

# Licensed Settings Plan of Correction Video Transcript

Hi, thank you for joining us. Welcome to ResHab providers and licensed caregivers.

We are very lucky. I know many of you may have worked with or seen presentations done by our consultant Sharon Lewis with Health Management Associates.

So, I'd like to turn it over to Sharon.

**Sharon:** Thanks Wendy, and welcome everyone! We're glad that you're here with us today.

We are going to walk through information related to where we are in the final rule, supporting folks to adjust and remediate (or correct any outstanding compliance issues), and get those plans of corrections done.

I am happy (as are the DDD team) to take your questions as we move through the presentation or at the end. So, please don't hesitate to jump in and ask the questions that you may have. This is really about getting to the things that are most important for all of you.

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So, as a reminder, I'm sure many of you are very familiar at this point with the rule which did go into effect in March of 2023.

But, what is that final rule again?

It is important to remember that the rule is really about defining what is considered home and community-based services for purposes of Medicaid and the state being able to accept those Medicaid payments.

And that's, that's kind of the stick (so to speak)-- the requirement that underlies why the state has to be compliant with this rule.

That being said though— at the heart of the rule (and what's most important) is that the goal of the rule is to make sure that people who receive home and community-based services (we abbreviate that as HCBS in this presentation) can live and work and spend time in the greater community with other people in the ways that they want.

That they have... the lives that they want to live, that the possibilities of those lives are fully explored and supported for people with intellectual and developmental disabilities.

And, as we talk about the rule, it's really important to remember that every person's experience and their opportunity for community integration and participation is really important.

We don't wanna leave anyone out of this opportunity. And, regardless of the severity of an individual's disability-- they should have the opportunity to participate in the broader community.

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So, the federal rule requires that settings (we'll refer to settings throughout this presentation)-- so that's homes and places where people with disabilities who are on the waiver receive their services-- those settings, those places have to be integrated in and support access to the greater community.

So, it's not enough for a house to simply be sitting in a residential neighborhood-- but the expectation is that the services that are delivered and the supports that are delivered in that home don't create barriers to the greater community, and allow people to enjoy and participate everything in their local area.

The rule requires all settings to ensure that people have the opportunity to pursue competitive integrated jobs (not just shelter workshops and not just jobs where they're working with other people with disabilities).

That they're able to engage in community life-- so they're able to join communities of faith, join clubs, participate with peers, go out to restaurants, go out... and enjoy shopping or eating or dancing (or whatever it is that brings them joy).

And, that they have the opportunity to control their personal resources-- which may mean accessing their... personal allowance and the funds that are available to them, controlling their personal belongings (or their things that are important to them).

The rule also requires that-- when people are accessing the community, that they have access in the... to the same degree as someone who's not receiving home and community services.

So, it's not a comparison against other people with disabilities. It's not a comparison that relates to (you know) saying, "well, this is the best we can do for somebody." Really it's... does that person have the same opportunity and access that I would or you would or any other person living in that area might have.

The people have choices-- including not living in a disability specific setting. And, if they are in a residential setting and their resources allow that they have an option for a private bedroom.

The people's rights (and we'll talk a lot today about people's rights of privacy, dignity, respect, and freedom from coercion and restraint) are protected.

That the setting supports individual initiative. That people have the chance to really pursue the things that are important to them.

That they can ask to do new things. That they can explore and discover and... express their preferences. And, that they're supported to be autonomous (to the greatest degree possible). That they have (again) that opportunity to say "Well, I know that the other person in my house really likes to go... do... (you know) go to the mall on Saturdays, but I don't. And, I want to make a different choice (and independence in making those life choices)."

And, that the setting really supports that individual choice-- in terms of the services that someone receives, the kinds of support that they get, and who provides them.

So, if it's not working with someone, they have the opportunity to pursue someone else to provide the services and supports.

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So, what does this mean when we start thinking about licensed homes?

It's really important to remember that people who are receiving waiver services have the same rights and freedoms that are afforded to most of us-- including the opportunity to come and go from their home, to make their own schedules, to decide what they want to do (and when they want to do it), and what they don't want to do (including whether or not they want to work in a job).

Now, it doesn't mean that everyone can come and go from their home without support.

