

## Supports for Community Living Waiver Renewal – Summary of Changes

The current Supports for Community Living (SCL) waiver expires on August 31, 2015 and a renewed waiver must be submitted and approved by September 1, 2015. No waiver participant will lose services due to this renewal and all services currently being provided will be available. Changes to the waiver include the following:

### **I. Home and Community-Based Settings (HCBS) Federal Final Rules**

#### **Conflict-Free Case Management**

- Conflict-free case management requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to an individual must not also provide another waiver service to that same individual, unless the provider is the only willing and qualified provider in the geographical area (30 miles from the participant's residence).
- This federal requirement removes the relationship exception from conflict-free case management; the only exception allowed is geographical.

#### **Person-Centered Planning Process**

- The individual will lead the person-centered planning process where possible. The individual's representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative. All references to individuals include the role of the individual's representative.
- Includes people chosen by the individual.
- Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
- Is timely and occurs at times and locations of convenience to the individual.
- Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
- Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.
- Offers informed choices to the individual regarding the services and supports they receive and from whom.
- Includes a method for the individual to request updates to the plan as needed.
- Records the alternative home and community-based settings that were considered by the individual

#### **Service Plan Requirements**

- The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports
- Reflect that the setting in which the individual resides is chosen by the individual. The State must ensure that the setting chosen by the individual 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.
- Reflect the individual's strengths and preferences.
- Reflect clinical and support needs as identified through an assessment of functional need.
- Include individually identified goals and desired outcomes.
- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.
- Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.
- Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
- Identify the individual and/or entity responsible for monitoring the plan.
- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
- Be distributed to the individual and other people involved in the plan.
- Include those services, the purpose or control of which the individual elects to self-direct.
- Prevent the provision of unnecessary or inappropriate services and supports.

### **Setting Requirements\***

- 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.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan

and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- 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.
- Facilitates individual choice regarding services and supports, and who provides them.
- Home and community-based settings do not include the following:
  - (i) A nursing facility;
  - (ii) An institution for mental diseases;
  - (iii) An intermediate care facility for individuals with intellectual disabilities;
  - (iv) A hospital; or
  - (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

\*Setting requirements will be implemented over the course of five years, as addressed in the statewide transition plan, which can be viewed at the following link:

<http://chfs.ky.gov/NR/rdonlyres/BD631EBB-FC6E-4492-B8F9-44DF9F27387F/0/KYStatewideTransitionPlanFINAL.pdf>.

## **I. Quality Improvement Strategies**

Quality Improvement Strategies have been updated to reflect current practices and include information from the National Core Indicators, Medicaid Waiver Management Application (MWMA) and internal quality committee.

## **II. Assurances**

Assurances have been revised according to new CMS guidance and requirements and reflect person-centered service planning and individual choice.

## **III. Provider Requirements**

Qualifications for impact services-community access and supported employment were broadened to allow for increased provider participation and use of the services to promote community integration.