

# 2017 Waiver Standards Manual General Overview

March 13, 2017  
Presentations for Providers

# AGENDA

- Overview of 2017 Standards
- Highlights of Participant Safeguards
- Training and Consultation - Behavior Analysis
- Nursing Delegation Medication Management

# OVERVIEW OF 2017 STANDARDS

# Purpose of Standards

- ▶ The purpose of the Standards is to:
  1. Provide information about the Medicaid I/DD Waiver for participants, families, DDD case managers, providers and stakeholders.
  2. Provide clear and consistent guidance about the intent and approach of services and the way they are to be provided.
  3. Apply to all services provided through the Medicaid 1915 (c) Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities.

# What can you expect to find in the 2017 Standards?

The 2017 Standards has 4 sections:

- ▶ Section 1: General Requirements and Information
- ▶ Section 2: Waiver Agency Provider General Requirements and Standards
- ▶ Section 3: Service Specific Performance Standards
- ▶ Appendices & Resources

The 2017 Standards has many more appendices to provide added detailed information and resources at your fingertips.

# Big Changes

- ▶ Not a standards manual targeted only for Providers
- ▶ Intended to provide information to participants, families, case managers and providers.

## “Waiver Standards Manual”

- ▶ Information organized and consolidated so can find it in one place rather than throughout the document

# Section 1: General Requirements

- ▶ Eligibility
- ▶ Participant Safeguards
  - ▶ Positive Behavior Supports
  - ▶ Restrictive Interventions
  - ▶ Nurse Delegations & Medication Management
  - ▶ Adverse Events

# Section 2: Provider General Requirements and Standards

- ▶ Staff Qualifications organized in tables to make it easier to find information quickly
- ▶ Clarified reporting requirements to CMs and DDD
- ▶ Training Requirements for Provider staff was expanded:
  - ▶ Now includes a module on Implementing Community Integration
  - ▶ Specifies 4 mandatory topics plus 2 additional topics that the Provider selects



## Orientation/Annual Trainings Topics for New/Current Employees

1. CMS HCBS Final Rule on Community Integration\*
2. Person Centered Planning\*
3. Positive Behavior Supports\*
4. Adverse Events Report (AER)\*
5. Overview of Individuals with I/DD
6. Orientation to Medicaid I/DD Medicaid Waiver Services
7. Overview of ISP/IP Process
8. Detailed review of assigned participant's ISP/IP documents and other personal support information required to ensure satisfactory service delivery
9. Basic Health and Safety
10. Preventing Abuse and Neglect
11. Documentation
12. Communication (agency, family, participants, DDD staff)
13. Job Responsibilities
14. Ethical Conduct
15. Emergency Preparedness
16. Participant Rights, Grievances and Responsibilities

# General Staff Qualification Requirements

## Validation

The provider will ensure that staff requirements are met prior to providing services by completing the New Employee Orientation and will remain current during service delivery. Until the necessary clearances are obtained, staff must work only under line of sight supervision and never be left unattended with a participant.

# Section 3: Service Specific Standards Have a New Look

- ▶ The services are organized in a table format
- ▶ Services appear in alphabetical order
- ▶ Every service is organized the same way to make it easier to find information
- ▶ Every service includes within the title a reference to the 2011 Standards for comparing 2011 and 2017 Service Standards
- ▶ Operational Guidelines are included beneath the Service Table - gives more information or requirements for that service.