It means that if a person wants to come and go from their home and they need support, we are responsible for ensuring that they have that support in order to participate in the community.

That individuals who are living in Licensed homes have certain privacy rights.

They have the right to lock their bedroom door, to be alone in their room, to entertain visitors without visiting hours or restrictions.

That they can... if they are sharing a room... that they have some choice in that roommate.

And if they are... and in their home, they have the opportunities, the phone or internet or open their mail without interference.

The same kinds of things that all of us want when we think about our own privacy.

That individuals have access to food at any time and are able to make their own choices about food.

And, that people can express themselves in what they want to wear, how they want to decorate their room, who they want to associate with-- the kinds of choices that most of us take for granted in our everyday lives.

And, we have to afford these opportunities to people with intellectual and developmental disabilities.

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So, I know many of you who are here with us today are... coming from... the perspective of a ResHab provider, or perhaps you are... an owner / a caregiver of a licensed home.

And so, we're going to talk just for a minute about where we are in this process, and... how the department is providing oversight and monitoring for compliance related to the elements of the rule that I just talked about... in those license settings.

So, as hopefully all of you know who are in those roles, over the... towards the end of 2022 and the beginning of 2023, the department staff visited all of the license settings that are serving people who are receiving intellectual and developmental disability waiver services.

And, as a result of those visits, plans of correction were developed for those settings that were then provided back to the caregivers or the individual settings (as well as the ResHab provider agencies that are responsible for delivering services in those settings).

And, each of those plans of correction really focused on areas that require some change or remediation, or additional evidence (if the particular aspects of the rule that the department were looking for were not represented in the site visit).

And, so many folks are in that place where they're working on the remediation or the plans of correction and it's anticipated that the ResHab agencies and the individual caregivers or settings are working together to address those compliance elements. And then, the ResHab agencies who are responsible for oversight and receiving payment from the department on the waiver services are delivering an attestation and ensuring the... to the department that those... plans of correction have been completed and that all the remediation is complete.

**Moderator:** Sharon, there is one question here.

**Sharon:** Sure!

**Moderator:** Does the food rule mean that in the home must supply anything they want at any time they want?

What if the food they request requires preparation that the individual can do and they want it at 3 am?

What are the reasonable expectations on that?

So no, it doesn't mean that everybody has to operate a 24 /7 kitchen. What it means is that you can't restrict access to food.

You know, unless somebody has a health and safety reason that they cannot access food, there needs to be access to food.

And so, in your example, no, they can't demand that you make a particular dish at 3 am.

But, if a person wakes up at 3 am and says, you know, most nights I need a snack at 3 am-- then the expectation would be that there is a way for that person to access a snack (if they need to get a banana or... you know, a set of crackers or whatever it is that's going to meet that need).

Certainly, that's between the person and the caregiver.

But, the expectation of the rule is that you're not restricting that access (unless there's a modification and a specific health and safety reason for restricting access to food).

I hope that answers the question.

Okay, so where are we? Let's go on to the next slide and talk a little bit about what we have seen in terms of the plans of correction and what folks are working on.

Across the board, we had a lot of folks who had, you know, multiple elements of their plans of correction that needed to be worked on.

So, if you're in that boat, know that you're not alone.

And, we're hoping that you as a caregiver or you as a ResHab agency are working together with your partners to address those compliance issues.

Common issues that came up were the lack of a residential agreement. Now we all want to acknowledge that in for those of you who (especially) had received visits early on there were a lot of challenges around this-- because the department had not issued the template for the residential agreement.

But now that that template is out and available, we're hoping that all of you are working with your participants (and when it's applicable their legal representation) to sign those residential agreements, and ensure that each person who is living in a residential setting has a residential agreement that is giving them the same eviction protections as a lease.

We saw a lot of... settings where people are not being supported to make personal choices, and make their own decisions-- including their choices around schedule and

activity, whether or not they were presented opportunities to discuss a choice of roommates. Decorating their rooms came up a lot.

There were many settings where individuals, had not had the opportunity to engage in having personal belongings in the room... you know... pick out their bedspread, put a poster on the wall-- whatever it might be that, brings them happiness and makes it feel like it's their home and their space.

