons do not oppose community-based treatment; and
  - Community-based treatment can be reasonably accommodated, taking into account the resources available to the entity and the needs of others receiving disability services

- Applies to all facilities, services, or programs funded/designed by the state, not just those directly operated by the state

- Applies to people in and at-risk of entering segregated settings/programs
What is an Integrated Setting?

• Integrated settings provide people with disabilities the opportunity to live, work and receive services in the greater community
  – Located in mainstream society
  – Offer access to community activities when and with whom the person chooses
  – Choice in daily life activities
  – Ability to interact with people without disabilities to the fullest extent possible
• Examples: scattered site supportive housing, supported employment in a mainstream job
• Note the ADA definition is similar to the HCBS settings requirements.
What is a Segregated Setting?

• Have **institutional qualities**, including:
  – Congregate settings with primarily or exclusively people with disabilities
  – Regimentation in daily activities, lack of privacy/autonomy, limits on ability to freely engage in community activities
  – Settings that provide for daytime activities primarily with other people with disabilities
• Examples: ICFs, nursing homes, adult care homes, sheltered workshops, segregated day programs
• Note that the language is similar to the HCBS regulations about “settings that isolate.”
Does *Olmstead* Require States to Provide a Choice of Segregated Services?

- There have been some cases attempting to bring Title II/*Olmstead* claims to stop closures of state-operated ICFs, citing the decision’s language that “there is no federal requirement to impose community services on people who do not want them.”
- Courts have found, consistent with DOJ’s interpretation, that the ADA and *Olmstead* require states to provide services in integrated settings and not an obligation to provide them in institutions or segregated settings.
- Courts have also found that there is no right to remain in a particular institution or segregated setting if a state chooses to close them.
- This same rationale would apply to segregated day settings.
Olmstead Application to Segregated Day Services

• ADA and Olmstead applies to all types of services, both residential and non-residential
  – Segregated setting under the ADA include those “that provide for daytime activities primarily with other people with disabilities”
    • This includes sheltered workshops, day habilitation and day treatment
  – Integrated settings under the ADA include those that provide people with disabilities the “opportunity to live, work and receive services in the greater community”
    • This includes competitive employment in mainstream jobs in the community
Progression of *Olmstead* Litigation Regarding Day Services

- Supported employment services (to facilitate employment in competitive wage jobs in integrated settings) part of community services remedy for people leaving or diverted from institutions (both IDD and mental health)
  - Examples: settlement agreements in Georgia, Delaware, North Carolina and Virginia

- Direct challenge to over-reliance on providing employment services in segregated settings (i.e., sheltered workshops), seeking supported employment services as a remedy
  - Example: *Lane v. Kitzhaber* (Oregon)
Lane v. Kitzhaber

- **Complaint and Motion to Intervene** alleges Oregon administers the State’s employment, rehabilitation, vocational, and education service system such that people with disabilities are denied the benefits of the State’s vocational and employment services, programs, or activities in the most integrated setting.
  - Alleges over-reliance on sheltered workshops: 61% received services in sheltered workshops, while only 16% in individual supported employment.
  - Alleges once in workshops, likely to remain: average LOS of 11-12 years; some remain for as long as 30 years.
  - Alleges Oregon fails to ensure that students with I/DD are provided with meaningful choices and prepared for work in integrated settings (“at-risk” class)
Lane v. Kitzhaber (cont’d)

• Court rejected the state’s argument that ADA and *Olmstead* not apply to states’ day service systems
  – Court found that ADA and *Olmstead* applies to all government services, programs and activities, including employment. Rejected argument that only applies to residential services and programs.
  – Court agreed with DOJ’s position in statement of interest.
Progression of *Olmstead* Litigation (cont’d)

• Direct challenge to over-reliance on segregated employment and other day settings (e.g., sheltered workshops and day habilitation); remedy includes expansion of supported employment services and “wraparound” integrated non-work day services (e.g., mainstream recreational, social, educational, cultural and athletic activities)
  – Example: settlement agreement in US v. Rhode Island

• Future *Olmstead* litigation will likely challenge over-reliance other types of segregated day services, such as day treatment
United States v. Rhode Island

• DOJ statewide investigation of entire day services system found:
  – Over-reliance on segregated day settings: over 80% of people with ID/DD receiving state services in segregated sheltered workshops or facility-based day programs; only 12% in individual, integrated e-ment
  – Long-term placement in segregated day settings: almost half of sheltered workshop participants for 10 or more years; 1/3 for 15 or more years
  – Youth from schools at serious risk of placement in segregated day settings: only 5% of students transitioned to jobs in integrated settings
United States v. Rhode Island (cont’d)

