

# Overview for Managed Long Term Care (MLTC) Plans: Social Adult Day Care (SADC) Home and Community Based Services (HCBS) Compliance Process

Calendar Year (CY) 2024 HCBS Reviews

Webinar Transcript - 12/7/2023

## 1 Presentation Transcript

### 1.1 Slide One

- **Greg Frank 00:02:42.000 --> 00:02:58.000**

I think we have everybody on the DOH side to go ahead and get started. I will go ahead and share the slides and Dianne Kiernan who is the director of the Bureau of Management Long term Care with the New York State Department of Health will be giving an introduction.

- **Dianne Kiernan 00:03:10.800 --> 00:05:31.000**

Thank you, Greg, and good afternoon, I'm Diane Kiernan. I'm the director for the Bureau of Manage Long term Care in the Department of Health. We welcome the MLTC plan representatives to this presentation.

Today, we have a wonderful team of colleagues ready to go over some pretty important information regarding planning for the 2024 reviews, which are coming up in a few weeks from now. These reviews will be round number two for MLTC plans.

MLTC plans have the responsibility to verify the social adult daycare HCBS compliance activities. The team today is going to review the process again.

The presentation includes a review of what remediation means and the request for evidence along with some very specific attention to several HCBS standard areas that the team learned about through the process with round one and we are looking forward to launching in round two in the next couple of weeks with the plans and we're hoping to have all the reviews started in January and concluded by October of next year.

As all of you know, you've gone through this process, we've done many webinars produced a lot of tools guidance, we have the mailbox and answering hundreds and hundreds of questions, so we're really eager to launch round two with a much better foundation.

Understanding of what that the plans responsibility is on verifying each CBS compliance. So, with that, I'm going to turn it over to my colleagues and thank you.

- **Greg Frank 00:05:31.640 --> 00:06:29.040**

Thank you for that introduction, Dianne.

Good afternoon, everyone and thank you for attending today's webinar. My name is Greg Frank with the NYSDOH Social Adult Day Care HCBS Compliance team.

As Dianne mentioned, the topic of today's webinar today is an Overview of the SADC HCBS compliance process for calendar year 2024.

A few items to mention before we get started:

Throughout the webinar you are welcome to add any questions you may have to the chat, and we will address as many as possible. Any questions we are unable to address today will be followed up on outside of this webinar.

Additionally, the recording and slide deck from today's webinar will be shared.

With that we can go ahead and dive into the presentation.

## 1.2 Slide Two

- **Greg Frank 00:06:31.760 --> 00:07:05.840**

The agenda for today's webinar consists of two main sections:

The first section will provide an overview of the HCBS compliance review process, including a breakdown of the various phases of the review process, as well as the respective responsibilities of DOH and MLTC plan within each step.

The second section of the webinar will cover identified trends from calendar year 2023 reviews, along with best practices to assist in bringing these areas into compliance.

## 1.3 Slide Three

- **Greg Frank 00:07:07.600 --> 00:07:13.840**

As mentioned, we will begin today with an overview of the SADC HCBS compliance review process.

## 1.4 Slide Four

- **Greg Frank 00:07:16.560 --> 00:09:18.080**

The first steps in the review process are scheduling and requesting supporting documentation.

DOH will reach out to MLTC plans with a scheduling request 4-6 weeks prior to the virtual on-site review. To reduce burden on plans and SADC sites, whenever possible, DOH attempts to schedule reviews to align with already scheduled plan site evaluations. To that end, it is very important that the MLTC SADC site evaluation schedule submitted to DOH is as accurate as possible.

It is also important to note that virtual on-site visits may not be scheduled with the same MLTC plan each year. This means that if your plan reviewed a specific site in 2023, you may or may not be asked to review that same site in 2024.

Once the virtual on-site review is confirmed, DOH will then send a meeting invitation with

the Virtual On-Site Review Questions attached. A separate request for preliminary documentation will also be sent.

Examples of requested preliminary documentation include:  
Member experience surveys and person-centered service plans.

If the requested documents are not received within two weeks of the request, DOH will send a follow-up request.