Those bedrooms... you know, should be giving people the opportunity to have them be their own space with their personal touches.

Additionally, we saw, many people without opportunities to come and go from the house with or without support.

And, that the expectation is that people are pretty much in the house or they're at their day program or they've been picked up by family, and there's not a lot of other community opportunity that's occurring.

We also saw... some limited opportunities for people to access food at any time and those choices about food.

We understand in license settings you are subject to the OCHA rules around... meals and the approved meals.

At the same time, you know, people should be given the opportunity to have... to have some choices, to be able to snack, to be able to access food at the time and place that they like.

Also, you know, it... the rule, should not mean... settings that are receiving Medicaid funds should not be imposing restrictions on where people eat and saying, you know, the meal is at 5:30 (sitting in the dining room) and if you miss it then you don't get that dinner.

There need to be alternatives, and there need to be flexibility so that adults can live adult lives and eat at times and convenience that work for them.

Again, it doesn't mean that every provider has to open... have a 24 /7 kitchen.

But if your standard mealtime is say 6 o'clock, and someone says "well, I'm not gonna be home till 7"-- you know, there's a couple of alternatives. That plate can be left and even be warmed up when they get home.

There's a different meal that is, you know, is a substitution. They're able to take food with them on whatever activity that they're going on.

But, people's lives shouldn't be... driven by... provider scheduling around things like meal time.

Each individual should have a right to privacy-- so they should have a lockable bedroom door. They should have keys to the home.

They should have the opportunity to experience the same privacy protections that each of us has in our own home.

Really supporting people to understand that they have rights, and that they can exercise those rights, and that we shouldn't be setting up house rules that are in violation of the settings rule.

So, for example, we shouldn't have blanket restrictions on visitors after a certain time at night or saying that everyone needs to be in the house at 8 pm.

If there are restrictions on freedoms or rights that are being articulated for individuals, it needs to be based on a health and safety need and addressed through a modification.

It can't be a blanket rule that applies to everyone living there.

And finally, many of the settings that were visited by the staff, really had trouble demonstrating that they were supporting access to the greater community-- that people are being intentional and ensuring that if individuals have things they want to do, or they want to explore new things, or they have friends they want to see-- that those opportunities are being facilitated by the setting.

So, I'll pause. I know we have a couple of questions here.

Will there be a summary? So, I think that's been answered. The PowerPoint and the video will be up online.

Michelle asks "do the residential agreements need to be submitted to the state?"

No, the, provider agencies just have to ensure that they're in place.

And, it will be a part of certification for AFHs and provider monitoring... for ResHab agencies.

Next slide, please.

Oh... is the agreement template available online? I will defer to state staff to ask if that is posted somewhere. Wendy?

**Wendy:** I don't believe it is online, but we can work to get it up there.

**Sharon:** Great. And if and if you wanted to identify yourself, you don't have to, but if you wanted to identify yourself, we'd be happy to email it to you as well after this presentation.

So, for those of you who are ResHab agencies, you went through this extensive process to provide agency evidence-- in which the state asked... the ResHab agencies to really make

sure that they had documentation policy manuals, handbooks--that there's... they're training staff (or establishing a curricula to train staff) to demonstrate that they were implementing the rule.

And... I believe everybody is through that process.

There may be a couple of small outliers (in terms of some minor issues). But, I think, all of the ResHab agencies and... the Adult Day Health agencies have completed that process.

And... so those of you who are caregivers-- if you have not received any of that information from your ResHab agency (in terms of the kinds of materials that they put together or the policies that they've established that were provided to the department that talk about the rule)-- you should definitely be asking about those.

We really see this as an important partnership between the ResHab Agency and the caregivers or settings that are supporting people in their homes.

When we're talking about... evidence (so to speak) for the caregiver homes and what we need in order to get through plans of correction, really, the ResHab agencies should be looking for... clear evidence that... that a caregiver or setting is understanding the indicator and is implementing it.

So, for many of these, it's the same kinds of... evidence (regardless of the indicator).

And really, it comes down to, you know, are you able to observe that the person really has the opportunity to control their schedule and decide on activities? How do you know that? You may see that in participant schedules.