- **United States v. Rhode Island** settlement agreement:
  - Expansion of supported employment placements to people currently in workshops and facility-based day programs and to students leaving high school
    - Benchmark of system average of at least 20 hours per week of employment in integrated settings
    - All people provided with “wraparound” integrated non-work day services (e.g., mainstream recreational, social, educational, cultural and athletic activities) so an opportunity for 40 hours of integrated day services per week
    - Development of a cross-agency Employment First policy (including schools)
    - Provider support: conversion trust fund, institute and TA
What is the Relationship Between the HCBS Rules and *Olmstead* Compliance?

- States can use the HCBS settings rules to further *Olmstead* compliance by rebalancing away from providing services in segregated settings and ensuring system capacity to provide all HCBS participants a choice of receiving services in the most integrated setting.

- **BUT** states’ obligations under Medicaid (including the HCBS settings rules) and the ADA are separate and independent.
  - A determination that a setting complies with the HCBS rules does not necessarily mean that it is an “integrated setting” under the ADA.
  - CMS’ approval of a state’s transition plan does not necessarily mean that the state is in compliance with the ADA and *Olmstead*. 
Advocacy to Align States’ HCBS Transition Process with *Olmstead* Compliance

- Transition plans are an opportunity to move your state’s system towards real integration and community membership and further *Olmstead* compliance.

- HCBS rules create an opportunity for expansion of supported employment and other integrated day activities.
  
  – HCBS rules require that all HCBS participants be given an option of a non-disability specific setting. Advocates should ensure that state transition plans include an evaluation of existing capacity in such settings and a plan to expand capacity as needed to meet this requirement.
Advocacy to Align States’ HCBS Transition Process with *Olmstead* Compliance (cont’d)

- Ensure that states carefully examine day programs for compliance with HCBS requirements and identify day program settings presumed to be non-HCBS
  - These settings include day programs in/on the grounds of/adjacent to institutions and “settings that isolate”
  - Settings that should be particularly scrutinized include sheltered workshops, day habilitation, and day treatment
Advocacy to Align States’ HCBS Transition Process with *Olmstead* Compliance (cont’d)

- Actively comment on any settings going through the “heightened scrutiny” process
  - Use the “exploratory questions” as a framework
  - Comment at the state level, and if state not respond, send comments to CMS
- Encourage your state to set high standards for implementing the HCBS rules.
  - The HCBS rules set the floor; **states can set higher standards.**
  - For example, states could prohibit day programs in/on the grounds/adjacent to institutions or limit/prohibit facility-based programs like sheltered workshops.
TODAY’S SPEAKERS

Lisa Mills
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The Intersection of HCBS Settings Regulations and Employment First

Lisa A. Mills, PhD
Subject Matter Expert
LEAD Center
Webinar Presentation: March 25, 2015
AVOID REPEATING HISTORY

• 21 years (1990-2011) after the ADA passed, we recognized that Title II of the ADA applies to employment and day services.

• Hope we will not take 20+ years to realize the HCBS settings regulations apply equally to employment and day services.

• These regulations are not just about residential services although the regulations themselves and guidance issued by CMS is more heavily focused on residential services.
CHARACTERISTICS OF RESIDENTIAL SETTINGS THAT ISOLATE MAY ALSO BE PRESENT IN NON-RESIDENTIAL SETTINGS (1)

- On large parcels of land
- Not easy to access broader community once there
- HCBS participants typically interact with other people with disabilities and paid support staff
- Co-workers are mostly other people with disabilities and paid support staff
CHARACTERISTICS OF RESIDENTIAL SETTINGS THAT ISOLATE MAY ALSO BE PRESENT IN NON-RESIDENTIAL SETTINGS (2)

- Daily activities are typically designed to take place on site
- HCBS participants generally do not leave to participate in community-based activities
- Multiple HCBS services are provided in the setting or in buildings that are side-by-side.
- HCBS participants generally do not leave to access and use generic community services
Some visitors from community may come to site but they don’t come to see HCBS participants and do not typically spend any meaningful amount of time interacting with HCBS participants when there.

