

Home and Community Based Services (HCBS)



Community

MENTAL HEALTH

CLINTON • EATON • INGHAM

Have you heard about changes???

- Rumors abound! Fears abound too...
- But we feel it's important for you to hear the full story, and to understand why these changes are occurring.
- We hope that, with understanding...
 - You'll be able to make informed choices
 - You'll be able to give input
 - You'll have time to consider new ideas, and plan for changes
 - You'll discover new possibilities

HCBS – It's difficult, and it's complicated!

- We want to explain why we need to make changes to the Transitions program
- We needed to inform our staff first, to get them ready for change
- We want to bring you in at the beginning of the change process (before any changes are made)
- We want to hear and understand your fears
- We want to share our ideas for where we're heading next (yes... there is a "next")
- We want to seek your input!

What is HCBS all about? A little history...

- Back in the 60's and 70's, we moved people from large, segregated settings (called institutions) to smaller, yet still segregated settings called group homes, day programs, and sheltered workshops
- Over the past few decades, CMH made some changes and improvements to these supports that some of you may already familiar with...
 - Community Living Supports, for example, has become an alternative to group homes
 - Smaller day programs (called satellites – St. Johns, Grand Ledge, Mason, Charlotte, Central), have offered options to large day program settings (such as Transitions North and South)

And, even a little more history...

On January 16, 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued a ruling related to those receiving federal funding. The rule clarified a need to ensure two things:

- 1) Individuals receiving Medicaid based supports and services may not be discriminated against in any way via provision of that service.
- 2) Individuals served via Medicaid dollars must be integrated fully within their community and have access to the same conveniences, rights, and choices that people not receiving Medicaid services do (people we support should be treated the same way you or I would expect to be treated in our own homes, work settings, and in the community).

Key Requirements of the HCBS Rules:

All home and community based settings must meet certain qualifications. The setting must:

- Be integrated in and support full access to the greater community
- Be selected by the individual from among multiple setting options
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize autonomy and independence in making life choices
- Facilitate choice regarding services, as well as who provides those services
- Not limit choice via “house/program rules”

Why is this important now?

- Although the Federal rule was enacted in 2014, a number of states opted to include various forms of waivers into their Medicaid service plans. These states were then awarded additional time to develop a transition plan to full compliance with HCBS rules.
- Michigan opted to bundle waivers into Medicaid service plans and, as a result of the waiver inclusion into the rule, the state was provided a 5 year transition period to enact all changes for compliance.
- Based on the additional 5 years allowed, Michigan is required to achieve HCBS compliance by March 2019

Impacts for CEI?

Many of CEI's services and supports have historically been built upon a segregated and/or semi-segregated model, following de-institutionalization in the 1960's.

- AFC settings – population specific, semi-institutional in nature (based on licensing standards and guidelines), focus was primarily on “care and protection”.
- Day Program settings – population specific, detached from the community, offering social engagement, modified work activities, etc.

We did what we did, when we knew what we knew... and the historical legacy of these supports retained some of institutional elements in our structures, despite gains with improved inclusion and participation in the greater community.

HCBS findings specific to CEI-CMH?

- As might logically be expected, CEI's supports and services still mirror the segregated model/function that supports were initially built upon.
- The reality? A major shift is needed to meet new HCBS rules and to be able to continue to use Medicaid funds for supports

Medicaid funding options

- 3 “Buckets” or types of money to consider as we move forward:
 1. Skill-Building Assistance
 2. Community Living supports
 3. Supported Employment

Skill Building Assistance

- Skill-building assistance must provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual.
- This service assists individuals in increasing their self-sufficiency or to develop the skills needed to engage in meaningful community-based activities such as school, work or volunteer activities.

Community Living Supports

- Community Living Supports (CLS) must promote community inclusion and participating and facilitate an individual's independence and productivity.
- Services should provide opportunities for integration with the community and participation in activities comparable to activities for individuals of similar age or similar interest who do not receive Medicaid HCBS.