## 1.5 Slide Five

- **Greg Frank 00:09:23.280 --> 00:10:19.260**

To recap the DOH and MLTC plan responsibilities in regard to scheduling and preliminary documentation,

DOH will work with MLTC plans to schedule the virtual on-site review; and Request and review preliminary documentation.

MLTC plans are responsible for working with their contracted SADC site to:

Confirm the date/time of the review, ensure the SADC has an understanding of the purpose of the review and related requirements, obtain all required documentation, and take any other necessary steps to ensure a successful review can be conducted.

## 1.6 Slide Six

- **Greg Frank 00:10:22.500 --> 00:11:17.340**

Here are a few tips in facilitating a successful review:

If there is a noted language barrier, please ensure a translator is available. Arrive at least 30 minutes early to verify a solid Wi-Fi connection, and that any electronics needed to conduct the review (laptops, tablets, cell phones) are charged. It is also very important, prior to the review, to ensure that the SADC staff are aware of the purpose of the review and the types of questions that will be asked.

## 1.7 Slide Seven

- **Greg Frank 00:10:22.500 --> 00:12:20.340**

Once the review has been scheduled and acceptable preliminary documentation has been received, it is time to conduct the virtual on-site review.

The general flow of a virtual on-site is as follows:  
DOH, MLTC, and SADC staff join the WebEx meeting and introduce themselves.

DOH will then proceed to ask verifying questions of the SADC and MLTC staff assists, as necessary.

After the question period, DOH will request a walkthrough of the site to verify resources and make observations.

Once the walkthrough is complete, the group will wrap up the review.

Please note that virtual on-site reviews generally take about 2 hours to complete.

## 1.8 Slide Eight

- **Greg Frank 00:12:26.020 --> 00:14:29.820**

The main purpose of the virtual on-site review is to ascertain whether a SADC site is compliant or non-compliant with the CMS HCBS Final Rule.

Once a compliance determination is made, the next step in the process is remediation.

If a site is found to be compliant with all requirements, DOH proceeds to send a formal determination letter to notify all contracted MLTC plans of the compliant finding.

If a site is found to be non-compliant, DOH will send a remediation plan request to the MLTC plan who performed the onsite review with the site.

A remediation plan is a corrective action plan established between the SADC and the MLTC plan, documenting how the SADC site will remediate any non-compliance identified during DOH's HCBS Compliance Review.

MLTC plans are responsible for working with the site to create the remediation plan, ensure its quality, and submit to DOH.

DOH will then review the submitted remediation plan and determine if the activities described therein will bring the site into compliance.

If the remediation plan is found to be acceptable, DOH will proceed to send a formal determination letter to notify all contracted MLTC plans of the compliant finding.

If the remediation plan is found to be unacceptable, DOH will notify the plan as to why and request them to work with the site to update the plan and re-submit. This process will continue until DOH accepts the remediation plan and sends the formal determination letter for the site to all contracted plans.

## 1.9 Slide Nine

- **Greg Frank 00:14:34.020 --> 00:15:34.900**

Some very important things to reiterate regarding the remediation plan are:

MLTC plans are responsible for the quality of a submitted remediation plan. This goes beyond simply requesting the remediation plan from the site and passing it along to DOH.

Plans must work with the SADC site to create the Remediation Plan and ensure all documented actions will bring their contracted SADC site into compliance.

Typically, DOH will request that the MLTC plan which attended the virtual on-site review be the plan to work with the SADC to develop the remediation plan, however, it is important to note that ALL MLTC plans contracted with the site are responsible for ensuring that a site completes the remediation activities and for obtaining proof of these

actions.

## 1.10 Slide Ten

- **Greg Frank 00:15:38.660 --> 00:17:03.020**

Once DOH has received and accepted a remediation plan, the next step in the process is to request proof of remediation.

Proof of remediation is documentation obtained by the MLTC plan that demonstrates remediation efforts conducted by the SADC to bring the site into full compliance.