You may see that in individual plans. Transportation data can be a great indicator of (you know)-- are people getting out in the community?

Individual examples of how participants are... in various membership status in communities-- whether it's a... they belong to a particular community of faith, their particular... they're participating in the bowling league, or they walk the neighbors dog...

You know, there are lots of those examples. But really, it comes down to the caregiver or the setting... providing that evidence back to the ResHab Agency, and... in a situation of certification or DDD oversight, you know, those kinds of evidence are helpful for the state to see.

As a reminder, if you are sharing evidence with the state as it relates to, any of these compliance activities, please make sure that you don't share protected health information or personally identifiable information (including in photos).

We've had a lot of folks who submitted evidence that included photos. And, if you're submitting photos of participants, then you need to explicitly have their permission.



And, that permission needs to come in with those photos.

But, generally, we would (you know) encourage you to... not submit PII or PHI.

And so, some of these indicators in the plans of correction are very concrete, right? Do people have... locks on their bedroom doors? Do they have keys? Some of them are... much more subjective in terms of that freedom to control their schedules and activities.

And, the ResHab agencies really need to work with these settings to ensure that the caregiver understands the requirements and are implementing the requirements.

Privacy question regarding locks-- does the caregiver need to have a duplicate key?

Generally, it's a safety issue that yes... that someone else should probably have a key.

And the rule, you know, and some of the sub-regulatory guidance from CMS makes it pretty clear that it's certainly fine for providers to have keys, but providers should also ensure that those keys are only given to the appropriate people or staff.

And that, you know, the basic rules should apply, right? So, people should knock on people's doors, and enter after someone has said that it's okay to come in.

And, if someone has locked their bedroom while they're out, unless you have a pretty good reason to go in there, really, their privacy should be respected. And, you know, a caregiver or provider shouldn't be entering someone's bedroom without their presence.

Can you provide examples for non- verbal, G-tube dependent and bedridden participants in regards to access keys, having visitors, and being able to eat?

So, when we talk about people who don't use... spoken words and use other forms of communication, there is nothing here that (you know) prevents them from expressing their volition.

I have yet to meet a person who isn't pretty good at telling you what they like and they don't like (maybe through behavior, maybe through other things).

But I think that, you know, the goal here really is... (and I'm going to take each of these... assuming that they're not all locked together here) in terms of an individual who doesn't use spoken words-- I don't know why that would be a barrier to achieving anything that we're talking about here... other than, obviously, it takes some work to communicate, and it takes some sensitivity and understanding how that person communicates in order to express their preferences and their volitions.

For individuals who use a G- tube, I believe that the case management branch has worked with most of the caregivers to develop modifications for individuals who are using G-tubes (related to access to food).

If you do not have an ISP that represents that, and the person has G-tube and has been medically advised against taking anything orally-- because not everybody who has a G-tube can't also eat, right?

So, you can't assume that just because someone has a G-tube that they don't get access to food.

If you have a person who is dependent on that kind of medical support, and you do not have a modification in their ISP.

I would suggest that you and / or someone else from the family or circle of support (or the person themselves) contact the case manager in order to address that issue.

In terms of people who spend a lot of time in their beds-- you know, again, we would anticipate that, you know, individuals should be able to, access the community using a wheelchair or otherwise (unless they're, you know, very, very, very ill).

And, it's contra indicated in terms of their health and safety needs-- which would again, you know, merit a clear description in their person-centered plan.

And, ensuring that we're trying to figure out everything we can do to ensure that they have access to the greater community.

In regards to access to keys / having visitors-- again, the level or needs of the disability (in terms of visitors) shouldn't affect anything, right? If a person... there's no reason to restrict someone's visitors because of their disability.

Access to keys-- you know, again, if the person doesn't have the fine motor skills to operate the key, you know, the question becomes, is there a different way to ensure that they have those... that privacy?

Is there a way to use a fob, or use a different kind of lock on the door?

You know, so I think, again, regardless of... you know, the person's acuity or their level of disability, the goal here is to honor individual needs and preferences, and do it in a way that really encourages... community integration, opportunities to have relationships with other people, etc.

To my understanding, OCHA does not allow locked door knobs. However, when the homes are visited for final rule, locks and doors need to be used. How should this be addressed?

