



Welcome back, everyone.

Thank you for coming and thank you again for your input at the last meeting. It was extremely valuable.

I will review some of the main “take-aways” of your feedback in a minute.

The full list of your input at the last meeting and the other meeting materials are up on the OADS website.

Agenda for the Meeting

- ⊗ Overview of Transition Tasks & Timeline
- ⊗ Work Groups Goal:
 1. Discuss Compliance
- ⊗ Report-Out
- ⊗ Next Meeting



- At the suggestion of my colleagues and in response to some questions about the transition timing, I am going to take 10 minutes to review an optimistic timeline for the transition tasks.
- I will introduce the topic of “compliance” for your work group discussion.
- We will work in small groups for an hour and then report out.

Recap – Transition Tasks & Timeline

Four Part Plan

1. Self-Assessment Survey of Providers
2. Evaluation of Surveys
3. Verification of Survey Responses
 1. On-site Visits
 2. Participant Experience
4. Ongoing Compliance



- For those of you who attending the first meeting at the end of February, this is a slide from that presentation.
- It lays out the 4 parts to the transition process
- The second page of your handout is an overview of the process and a “hopeful” timeline

Recap Part 1 Provider Self-Assessment



Provider Self-
Assessment
Survey

Summer 2016



- We are guardedly optimistic that the provider survey process can begin this summer.
- The survey needs to be cleaned up from your input and then tested, hopefully with a short pilot so that we can work out any bugs
- Let's detour here to look at your input (next slide)
- DHHS is working hard to obtain the email addresses of the people at each setting who should receive the survey.....
- Outreach and communication to providers should begin soon – The Steering Committee will be drafting some scenarios for your review, possibly at the next meeting
- The instruction manual will have to be completed before the survey can roll-out and, while the manual template is done, the more challenging part is incorporating compliance information in the form of guidance and case examples. Some of that information will come out of our discussions today and more will come out of the continuing discussions internally at DHHS.

Feedback on Provider Survey

Big Take-Aways:

- 🌸 Approach is good
- 🌸 Plainer language on probe questions
- 🌸 Provide helpful definitions
- 🌸 Might take several weeks to complete survey
- 🌸 Provide training in several formats
- 🌸 Many compliance questions



- The feedback on the approach was positive – all of you seemed on board with a self-evaluation and use of exploratory questions to unpack compliance issues
- There were many helpful suggestions on a rephrasing of those exploratory questions: plainer language, more positive, open-ended questions, etc.
- Most of you wanted more detail on definitions – they are mostly substantive in nature so DHHS will be working on that over time and concise definitions will be in the final Instruction Manual.
- **Back to previous slide**

Recap

Part 2 Provider Survey Evaluation



Desk Review
&
Evaluation

Late Summer 2016

Evaluation
Report and
Findings

Fall 2016

Populate
Sampling
Frame



- At the last meeting, several of you expressed understandable concern about how the survey responses would be evaluated and “scored”
- The Steering Committee will be reviewing some proposals, but the concepts will be based on
 - 1. The strength of the evidence of compliance for those areas where providers are compliant (e.g. first, *IS* there evidence, does it make sense, does it support the narrative explanation, and how well does it support it?)
 - 2. The relative number of technical vs significant changes that need to be made to become compliant, and
 - 3. The strength of the proposed plans of compliance
- There is a mix of objective measures (e.g. technical v significant change) and subjective measures (e.g. criteria for “strong response”), but we will be discussing the evaluation framework here at the next meeting.
- The survey scoring will then be used to populate a “sampling frame” with categories of risk – risk that settings have very low compliance and/or will have substantial difficulty becoming compliant.
- Those risk categories will then be used to obtain a random sampling of settings that will receive an on-site survey and the attendant participant experience surveys. ALL categories will have some sampling, even the most compliant categories that have very good evidence to support. This is part of the verification process.
- Let’s look at that:



- If a provider is chosen for an on-site survey, then there is a two-part verification process:
 - Reviewing the provider survey response and comparing it to evidence available on-site in records, policy manuals, and in observation of daily practices
 - And doing the participant experience surveys
- It has yet to be worked out whether this will be same person or even done at exactly the same time, but we will be discussing some of those pros and cons here in this forum.
- As we have mentioned in previous meetings, the evidence gathered at the on-site will be evaluated along with the participant interviews and a report will be generated.
- The pathway after that is as yet unclear, but at a minimum, it will involve monitoring plans of compliance.