For example, if a site was found to be non-compliant with requirements related to person-centered service planning, a plan might submit updated SADC policies and procedures or an updated PCSP template which address the noted issues. DOH will generally request proof of remediation from the plan with whom the virtual on-site visit was conducted a few weeks after the remediation plan is accepted.

DOH will review the proof of remediation submission and either notify the plan of its acceptability or notify the plan of any deficiencies noted with the submission. This process will continue until DOH confirms that acceptable proof of remediation has been received. Once this has been done, the review process is complete.

## 1.11 Slide Eleven

- **Greg Frank 00:17:06.339 --> 00:18:13.540**

A few things to reiterate related to proof of remediation:

While DOH typically requests that the MLTC plan which attended the virtual on-site review, work with the SADC to submit the proof of remediation, ALL MLTC plans contracted with the SADC are responsible for ensuring the remediation actions are taken and obtaining proof of these actions to submit to DOH if requested. Retain Proof of Remediation efforts for audit purposes.

This concludes the overview of the SADC HCBS Compliance review process. I will now turn it over to my colleague Euella Francis who will discuss identified trends from the 2023 reviews and best practices to help bring these areas into compliance.

## 1.12 Slide Twelve

- **Euella Francis 00:18:16.740 -->00:18:38.540**

In The subsequent slides will be discussing some Identified Trends during Calendar Year -2023 reviews and some Best Practices to meet compliance.

## 1.13 Slide Thirteen

- **Euella Francis 00:18:41.700 --> 00:18:47.460**

The first trend we will be discussing is in the area of Community Integration.

## 1.14 Slide Fourteen

- **Euella Francis 00:18:50.660 --> 00:21:47.280**

To begin the discussion, we will first look at CMS's definition of Community Integration.

All members, regardless of their health/safety needs, are offered opportunities and are free to pursue their interests and goals via integration with their community, during their time at the SADC with supports coordinated by the SADC.

Community integration **MUST** still be offered to all SADC members, or the member's representative, even if they have a health/safety need.

## 1.15 Slide Fifteen

- **Euella Francis 00:21:52.840 --> 00:23:32.520**

The SADC PCSP will document any health/safety need, along with member's (representative) acceptance or declination of community integration activities.

Examples of community integration:

1: A member interested in reading more and wants to join a book club at the local library next door. SADC staff assists the member to get to the library, for meeting, and picks them up afterwards.

Example 2: Member with health/safety risks has a family member pick them up from the SADC once a month to go to lunch.

Example 3: Member who likes swimming and has a goal of improving their swimming skills is supported by the SADC to sign-up and attend a swimming class given downtown.

Another Example: A member with mild to moderate dementia and the tendency to wander has expressed an interest in taking walks in the nearby public park to meet the goal of physical activity. The member's condition and member's or representative's acceptance of community integration will be documented in the PCSP. The site can support member by coordinating with family or an approved aid to accompany member, if available a staff member may also accompany member and assist them during their walk.

## 1.16 Slide Sixteen

- **Euella Francis 00:21:52.840 --> 00:23:32.520**

SADC Sites Should:

Support members interested in employment and volunteer opportunities outside of the SADC to apply and attend.

Example: A member is interested in helping in and giving back to the community. The SADC can assist by providing the member with volunteer opportunities in the community. If member is independent, they can make their phone calls and pursue the opportunity, for a less independent member, the SADC can assist with the phone calls or transportation to and from the location.

Encourage members to join a club or group that they are interested in, relates to their goals, and is separate from the SADC.

Example: A member or group of members are interested in joining the choir at the neighborhood church for the annual holiday concert. Staff can assist members with coordinating attendance at practices. Some members may require transportation, members may pay for the cost of transportation as they choose.

Coordinate individualized member attendance at community events, services, and activities where members express interest.

Example: A member or group of members may be interested in attending the city's park cleanup day, the site can assist members who are less independent to coordinate attendance.

## 1.17 Slide Seventeen

- **Euella Francis 00:23:37.800 --> 00:25:57.960**

Many people are surprised to learn that community integration is not a group tour to a museum or the park. It is not a group luncheon at the nearby all you can eat buffet (seniors eat for half price) nor is it a guest lecturer such as a police officer or a group presenting a play at the daycare.