So... OCHA is in the process of... revising their rules. And, I don't know that we have specific answers on behalf of OCHA.

But, we have raised this with them. They do understand that for individuals who are on the Waiver-- they do have to have locking doors.

The... requirement... the fire requirements in some licensed settings that the doorknob be able to be open from the inside without a key. And then, that there are ways for someone to have (you know) to unlock the door from the outside allows for (you know) the ability to meet both of those requirements.

It is not that OCHA rules prohibit locks on doors.

It's that the door has to be... openable from the inside without a key (that's just like those easy turn knobs).

Privacy follow up-- what if the person does not respond? Can we enter... or do we need to put it in the agreement-- like, after 3 knocks, the participant does not open the door / does not respond, we can open the door (since the client might be needing some emergency treatment)?

You know, of course! I mean... we can't, write in a rule every... every scenario.

I think, you know, you are all qualified providers, and we hope that you will continue to use your judgment when someone may need Emergency treatment or may need your help and support.

It doesn't even have to be an emergency, but they may need help and support. I think it's really this basic principle that we're trying to help people get to, which is, you know, the individuals with disabilities who are participating in the waiver are adults.

And, they have the same rights as any of the rest of us have... to be treated with respect, to not be treated like children, to have the opportunities to have privacy and autonomy, and to express their preferences and their volition.

And, that it's our job to support that communication and that opportunity to the greatest degree we can.

Next slide, please.

So, we have a couple of examples here that we wanted to talk about--just to kind of compare and contrast, right?

So, and these are... these are based on some real examples from Hawaii, but the names have been changed, and some of the specifics have been changed.

But, this is a story about Kimo, and he is a person who worked for many years and then decided to retire.

He really likes having a very regular routine, but also has those choices in planning out his calendar and his activities. And... among his favorite things to do are bowling and playing bocce ball.

And, his caregiver and providers support him to be able to participate in those activities, have helped him to register for Special Olympics.

And you know, it shows when you come to his house.

He has... medals and photos displayed on his walls.

He picked out the color of the bedroom, and it was painted to his preference.

You know, he has the opportunity to participate in things (both in-person and virtually).

He's supported to go shopping, and he collects those bags and... keeps them in his room - and has a big collection of them that he probably shows off when visitors come to his house.

He has the ability to enjoy his own room. He has a television. He has access to a phone.

He has access to technology. And he can call people or interact with them, 24, over 7 (when he wants to).

And, no one is coming in and saying, "Oh, it's 9 o'clock, time to put away the Facebook page" -- which are some of the kinds of things that we saw when we were out looking at homes.

So, this is an example of... of a person who's really living in a compliant setting. The caregiver and the ResHab agency have thoughtfully ensured... that he has full access to the community, and his rights are not being restricted.

Next slide, please.

On the other hand, this is Kai. And, Kai is a guy who's pretty silly and outgoing.

But, sometimes, (you know) he... demonstrates his frustration through some challenging behavior.

Back to the question that someone asked earlier-- what do you do when somebody doesn't use their words to communicate the things that they need?

Well, we have lots of those folks in our lives. But, Kai is a social person who likes to smile and... engage with people-- sometimes with words, sometimes not, but likes to get out into the community. And, his caregiver does take him to the store to see other people, but thinks that that's the extent of recreational activity, and hasn't really supported Kai to join in to anything else.

Kai doesn't belong to any groups or clubs, doesn't have a spiritual community, doesn't seem to have any hobbies or outside activities.

Kai (kind of) is with the caregiver in the house, goes to the store every once in a while, and goes to his day program.

He doesn't seem to like his day program.

He often tries to leave the day program, or he acts out when he's in the day program-- and those are not behaviors that they see at home.

And, at the same time, when staff went on the site visit, they noticed that... you know, Kai does have access to a computer and the internet.

And, seems to enjoy Face-timing with other people, and being online and having those social interactions online.

Kai is kind of a big guy and, yeah, he doesn't have any dietary restrictions from a doctor or nutritionist. You know... many of us have that issue in our lives (where maybe we carry a few extra pounds), but it doesn't mean that someone else comes in and says "you can or can't eat these things."