Recap

Part 4 Compliance Monitoring

compliance

Monitoring
Plans of
Compliance

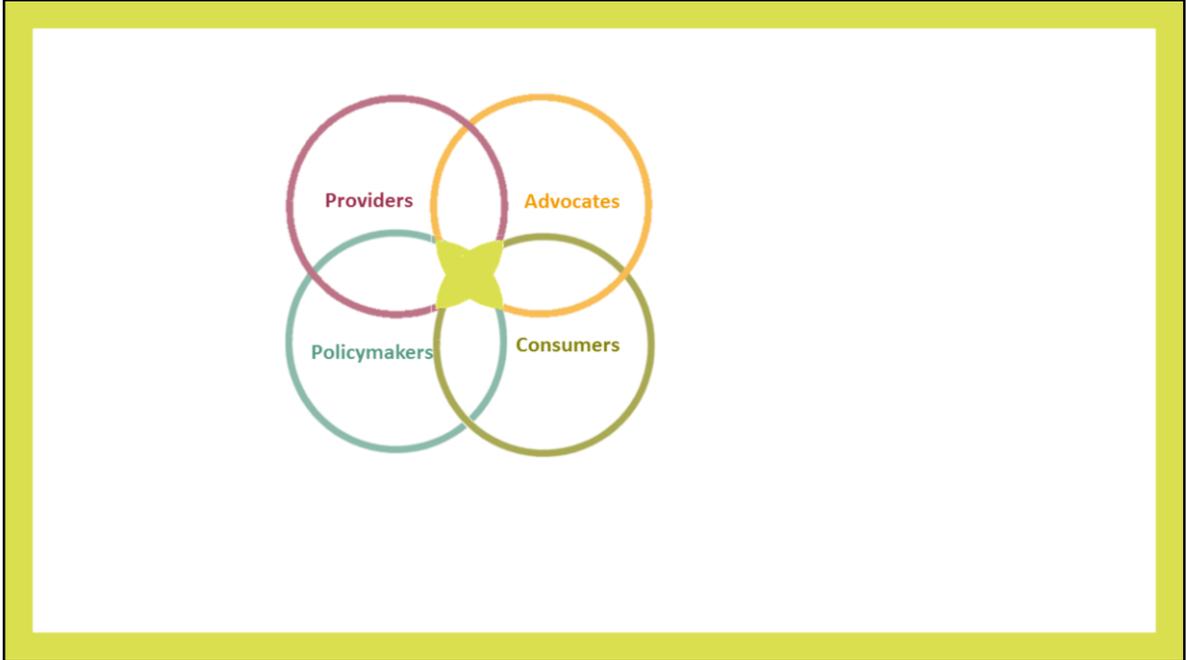
Ongoing 2017 - 2018

Ongoing
Compliance
Monitoring





- Does this help?
- The State Transition Plan was submitted last spring.
- We took the summer/fall to do research and begin developing tools.
- We are now refining the tools and getting ready to launch them.



This is an **interlude** - a “pause” slide before we talk about compliance, which is such a challenging topic.

For another part of this project, my colleagues and I had to figure out how to separate these rings and that inner green piece – which was actually a lot harder than you would think. I’m showing them again – now that we’ve done it – as a reminder of how important it is that we all collaborate and exchange ideas – perhaps particularly about compliance.

This is a good segue into talking about our work group goals.

Compliance

DHHS Guidance

Transition Plan for Complying with New HCBS Rules



So what is our work for today: It was apparent – not surprisingly – after last meeting that all stakeholders want more information and guidance from DHHS about what constitutes compliance

- Providers want to know what to do
- Consumers and advocates want to know when and how they can assert their rights, interests, and choices
- And the State wants to support all stakeholders as well as figure out the best way to enforce compliance and make the standards as concrete as possible

To that end, staff at OADS and OMS met to begin the discussion of making these standards more “real”.

In your handouts on page _____ you have a document called Transition Plan for Complying with New HCBS Rules. It has the federal standard on the left, and then a column for Meets and Does not Meet.

The “Meets” column is intended to articulate the goals of the standard. “There is compliance when....”

And the “Does Not Meet” column is exactly that – sets out examples of those situations that would not meet the goals of the standard.

DHHS has started to populate this grid with some specifics. They would like us all to continue the conversation by asking ourselves some questions in the work groups: And Steering Committee, please chime in here with any additional thoughts; I was not at your internal meeting and I do not want to misrepresent your expectations from the work groups.

- Is DHHS’s approach helpful? Will the end-product provide some of the compliance guidance needed?
- Are these goals the right ones for the standards? Do these stated goals get at the real meaning of the standards? If not, what are your other thoughts about that? That discussion will tease out...
- What are some of the assumptions that any of us might be making about compliance or non-compliance for these standards? Are those assumptions correct or flawed in any way? E.g Can we assume that all 90 year olds will not want to work in the community?
- Where are the nuanced areas? Where can we anticipate that there will be conflicts between or among the standards or among various rights and interests of individuals, staff, and providers? E.g. What if there is conflict between roommates about privacy or decorations? What if right to access to food, or other personal choice, places an individual at significant health or safety risk? What about informed choice?
- What are some of the compelling limitations or restrictions on compliance? E.g. resources in the community, provider financial or staffing resources? Serious safety concerns?
- Please keep a list of case examples or scenarios -- because that will also be very helpful in continuing our conversation. It will also be helpful in the completion of the Instruction Manual which, as you will see from page 13 of your handout, will eventually include examples of compliance or non-compliance to help guide providers.

These are very hard topics, but a very necessary discussion.

Report Out

**Everyone Keep Notes and
Help Report Out!**



- There is much grist for the mill here. The facilitators will be challenged to take notes and report out, so I would suggest that everyone try and keep notes and we will do a modified “reporting out” by allowing each table to have the floor for a period of time and anyone can speak up.
- The facilitators can go first and then others are strongly urged to chime in; it can – and should be – a conversation. And let’s ask questions too – since we have several state staff here to help answer those questions 😊

In your handouts, there is a “notes version” of the DHHS compliance grid. Use it for notes, questions, thoughts.

And, if you are willing – but you don’t have – it would be great if we could collect all of our notes so that we can get a really comprehensive picture of stakeholder views. Of course, you do not have to identify yourself!

No matter what your input, I am totally confident that at some point in the Transition process, it will be helpful – and likely very needed - information.

Next Meeting

Tuesday, May 31st
2:00 – 4:00 p.m.



This is the day after Memorial Day, but I do still hope that most of you can join us.