Community Integration is individualized outings based on a member's preferences and goals identified during the service planning process.

A member or a group of members is interested in reading more, the site supports them to attend a book club that meets down the street at the local library once a week. At the library, members are given designated seats and they interact only with the staff- not community integration.

The daycare plans a group outing to the library, at the library, members get to seat where they choose and interact with anyone they choose, they may sit in the history section or the children's section, they may select an adult magazine or a coloring book. Members with health/safety need can be assisted during the time of the outing as needed. That's Community Integration

A member wants to spend more time with their family/friends outside the site Staff supports them to have a monthly lunch with their grandchild. Staff arranges transportation and takes the member to lunch. The staff sits at the table with the member and directs the conversation or what member chooses to eat- not community integration.

The SADC coordinates the lunch meet, perhaps drives the member to the meet, and waits outside or goes for a walk in the park. That's community integration- for both parties.

Please note, if you have specific questions and scenarios, feel free to reach out to the SADC team for a one-on-one discussion.

## 1.18 Slide Eighteen

- **Euella Francis 00:26:02.440 --> 00:27:04.680**

Meet Viola, she will take us through some of the issues we found with community integration:

This list and the ones following are not exhaustive. We will make the slides available to you so, I will only mention three of the issues we found.

Policies and procedures do not provide clear information on the supports in place to assist members with health / safety needs in accessing the community.

Member goals are not aligned with community integration activities or vice versa (even if there is place on the PCSP template for “community events”).

Health/safety needs were not listed on SADC PCSP and resulted in blanket policies limiting community integration for these members.

### 1.19 Slide Nineteen

- **Euella Francis 00:27:11.600 --> 00:27:52.360**

The following practices make Viola very happy:

I will highlight 3 of them.

Support members in obtaining information regarding community events and employment and volunteer opportunities that directly relate to their goals and interests.

Coordinate or provide support so members can participate in their chosen community goals and interests.

Document necessary supports for members, including persons (staff or others) assigned to assist with community outings, in the member’s PCSP.

### 1.20 Slide Twenty

- **Euella Francis 00:27:58.280 --> 00:28:17.080**

Identified Trends and Best Practices as it relates to Privacy, Dignity, Respect and Freedoms.

If you wanted to go for a glass of water right now or stretch or go to your mailbox, you have the right to do so.

### 1.21 Slide Twenty-one

- **Euella Francis 00:28:29.000 --> 00:29:13.160**

In the same manner, the setting ensures member’s rights to privacy, dignity and respect, and freedom from KOW UR ZHN and restraint. What does this mean for the member?

**CHOICE:** Members have choice in:

Activities in which to participate.

Meal options and times.

Staff member(s) who render services, including personal care assistance.

**PRIVACY:** Members have the right to privacy:

When having a visitor.

When conducting a confidential conversation.



FREEDOM: Members have the freedom to:  
Handle their own money.  
Choose who they spend their time with.  
Access the community independently or with supports.

## 1.22 Slide Twenty-two

- **Euella Francis 00:29:18.280 --> 00:30:23.560**

What did not make Viola happy?

Where issues were found:

PCSP templates do not document a member's preference for staff to assist with needs.

PCP policies and/or Member Rights documents do not advise members of their right to have a person of their choosing support them.

There is no documentation available to members to make them aware of how to request support from a specific staff member.

Member Rights documents and/or policies omitted information on member having access to their own funds.

## 1.23 Slide Twenty-three

- **Euella Francis 00:30:07.560 --> 00:30:56.800**

Let us look at some best practices:

Review and update the Member Rights document to ensure the following rights are included for members:

Have access and control over their own funds.

Have freedom to choose which activities they would like to participate in.

Have the choice to select which staff provide support.

May access the community and that the SADC will support them in doing so.

Have choice of who they spend their time with.

Remove the word "unnecessary", or any language that implies the use of restraints, seclusion, coercion, etc. could be used, from any documents.

