

October 2021 HCBS Provider Training Q&A

Q: Will the training materials be shared after the presentation?

A: *Yes, HFS will ensure attendees receive the PPT presentation after both trainings. We will also be uploading the presentation and recording to our public-facing website:*

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx>

. Providers are encouraged to sign up for HFS Provider Notices:

<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>. HFS will send a Provider Notice once the content is uploaded to our website.

Q: Will this information be shared at the regular IDoA Provider Management training?

A: *Aging will incorporate Settings and Person-Centered Planning training into their routine CCP trainings on the Aging side. Aging will share materials with providers as necessary.*

Clarification from DRS on brokering resources for competitive integrated

employment: *Regarding Vocational Rehab referrals, HSP counselors discuss VR options with customers to let them know they are available through DHS and can assist customers who desire a referral. Individuals can enter HSP and VR referrals on the DHS public-facing webpage:*

<https://wr.dhs.illinois.gov/wrpublic/wr/dynamic/referral.jsf>

Facilities (providers) can request VR staff to present to program participants. Ask an HSP counselor to help identify VR staff that can make these presentations.

Q: How are DON scores considered for those that may not have the best decision-making capabilities?

A: *Per DRS: "In many cases, we will consult with the individual to determine if they have a representative who they want to assist in completion of the DON. Both the representative and customer are questioned to provide the best assessment. We seek feedback from the customer, but also incorporate information from the representative to help us clarify or sometimes, correct information. We will also consider issues or concerns that may impact a customer's decision-making capabilities. We may have to consider decision-making capabilities in terms of*

what kinds of services they (the customer) might need in the home: for example, supervision types of services or monitoring of other kinds of assistance that might be required.

Customer representatives are typically identified at the point of initial eligibility determination, documented within the Person-Centered Plan, and relayed to respective providers with the consent of the customer.”

Per Aging: “We approach it the way DRS does. Of course, when you’re approaching Person-Centered Planning head on, oftentimes it requires you to extend beyond the person you are serving because it is the person’s wish to have someone assist. The family and the circle of support can always request a reassessment. We stress throughout our Aging network that if we see a shift in need or any type of status change, we will get our Care Coordination Units right back on the hook, triggering them to go back through the DON.

There is also a component within the Initial Assessment called the Mini Mental Status Exam (MMSE) that offers us a way to identify cognition issues. We, of course, leverage our Aging network as a whole and will re-assess if we feel like there’s a misalignment between presentation and DON score.”

DRS case example: A customer with significant physical impairments who had a stroke last month. Now, instead of talking with the customer and completing assessments with her, her son has stepped up to the plate and is speaking on her behalf. This is a good example of the need for re-assessment, looking at her new needs that have developed because of the stroke.

Clarification from HFS and Aging on allowance of visitors and activities in the greater community during the COVID-19 pandemic: the State understands that throughout the pandemic, providers have limited or prohibited visitors as well as community outings in consideration of health and safety concerns. When the State scrutinizes provider compliance through the auditing process, we will be looking at pre and post pandemic plans for allowance of visitors as well as provider facilitation of activities within the greater community. Ex: “How were activities offered in the past?” and “What is the provider’s plan to offer and facilitate community outings now, and in the future?”

Q: Can Centers have a smoke-free rule?

A: *In accordance with the law, centers can prohibit smoking within their facilities, allowing customers to smoke in a designated smoking area outside. If a Provider site resides on a medical campus that prohibits smoking, the provider should outreach their respective HCBS Waiver Operating agency for technical assistance.*

Per Aging: "We will talk directly with the provider. In some of these gray areas that fall between what the State requires and what the Feds require, there could be another power: for example, a Code of Conduct, as a provider may call it. We have addressed some of these issues through the Code of Conduct which talks about the physical site and what isn't allowable at the physical site. Of course, the Code of Conduct would aim to keep staff and all participants alike safe. The Code of Conduct may be a place where an Operating Agency and a provider might want, with the legal minds, to address some of these issues, if they become a problem. We haven't had any systemic issues, but we have leveraged the Code of Conduct to help in some of these tricky areas."

Q: Please explore the relationship between the provider, customer, and guardian. Does the guardian trump the customer?

A: *There are different types of Legal Guardianship. One might have Legal Guardianship over a person, but not their estate, or vice-versa. There are also certain stipulations within Guardianship paperwork. If a question of customer safety arises and the provider is unsure of whether to allow a customer to do something, the provider should be consulting with the respective Case Manager and possibly, HCBS Waiver Operating agency staff. Counselors typically obtain copies of Legal Guardianship paperwork at the point of Initial Eligibility determination and the paperwork is reviewed prior to overall assessment and service provision. There should be a review of the stipulations within the Guardianship paperwork by the Case Manager in conjunction with providers, potentially consulting with respective state agency legal staff.*

Q: What are virtual transportation services, and do they count as a form of an outing?

A: *There are some providers who have utilized programs for "virtual trips" during the pandemic as a substitute for community outings. "Virtual Trips" DO NOT*

count as community outings. This training uses the term, “virtual trip,” in reference to applications like Uber and Lyft that allow users to “order” transportation via their mobile device.

Q: How does medication time fit into this? The current workforce crisis is creating some very big challenges for the flexibility in scheduling staff. Is there any consideration of this?

A: *Flexibility in staff scheduling is not a requirement, but a promising practice Illinois has observed in other states. It is beneficial in matching staff and participants with similar interests as well as accommodating the preferred schedules of individual participants. State agencies understand there is a nationwide shortage of HCBS provider staff.*

Regarding medication administration, we would need clarification here. If the concern is that a provider agency with limited staffing cannot accommodate a participant’s medication as prescribed, then this warrants a conversation with the participant and Case Manager to determine whether to pursue alternate services. If a participant is refusing to receive medication, or we’re considering the example given of a customer refusing to get out of bed, then the root cause of this needs to be examined by participant, provider, and Case Manager. If a participant has decision-making capacity, then a respective Case Manager should be facilitating informed decision-making. Safety concerns can serve as barriers to service provision. A participant should be educated on the risks, then make their final decision.

Per DRS: “The Counselor would be addressing this with the customer if the customer is able to discuss this with the Counselor and if not, then the Counselor would discuss this with the Customer’s Representative. The Counselor would certainly be working with the customer and representative to identify interventions that might be necessary and facilitate a referral to obtain access to any needed resources. Customer health and safety is foremost in our minds when we're working with our customers, and if there is any perceived safety issue with the customer, we would want to address that immediately.”

Per Aging: “It's boiling it down to ‘choice versus risk.’ That is probably one of the trickier balances that we all try to find in doing our job. We know people, of course, have the right to make decisions that maybe we disagree with and that's

okay. When that happens, we're working very quickly with an authorized representative and the circle of support to inform any decision-making, ensuring the right people are at the table if we need to have shared decision-making. Education is so important to what we do. At the end of the day, from a Person-Centered perspective, a lot of this becomes case by case. You're working intimately with the older adult we're serving. We must educate so that our decisions are informed when we have little else to go on."

Clarification on Restraint and Coercion: Restraint and coercion are never allowed. A customer's PCP needs to include specifics of any restriction to a customer's free choice, including duration of the restriction and allowing for review due to a change in the customer's circumstances. Any restriction must include the "informed consent" of the customer or the customer's guardian in response to a "specific individual need."

Clarification on Delayed Egress: Some Day settings have door alarms that go off for several seconds when individuals attempt to exit. Illinois is seeking feedback from Federal CMS on whether this is considered a "blanket restriction" and not compliant with Federal Settings requirement. The feedback will be relayed to providers by their respective Waiver Operating Agency.