## SECTION 3.1

## ADULT DAY HEALTH (ADH)

*[Section 5.1]*

SERVICE DESCRIPTION	
REIMBURSABLE ACTIVITIES	
TRANSPORTATION	
LEVELS OF SERVICE	
LIMITS	
ACTIVITIES NOT ALLOWED	
STAFF TO PARTICIPANT RATIO	
<p>PROVIDER QUALIFICATION STANDARDS (see Page 55, Section 2.2 Table 2.2-1)</p> <p><b>Direct Support Worker</b> (Column B)</p>	
<p>SUPERVISION STANDARDS (See Page 55, Section 2.2 Table 2.2-1)</p> <p><b>Service Supervisor</b> (Column A)</p> <p><b>Registered Nurse</b> (Column E)</p>	
AUTHORIZATION	
ENDING AUTHORIZATION	For one-time only services
DOCUMENTATION STANDARDS (in addition to General Standards)	

**OPERATIONAL GUIDELINES:**

**HOURS OF OPERATION:**

**AVAILABILITY OF SERVICE SUPERVISOR:**

**FREQUENCY OF SUPERVISION:**

**LOCATION OF SERVICES:**

**MEALS:**

**ADDITIONAL STAFF TRAINING REQUIREMENTS:**

**PROCESS FOR OBTAINING DEVICE, MODIFICATION, EQUIPMENT:**

**REQUIREMENTS FOR HCBS FINAL RULE ON COMMUNITY INTEGRATION:**

**NOTE: Operational Guidelines vary based on the service. These are examples of the types of guidelines that may be included.**

# Accountability and Sanctions

- ▶ Monitoring
- ▶ Issues of non-compliance with the Standards will be assessed for emergent situations or non-emergent situations.
  - Emergent situations
  - Non-emergent

# PARTICIPANT SAFEGUARDS

Safeguards ensure that a DDD participant's health and safety are always important aspects considered when developing and delivering services

# Core Values of the DDD

Commitment to *individualized, person-centered approaches* that embrace the unique preferences, values, strengths and abilities, and social circumstance of *each* participant

- ▶ Core principles for guiding and developing services:
  - All participants are treated with **respect** and dignity
  - Services are provided in the most *integrated setting* possible
  - Participants engage in *meaningful & purposeful activities* that are interesting to them
  - *Choice in daily decision making* is provided to participants
  - Participants receive services that are committed to *enhancing their skills and independence*



# Participant Safeguards

## *Why is This Important?*

### ▶ Services are aimed at:

- Increasing the health, independence, and overall well-being of participants
- Improving service outcomes
- Ensuring that participants are safely supported
- Assuring that the values and needs of participants are considered when developing and providing services

# Participant Safeguards

## *How do we Do this?*

- **Engage a participant's circle of support** as partners in developing & implementing supports and services
  - Assure that the circle of support is **working together** to achieve goals using consistent strategies
- Ensure that medications are appropriately managed
- Focus on **positive behavior support (PBS)** approaches to ensure that the most proactive, effective, & least intrusive methods are implemented
  - Develop formal Behavior Support Plans (BSP) when using behavioral interventions to address challenging behavior
    - Ensures that quality, individualized approaches are used
    - Provides the team with focused goals to enhance a participant's independence, functional skills, and overall quality of life
    - Ensures that BSPs are implemented by trained and supervised staff
    - Allows for consistency across settings and data collection to monitor effectiveness

# Training and Consultation - T&C Behavior Analysis

# Training and Consultation (T&C): Behavior Analysis



## Three Parts to T&C: Behavioral

### 1. Initial Evaluation

- ❖ The Case Management Branch (CMB) Section Supervisor may authorize up to **5 hours** for a qualified provider to determine - based on data - the need for a **formal request** for T&C to the Clinical Interdisciplinary Team (CIT).

### 2. Prior Authorization

- ❖ The CIT may authorize T&C hours for a licensed professional to complete a FBA & BSP

### 3. Ongoing monitoring

- ❖ The CMB Section Supervisor may authorize ongoing monitoring of or retraining on the BSP by the author for **4-hours per month** for a **maximum of 6 months**.
  - ❖ These hours cannot be used to complete responsibilities of the service supervisor
  - ❖ A request for additional hours or duration may be made, in writing, to the CIT