Individuals’ opportunities to experience the broader community may be limited to large group activities that are pre-planned “field trips”.
CMS GUIDANCE: SETTINGS THAT ISOLATE

Settings with the characteristics listed on three previous slides:

- Do not “facilitate individuals integrating into the greater community” and do have “characteristics that isolate individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.”

- “Typically do not afford individuals the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.”

- “Therefore compromises the individual’s access to experience in the greater community at a level that isolates individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.”
OTHER CHARACTERISTICS INCONSISTENT WITH HCBS SETTINGS REQUIREMENTS

- People get to the settings on special transportation operated primarily for HCBS participants and other people with disabilities.

- People access community resources by using special transportation and at times where other community members are typically not present.
One state plans to eliminate new admissions to Prevocational Services. All people receiving prevocational employment supports will be supported to transition into integrated service options within four years.

One state is creating and implement a new employment and day services array (revising service definitions, provider qualifications, rate structures) to maximize opportunities for career exploration, integrated employment and integrated wrap-around supports.
One state is requiring providers to develop specific and detailed plans regarding modifications they will make between now and March 16, 2019 to assure that they meet the standards contained in the CMS home and community setting rule/regulation. Plans must address, among other things:

- More opportunity for individualized, rather than group activities, directly related to an individual’s interests
- More opportunity to develop relationships with individuals of the person’s choosing, including people not a part of the setting
- Choices and opportunities to engage in meaningful day activities other than in the existing setting, especially focusing on activities in the broader community
STATES MAKING COURAGEOUS MOVES (3)

One state’s compliance plan includes:

- Close the “front door” to sheltered workshops by halting any new referrals to this service.
- Close sheltered workshops during transition phase.
- Transition participants in sheltered workshop programs to integrated individual or group employment at minimum wage or higher and integrated day services as wrap-around support.
- Not reducing the amount of service anyone receives as they transition out of workshops and into community services.
- Phasing out group employment settings that pay less than minimum wage to ensure all group employment pays minimum wage or higher.
CHOICE OF NON-DISABILITY SPECIFIC SETTING

- HCBS rules require “The setting is selected by the individual from among setting options that include non-disability specific settings.”

- The setting is chosen after the service is selected.

- When is it ok to have an HCBS service that is only offered in disability-specific settings?
CMS GUIDANCE: CHOICE OF SETTINGS

- Services that are “highly clinical/medical in nature” may be appropriately provided only in disability-specific settings.

- CMS does not include the following services in examples of “highly clinical/medical in nature”:
  - Prevocational Services
  - Habilitation
  - Adult Day Services
  - Clubhouse models
  - Psychosocial Rehabilitation
Provide opportunities to seek employment and work in competitive, integrated settings.

Applies to all settings – nothing in regulations suggest otherwise.

E1st states should be thinking about what is reasonable (and essential) to expect of providers of non-employment services (including residential, transportation).
GROUP SUPPORTED EMPLOYMENT

- Does size of group have effect of isolating HCBS participants from the broader community?

- Does time/location of work have the effect of isolating HCBS participants from the broader community?

- Going forward – setting new standards to prevent isolation based on group size and time/location of work.
FOUR YEARS FROM NOW

- Long-time or “right around the corner…”?

- Transition Plan requirement presumes compliance is not pre-existing

- If certain settings are not eliminated as irretrievably non-compliant, is it reasonable to expect meaningful changes will be required?
PROVIDER SELF-ASSESSMENT

- Consider customizing to type of service being delivered
- Ask providers to suggest what they would change to bring themselves into full compliance
- Focus state verification process on providers who say no change is necessary and suggest nothing they would need to change
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Redefining Home & Community Based Services: CMS Guidance on Non-Residential Services and its Implications for Employment

PANEL DISCUSSION
QUESTIONS?

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ADDITIONAL RESOURCES

The following resources will be posted with the archive of this webinar:

- **CMS Final HCBS Rule Q&A**
- **HCBS Settings Rules Q&A**
- **Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings**
- **LEAD FAQs on Medicaid and Integrated Employment**
UPCOMING LEAD CENTER WEBINARS - WIOA FOUR-PART WEBINAR SERIES

- WIOA and the Unified State Planning Process
  - April 29, 2015, 3:00-4:30 p.m. ET

- WIOA Youth Services
  - June 24, 2015, 3:00-4:30 p.m. ET

- Section 188, the Nondiscrimination Provisions of WIOA
  - September 24, 2015, 3:00-4:30 p.m. ET
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