Kai has a guardian and the guardian worries about Kai's weight, and has asked the caregiver to restrict his access to food. And, the food is kept in a locked cabinet, and Kai doesn't have access to food when he wants it, and gets pretty frustrated about it.

So, in this circumstance, you know, Kai's home really has several different things that they could improve upon in order to ensure that both his rights are protected, and that he has full access to the community.

So, we've talked a lot about those rights, and several of you have asked some good questions about, well, what happens if someone has a particular need or I'm concerned about, you know, access to food or what this means in terms of someone's safety.

And, we did want to make sure that we noted that for individuals who have a health and safety reason... that some of these rights may need to be restricted.

There is a process by which you can request a modification.

Modifications have to be based on a health and safety need.

And... really the idea here is that you start with a restriction and you try to find ways to ease off of it and minimize those restrictions.

Case managers can guide you to the information-- around how a modification can be developed and brought into the ISP.

You know, but, caregivers and ResHab agencies should not be implementing any restrictions of rights or freedoms that violate the rule without that engagement of the ISP team and the approval from the case manager.

Next slide, please.

So, a few examples of modifications. So again, that access to food, a person has Prader-Willi and is unable to manage the amount of food that they eat (due to the condition). So, the access to food may be restricted until... either with tools or through support, they have some self-management related to food.

Or, a person with dementia maybe at risk when they leave the setting because they have (In the past) wandered and gotten lost.

So, maybe their ability to leave the home is limited to only leaving when they have appropriate assistance.

Another person may have self-injurious behavior, and if somebody can't get to them quickly, that right to privacy with a locked door may be suspended until the behavior issues are reduced or subsided.

Next slide, please.

The kinds of things we shouldn't expect in a modification, again, the idea of these house rules-- things that are easier, convenient for the provider or the caregiver.

Restrictions on visitors and saying, "you know, nope, nobody can come after 9 o'clock," or curfews and those set meal times (without any flexibility options or individualization) are all things that are not restrictions that should be occurring.

And, and then really simple things, making decisions for somebody without a health and safety reason, right?

People should be able to pick their own hairstyles. People should be able to choose their own clothing.

Even if things don't match or you don't think it's appropriate for the weather.

You know, unless again, there's a health and safety reason we should not be taking these basic rights away from somebody.

We should not be restricting their... people's access to phones, computers, technology; their opportunity to be alone; or their opportunity to be with their friends.

And, you know, setting those schedules and activity choices in stone, in a way that is... "okay, here's my... here's this week's schedule, and this is what we're doing,"

is not the way that we should be supporting people. We should really be allowing the person to drive the decisions, select the choices, explore new things, have opportunities to have a full life in the community.

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So, when we do need to do a modification, any member of the team... can raise this question. Any need for modification has to be supported by an assessed need.

It is brought into the ISP. And then, the team has to look at what has been tried, what's the least restrictive... intervention or modification that could occur. And, does it really require a modification, or is this a situation where we have a better opportunity to support somebody without restricting their rights or freedoms?

If the team decides, and the case manager agrees, that a modification is warranted, then there is a ISP modification addendum that requires provider documentation.

The case manager needs to approve.

And then, the person and / or their legal representative has to consent to the modification (in order to have it implemented).

And, at this point, it is a violation of compliance if a provider is implementing a modification without these steps having occurred, and it being written into the ISP.

Next slide, please.

So.... I'm actually watching the time. Yeah, we're okay.

So, I think it's really important to remember that the settings rule is for everyone and someone asked a question earlier about... you know, what about people who may not use words? Or, what about people who... may have some very significant disabilities or challenges?

And, with that... I wanted to share the story of Liz.

**Liz's Mother (Recorded):** What the heck? This can't be happening. It was... I was just... just devastated. We were going to the birthing room and everything was just going to be so peachy and wonderful-- because you're going to do this natural childbirth stuff.

And then, she turned out to be breech. And, when they did the x-ray, there was a lot of "Oh my gosh" from the nurses.

And, so I knew a lot was going on.

**Liz's Father:** I walked through the doors. They pushed the bassinet with Elizabeth in front of us. It was the most...

**Liz's Mom:** Like him, and how excited he was to have her. It just totally... it was like this turmoil of negativity, but yet, he's happy. And it's like... well, I should be happy too!