Supported Employment

- Supportive employment provides a combination of ongoing support and paid employment that enables the individual to work in the community.
- Setting options offered should include community-based integrated work settings where individuals with disabilities work alongside other individuals who do not have disabilities.

Next Steps?

We've explored (and continue to explore) any and all resources...

- National Level?
 - Evidence suggests that different models can improve lives, and can further increase community connectivity
 - Best practice standards continue to change, so we need to be creative and flexible in order to meet shifting standards – change is constant!
- State Level?
 - Most other CMHs went to a different model 10, 15 and even 20 years ago... and these models are working!

Next steps (cont.)...

We arrived at an awareness that we need to fix some things in our current system in order to be flexible enough to move forward with a new plan. Specifically, we understood a need to:

- Fix our Level of Care system
 - This helps us decide how to fairly and equitably allocate resources across all those who may need them
 - This ensures that we are linking Medicaid funds to medical necessity (this is how we determine it's appropriate for people to receive funding for supports)
- Find a way to make funding for supports “fluid”, so that funding can follow the choices people may want or need to make surrounding their care

To move forward? It's helpful to understand where we've been...

Understanding how resources have been allocated in the past:

- Previously, each service unit had their own Level of Care. This system met unit needs effectively, but the levels didn't work with the needs of other units. The end result? Those we serve were often left with gaps in care or service (and no funding to fill those gaps).
- Gaps in care or service often resulted in people having to make difficult decisions to try to meet their daily needs. This system meant that CSDD services, overall, have historically been program or unit centered, more so than person centered.
- We need to improve the way we function!

A new model for allocating resources?

The new model – “Full Life” Level of Care

- Deconstruct property, facilities, and transportation budgets so that funding is fluid.
- Using measures that assesses ALL life needs, allocate funding directly to each individual, based on medical necessity (a Medicaid requirement)

More specifically, what does “next” look like?

Our general vision – a work in progress...

- Close the buildings, and help people connect directly out in the community (just like you and I do)
- Redesign the Level of Care system – shift away from program levels of care, and create a “full life” level of care instead (a personal level of care)
- Attach Medicaid funding directly to each individual’s plan of service, and allow for new choices in:
 - Customized employment – this area will expand greatly
 - Customized life skills development
 - Customized social engagement/connection

A little bit more about work needs...

- We've known that there's high demand for more vocational and pre-vocational supports in our region
- Part of our new support system will be dedicated to meeting this need through "customized employment" opportunities. Customized work opportunities are helpful for those who:
 - Enjoy working
 - Take pride in bringing home a paycheck, and having their own spending money
 - Sometimes are not able to work in traditional work settings or maintain typical work schedules
 - Need support from staff in their work activities

How does a “full life” model mesh with Transitions?

Because program levels of care will go away, each individual will have a “bank” of resources to apply to any and all needs

- Each individual then works with their supports (family, friends, CMH staff) to identify important needs and then maps out ways to apply resources in whatever way helps the most. This process will occur during the Person Centered Planning process
- This process also then deconstructs the current Monday – Friday 9:00-3:00 schedule, and allows for supports to be used anytime, anywhere, throughout the week (**unless you happen to LIKE that type of schedule... then by all means, keep that!**)
- What follows is an example of a 168 hour schedule; a strategy we may be using with each individual moving forward.

168 HOUR SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
12:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
1AM	↓	↓	↓	↓	↓	↓	↓
2AM	↓	↓	↓	↓	↓	↓	↓
3AM	↓	↓	↓	↓	↓	↓	↓
4AM	↓	↓	↓	↓	↓	↓	↓
5AM	↓	↓	↓	↓	↓	↓	↓
6AM	↓	↓	↓	↓	↓	↓	↓
7AM	Daily AM routine	Daily AM routine	Daily AM routine	Daily AM routine	Daily AM routine	Daily AM routine	Daily AM routine
8AM	↓	↓	↓	↓	↓	↓	↓
9AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
10AM		Laundry day				Laundry day	Church
11AM	Exercise	Laundry day	Volunteer	Exercise		Laundry day	↓
12PM			↓				Bible group
1PM	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
2PM	↓	↓	↓	↓	↓	↓	↓
3PM					Shopping		
4PM					↓		
5PM	Supper	Supper	Supper	Supper	Supper	Supper	Supper
6PM	↓	↓	↓	↓	↓	↓	↓
7PM							
8PM							
9PM	Wind down	Wind down	Wind down	Wind down	Wind down	Wind down	Wind down
10PM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
11PM	↓	↓	↓	↓	↓	↓	↓