## 1.24 Slide Twenty-four

- **Euella Francis 00:31:02.000 --> 00:31:09.720**

The next topic is identified Trends and Best Practices: Modification to rights.

## 1.25 Slide Twenty-five

- **Euella Francis 00:31:14.160 --> 00:33:19.720**

Another area of confusion for many SADC's and some plans is the area of modification to rights.

It is often thought of as an adaptation to member's activity – but it is not. It is: Any

modifications of the additional conditions set forth by the HCBS Final Rule noted above.

(A & B) Are not applicable for SADCs and only apply to residential settings.

(C) Setting ensures individuals have the freedom and support to control their schedules and activities; and have access to food any time.

Example of this modification:

(C) A member with diabetes historically chooses high sugar foods or must eat at certain times to control blood glucose levels. The member's PCSP should document that they are unable to have access to food at any time, and the explanation as to why they are excluded from the standard.

(D) Setting ensures individuals can have visitors of their choosing at any time.

Example of this modification

I will now hand over to Greg who will discuss the trends and best practices with the PCSPs.

## 1.26 Slide Twenty-six

- **Greg Frank 00:33:21.520 --> 00:33:41.600**

Thank you, Euella.

A major area of non-compliance identified during the 2023 reviews was related to person centered service plans and the general service planning process.

## 1.27 Slide Twenty-seven

- **Greg Frank 00:33:42.640 --> 00:34:57.040**

This slide provides a few tips for plans related to service planning:

Members should lead the service planning process, not simply participate in it. The service plan should focus on what is important to the member, not what is deemed to be good for the member by someone else.

Goals should be aligned with activities and community integration opportunities. Each goal should have a related activity within the facility and/or in the community.

For Example: A goal to increase mobility may align with the community integration activity of the member taking walks in the nearby park, independently or with supports as needed.

Additionally, sites should provide support for all members to participate in their selected activities, including those with health and/or safety needs.

## 1.28 Slide Twenty-eight

- **Greg Frank 00:34:59.440 --> 00:37:07.760**

A few specific issues that were identified during the 2023 reviews include:

Documented goals and activities were not unique to the member.

Reviewers noted that there were instances where all three SADC PCSP's reviewed had identical information except the members' names.

Supports provided to members to participate in chosen activities, including both at the SADC and for community activities, did not address the member's needs.

Member health/safety needs, and the corresponding supports to address these needs, were not documented.

Justification for modifications to member's rights were not documented.

As Euella mentioned, any modification to a member's service plan must supported by a specific assessed need and justified in the person-centered service plan.

## 1.29 Slide Twenty-nine

- **Greg Frank 00:37:09.400 --> 00:39:13.760**

Based on the identified issues noted in the previous slide, here are some best practices to assist in bringing sites into compliance with service planning requirements:

Ensure PCSPs are member-driven, and goals and activities align with the member's interests.

It is worth noting that a checklist of activities is not acceptable as it impedes on the member's ability to choose activities that align with their interests.

Related to the previous bullet, it is very important that site staff prioritize what matters to the member over what is deemed "good for" the member.

Members should be directing the process not simply involved.

Sites should update PCSP information at least annually, or if there is a change in physical or mental health, and also at the request of the member.

The service plan should clearly state any necessary supports provided so members can participate in their selected activities.

Community integration goals must be offered, and acceptance or declination documented.

## 1.30 Slide Thirty

- **Greg Frank 00:39:16.080 --> 00:40:12.920**

To assist plans and sites with achieving compliance with CMS person centered service planning requirements, DOH has collaborated with the NYS office for the aging to develop an HCBS Final Rule compliant SADC PCSP template.

The goal is to jointly release this template for SADC use by the end of the year.

For additional details on person centered service planning, you may refer to the

resources listed on this slide.

### 1.31 Slide Thirty-one

- **Greg Frank 00:40:15.600 --> 00:40:34.760**

We have now reached the conclusion of our presentation and I will refer to my colleague Sarah Hoffman to review any questions that we have received in the chat.