But, I'm so worried about this baby, and whether or not this baby is going to survive.

**Liz's Father:** We didn't know that she was going to have developmental disabilities at the time, and we thought... we were hoping that she didn't.

But nonetheless, we just planned that she would live to her maximum potential (whatever that would be).

**Liz's Mother:** It just kind of went from her birth of being, you know, very devastated to that reality of "wait, I have this baby girl that's adorable and happy and pretty easy going that's surviving some pretty challenging therapies and surgeries."

And now, going into school. And now, looking at what education is... which is planning for your future. And then, actually realizing that she is competent and has skills.

We started learning about inclusion when she was like 4 years old. We always wanted her included. We wanted her to achieve goals.

We wanted her to learn to be socially appropriate, and just treated like everyone else. What we learned was that students thrived, that the community became accepting, that it opened doors for her as an adult (because it would be relationships that would build upon her skills and her abilities and her acceptance).

**Liz's Father:** Liz is 31 years old. She's been living on her own for about 5 years.

**Caregiver:** Elizabeth is the owner of this condo that we're at. And, I take care of her.

**Liz's Mother:** Liz has always had a full-time aide. Liz needs a lot of support-- so she's always [had] what's called a "ParaPro" in this... in the Special Ed programs.

**Caregiver:** It's almost like a sister bond-- because I've been with her for so long. A lot of people think that. I was like, "no, we fight all the time."

I'm like, sometimes she gets mad when I watch too much music videos or when I watch a movie, and she doesn't want to.

Anything that I would do, she would do too. We go to Panera, grab a coffee and kind of socialize over there, go grocery shopping (getting things for the house). We go to Target-- kind of see clothes, and we go to the mall, and we hang out with friends.

Have a little social gathering here. And, All right, this is, am I boring you, Liz?

We've allowed Liz to take risks in her life. And because of those risks she's taken.

She's done things that Chris and I will say. Wow. Liz was just a child when she started, so she's been with us many, many years.



The benefits are huge and they're multiples. There's exercise, recreation, social. Interactive, there's bonding.

She has progressed in her riding to that she turns her horse and she signals the leader when she needs to turn when she wants to walk on when she wants to go.

She's a very opinionated young woman. She knows what she likes. She knows what she likes to do.

Progressive and as open as we tried to be and our beliefs and everything, we had no idea.

How much she would progress, how she would grow, how she would change. She has responsibilities in the week.

She has to go to work. We started off. We punch in usually 2 h a day. We really want her to be in the public's eyes.

We are in charge of pricing and returning the products that people don't like. I make sure that she does the best of her ability.

I don't do the job for her. I just make sure that she's there doing the best that she can do.

**Liz's Father:** The first thing that all parents think about, and I think particularly parents with children with disabilities is their safety.

And, some parents don't let go. That's easy. Elizabeth doesn't talk. I can't let her go here. She can't go there.

What happens if she falls? What happens if this happens? You know what-- all those things have happened. She's not made out of China.

She's a young woman, and she's fine.

**Liz's Mom:** And, it all has to do with the opportunities that we've given her. And, we aren't special people.

We learned things. We took the initiative to learn, to find resources, and to find opportunities for Liz to give her experiences and to help her grow just like you do with any child.

And, other parents thought that we were just bucking the system and trying to be difficult people-- because we wanted inclusion and we wanted her to be self-determined and give her opportunities (instead of just take care of her like some poor sap). And, she's not a poor sap.

She's a person with a lot of potential and ability-- and it's paid off.

[Music Playing]

**Narrator:** Thanks, Liana.

**Sharon:** So, I love to show that video-- because Liz is a person who does not use spoken language.

And, Liz is living a life that embodies the opportunity to participate in community.

Liana, if we can bring those slides back up and I'll take the questions in the chat while you're doing that.

So, In terms of... the question is... (I'm sorry).

In regards to Liz, was it her choice to attend special education? How would you write this as a modification-- if you needed to provide an exemption and choosing what she wants to do?

I'm not really sure what the question is there...

if her parents didn't want her to have a key because of her disability.