Full Life Approach

Level of Care & Individualized Plan

Unique and individualized layers of service. Services are offered to individuals on a spectrum and individuals can move around on that spectrum freely as they have a need or interest.

Examples:

Individual #1

Individual #1 may have the monies allotted to their treatment going into the following services based on their specific needs.



Examples:

Individual #2

Individual #1 may have the monies allotted to their treatment going into the following services based on their specific needs.



Other ways to look at this?

A few realities to consider, about how people connect to their world already...

- Similarities to CLS supports?
- Similarities to AFCs/Group homes supports?

Moving forward...

We have roughly 9 months to conduct all changes... utilizing only the existing budget

- No supports or services will be impacted through the end of this fiscal year (through September, 2018)
- Beginning October 1st, 2018 and continuing on through March, 2019, all Transitions individuals will:
 - Be assessed for a new (“full life”) Level of Care
 - Review all support needs through their Person Centered Planning process (or an amendment process, if the Person Centered Plan has already been completed)
 - Map out how, when, where, and why resources should be applied to best meet their unique needs

Program closures... what will this look like?

Beginning on or around October 1st, 2018...

- Start with transitioning one or two of the smaller sites over to the new support system (smaller sites are easier to get in motion, and it will be easier to fix any hiccups encountered)
- Continue to move on to the next smaller sites, addressing each site one at a time
- Transitions South will be focused on after all of the smaller sites have transitioned, and...
- Transitions North will be the last site to transition out

Challenges? Absolutely!

All of this is HARD! (really, really hard!)

- People need time to feel sad, and to understand loss and change
- People also need time to plan:
 - We want people to have time to think about their needs and interests in new ways
 - We want to make sure people can make informed choices, that best meet their unique needs
 - We want people to be able to rethink their Person Centered Plans with new ideas in mind

Challenges (cont)...

All of this will continue to be hard... at least for a while!

- We won't be able to get everything "right" initially
- But we are committed to fixing, readjusting, reworking, supporting people through this change process
- Key staff, currently attached to existing programs, will remain attached – these staff will be known as "Community Connectors". These staff know people's needs exceptionally well, and will continue to care about people through this transition, as well as help navigate any problems that may emerge
- Change is required – we have to meet requirements or we lose the funding we rely on to run these programs (no funding = no programs)

Challenges (cont)...

But... will this work???

- Yes, we are confident that we can meet this challenge! We'll build off the successes of other CMHs around the state... and we hope to even make further improvements to what is already out there
- These changes will assist CEI in rising to meet national standards for best practice
- These changes are honoring of each person's unique needs and interests... just as we would want for ourselves (what's good for us is good for others)
- We are actively assessing ways to keep existing relationships intact and supported, despite the change in day program structure

Your input is needed!

After absorbing this information, please identify:

- One or two key concerns that remain for you and your loved ones?
- One or two key hopes you might have for the design of future supports?

More to come...

- We plan to continue to make information available as planning solidifies. We anticipate a need to hold additional meetings for individuals, parents, and guardians as we move closer to our transition time frame (October, 2018 – March 2019)
- We plan to post Frequently Asked Questions (“FAQs”) on our agency website, along with any other pertinent information.
- We want to provide you with an email address where you can send questions, concerns, or provide additional input you may think of later on. This email address is:
 - HCBSTransition@ceicmh.org