# Training and Consultation Requirements and Supports

- ❖ An FBA and BSP must include various components
- ❖ Timelines for completion (e.g., FBA, BSP, and training)
- ❖ BSP goals must be included in the Individualized Service Plan (ISP)
- ❖ The BSP team must communicate regularly, on a schedule defined by the team
- ❖ The BSP must be reviewed at least annually by the individual's circle of support and updated as needed
- ❖ Additional DDD supports to assist Case Managers in locating a T&C provider
- ❖ Clarified use of Early Periodic Screening, Diagnosis and Treatment (EPSDT) for children under age 21



# Behavior Support Review Committee (BSRC)



- ❖ Provides a structured way of reviewing BSPs that include restrictive interventions
- ❖ Ensures that:
  - ▶ Appropriately trained and supervised staff are implementing the BSP
  - ▶ Positive behavior support (PBS) methods are the primary interventions used
  - ▶ Preventative strategies are in place to prevent or minimize the behavior
  - ▶ Appropriate safeguards and oversights are in place when restrictive interventions are utilized
  - ▶ Least restrictive methods are utilized and restrictive interventions are the last resort option
  - ▶ Certain, more high risk situations, are reviewed by the committee
  - ▶ Appropriate documentation is maintained and reviewed

# Prohibited Restrictive Interventions



The DDD has prohibited the use of certain restrictive interventions  
(\*this is not an exhaustive list):

- ⊘ Seclusion
- ⊘ Aversive Procedures (e.g., electric shock, unpleasant foods)
- ⊘ Prone and Supine Restraints
- ⊘ Restraint Chairs and Restraint Boards
- ⊘ Straddling or sitting on the torso
- ⊘ Interventions involving the use of disparaging or derogatory language

# NURSE DELEGATION MEDICATION MANAGEMENT



# Nursing Delegation

- ▶ All nursing tasks completed by a direct support worker or consumer directed employee will require nursing delegation be completed by the provider agency's Registered Nurse.
- ▶ Delegation will be completed according to the Hawaii Revised Statutes (§457-7.5) on Delegation.
- ▶ Delegating RNs will utilize the National Council on State Boards of Nursing (NCSBN) delegation decision-making process and delegation tree.
- ▶ All nursing tasks will require a nurse delegation plan to be included in the participant's folder including evidence that training has occurred for each direct service worker or consumer directed employee.

# Delegable Tasks Defined

- ▶ This table provides an example of the guidelines for what is and what is not considered delegable in the Waiver Standards Manual:

EXAMPLES OF NURSING TASKS THAT MAY BE DELEGATED	TASKS FOR NURSES ONLY
➤ N/A	➤ Assessment must be completed by an RN and shall not be delegated
➤ Scheduled medications administered by the provider or consumer directed employee	➤ Intramuscular (in the muscle) injection ➤ Intravenous (IV) medications
➤ All PRN medications administered. Exception: verbal consultation with an RN must occur prior to narcotic analgesic or psychotropic administration	➤ Diastat (Valium) Route: rectal suppository

# Medication Management and Administration

- ▶ **Self Administration - person can do or direct independently**
  - ▶ Must meet specific criteria
  - ▶ If physical assistance is needed, can still be self directed if criteria is met
- ▶ **Medication Assistance - person needs some help to do the task**
  - ▶ Includes assistance such as filling multi-dose packs, placing medications in the hand, etc.
  - ▶ Requires RN delegation
- ▶ **Medication Administration - person cannot do any of the task, full physical help needed**
  - ▶ RN and LPN under the supervision of an RN
  - ▶ LPN requires RN delegation
- ▶ **Documentation**
  - ▶ MAR (Medication Assistance & Administration Record) required for all medications provided during waiver service hours

# Documentation

- Nursing delegation plan must be in the participant's record for the following:
  - medication assistance or administration
  - nursing tasks performed during the provider's service hours
  - for each direct service worker
- PRN nursing tasks require parameters specified for decision making process.
- Medication Assistance & Administration Record (MAR) required for all medications provided during waiver service hours.
- All PRN medications must have documentation of condition present prior to administration and response to the intervention provided.