So, you actually, I mean... I'm going to answer that question a little bit differently than maybe exactly what you're asking. But...

So, you must have been very clear that parents and guardians cannot ask caregivers and providers to violate the rule.

So... a caregiver or provider can't come in and ask you to do something that violates a person's rights-- unless, again, there has been a demonstrated health and safety reason... that a person can't have a key.

So, you know, in the case of Liz, I think that the the risk for Liz to have a key (unless she's a person that's eloping a lot) is pretty low.

And, you know, if Liz's parents came in and said "we don't want her have a key because she's a person with a disability."

They... the... Medicaid has made it pretty clear that's... then that setting can't accept Medicaid funds.

And so, people have to come to some acceptance if they want to participate in the waiver. I mean, that is... how the rule is set up.

You know, we do understand that guardians and families have their opinions about things, and they're absolutely entitled to those opinions.

But they don't have the right to ask a ResHab agency or a residential provider or caregiver to violate the rules (simply because they're worried or it's more convenient to restrict someone's rights than it is to support them in the community).

So, where are we? Again, the rule... went into full... effect in March.

And, at this point, we have the provider agencies and individual settings that are working together to address those plans of correction... to remediate those remaining outstanding issues.

And... so providers are working to... complete those plans of correction and submit those... attestations that the... plans of correction have been completed.

You know, as we've moved through this process, there have been some providers who have experienced some sanctions for noncompliance, and some other providers who have chosen to no longer deliver services because of the requirements.

And, the department is working with providers in those cases to either address the compliance issues so that sanctions can be lifted and / or to transition people when... an organization does not want to continue to participate in the Medicaid program.

Ongoing, the department will be implementing a participant experience interview process in which case managers are going to be talking to participants and communicating with them about their preferences and... needs, and trying to understand whether or not they're experiencing the rule in their residential settings.

And then, of course, the department will continue (through provider monitoring for AFHs) the certification process... to ensure ongoing compliance (including potential evidence updates).

So, with that, I know we are at the top of the hour. I want to thank you all for coming!

There is a lot of information on that website. I don't know if... Liana... you can leave that up for a second (so people can see it). But... or it will be on the... it will be on the website. And then, I am not gonna answer that question.

I'll punt it to Wendy in terms of... CAP templates.

**Liana:** Okay, Wendy, there's a question here. Could DDD send unprotected / unrestricted CAP templates?

We are about ready to submit the CAPs for our ARCH homes, but can't type our corrective action response into the CAP document.

**Wendy:** Okay, so you just want the Word document to be unprotected so that you can type into it.

I believe we can do that.

Let me... Michelle, I'll check and get back to you offline.

**Liana:** Okay, thank you. And then there's another question here . As a service provider, if a participant wants to do a community activity that requires 1-to-1 staff to participant ratio, and they do not have money in their budge, will the exceptions process for extra hours be approved (because the client wants the hours)?

So, anyone from... Case Management can answer that?

**Earl:** I'll take a stab at it. I'm Earl Young. I'm the acting Branch Chief for [the] Case Management branch.

We can submit the exceptions review. I cannot say that it will be approved though. It has to go through a review process in which... they would take a look at what the request is before they would consider what their approval is.

**Liana:** Okay. Thank you very much! And with that which... I am Liana from the training unit. There are no more questions on the floor.

**Wendy:** Yes. Sorry, can I just say...

**Liana:** Sure!

**Wendy:** This HCBS final rule does not... it's to....

It doesn't mean that any participant can just get whatever they want. So, like that last question is asking, you know, they want to do this activity. They don't have enough money (money in their budget). Is it going to be approved (because that's what they want)?

This doesn't mean that we're just giving everybody everything they want. It's really... to support community access /community integration-- as well as upholding... you know, everyone's rights as a person, (as a participant / as a person). But, it doesn't mean the flood gates are open and everyone can just get whatever they want.

Just to clarify.

**Liana:** Okay. Thank you, Wendy!

I guess if that's it... Again, this is Liana from the training unit. and [on] behalf of DDD, we would like to thank all of you who attended this morning's webinar.

And, again, handouts will be available on our DDD website-- as well as the recording of this webinar will be available one week from today.