Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes



Agenda

- Background and Project Overview
- 2. Overview of Changes
- 3. Review and Feedback Process

Background and Project Overview

Why did DHS Update the Standards?

- DHS identified need for additional 1-2 bed AFH oversight
- DHS needed to clarify 1-2 bed AFH roles and the responsibilities of certifying and placing agencies
- DHS needed to clarify the types of settings that require
 1-2 bed AFH certification
- DHS Partners expressed interest in strengthening 1-2 bed AFH certification standards

Project Overview

- Standards are issued under the authority of the approved HCBS Waiver programs operated by DHS
- Standards were initially published on 10/22/2013
- Minor Standard updates were published in 02/2018
- Standards are being revised to include:
 - More precise health and safety provisions for people living in 1-2 bed AFHs
 - Clarification of a variety of concepts/language (e.g., types of plans, definitions, certifying/placing agency responsibilities, etc.)
 - Creation of standardized reporting criteria
 - HCBS setting rule requirements

Overview of Changes

Article I Introduction

- Changed and updated definitions
 - Revised Placement Agency to include IRIS Consulting Agency (ICA)

Article II. Certifying Agency: Qualifications and Responsibilities

- Included requirement that certifying agency staff must receive initial training AND on-going training
- Enhanced content of the certifying agency training plan

Article III Certification

- Updated certification process for new applicants and recertification for current providers or operators
 - Mandates annual site visit with requirement to attempt to engage residents
 - On-going caregiver background checks revised from four years to "not less than once every three years"
 - ◆ Prior to hire, new staff must pass the required background checks. Checks must be completed no sooner than 90 days prior to hire. (This also includes household members are 18 and who reside in the home.)

Article IV Requirements for the Home

- Added visual verification requirement during annual site visit that ammunition is stored separately from weapons and that weapons are stored and physically secured
- Added requirement for battery operated carbon monoxide detectors to be checked and logged monthly
- Added requirement for provider to submit floor plan to certifying agency, including square footage of each room
- Added HCBS settings rule bedroom door lock requirements

Article V Provider, Operator, and Staff Qualifications

- Updated personnel qualifications
 - Added background check specifications for new employees, new respite residents, substitute providers, and new household members 18 years and older
 - Added reporting requirements for unexpected provider health issues
 - Clarified conflict of interest process
 - Expanded initial and on-going training requirements and hours of training

VI Provider or Operator Responsibilities

- Added immediate reportable incidents and reporting requirements
 - Revised when to report; to whom; and required timelines

Article VII Requirements for Residential Supports and Services

- Expanded contents of the AFH service agreement including
 - Reasons and notice requirements for involuntary discharge
 - Requirement for AFH to provide residents with written information for advocacy groups
 - Revised to allow use of an AFH for respite only. Respite resident care stays may not exceed 28 consecutive days and 90 days per calendar year per resident (unchanged from current standards)

Article VIII Requirements for Home and Community-Based Settings

- Updated expectations of HCBS compliance
 - Added WI HCBS Settings Rule benchmarks for 1-2 Bed Adult Family Homes
 - Added HCBS Settings Rule Modification process including documentation and consent requirements
 - Added HCBS Setting Rule Heightened Scrutiny process

Article IX Resident Rights

- Require upon placement and annually thereafter, residents must be notified orally and given a written copy of their rights
- Expanded resident rights article to specifically identify all rights
- Clarified rights that can be denied or limited
- Added informed consent and risk agreement process
- Clarified process for the right to file a grievance

Article X Records and Reports

 Revised retention of records to seven years instead of 10 years

Article XI Exceptions to a Requirement

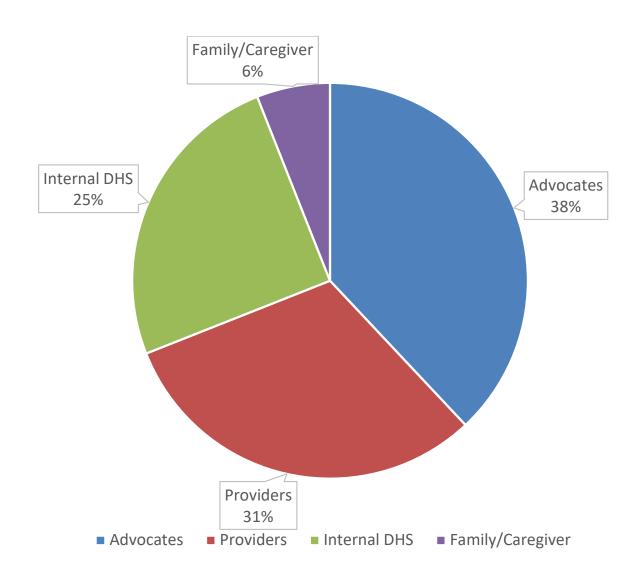
- Created a DHS Approval Committee to review, approve, or deny exception requests using a standardized process
- Indicated articles which MAY BE considered for exception
 - Clarified which Articles require both an exception request and a HCBS Rule Modification
- Changed certifying agency quarterly exception reporting to monthly via DHS standardized template

Review and Feedback Process

Outreach

What	Who	When
Targeted Outreach	 Targeted DHS Partners Area Administration Wisconsin County Human Service Association (WCHSA) 	• June - July 2023
Public Comment	All DHS partnersOpen to the public	December 2023 - January 2024

Public Comment Feedback



Public Comment Themes

Consistency

Where possible, align with DHS 83 and DHS 88

ICA as a placing agency

Comments asking about the requirements of an ICA as a placing agency

Rights and Grievances

Request for more stringent processes and oversight for rights and grievance process

Background Checks

Comments regarding background check requirements changing from 4 to 3 years

HCBS Setting Rule

Questioning HCBS Setting Rule language

Training Requirements

Varying comments about additional training requirements; some providers requested less training and advocates requested more

Additional Revisions based on Public Comment

Major Changes based on Public Comment

- Consistency aligned where appropriate with DHS 88 (3-4 bed AFH)
- IRIS Consultant Agency (ICA) clarified definition and role
- Rights and Grievances included all rights and created a requirement for a clear grievance process
- Background checks retained change from 4 years to 3 years
- HCBS Setting Rule expanded throughout Articles
- Training requirements strengthened AFH initial and on-going training requirements

Next Steps

Next Steps

- Gather feedback from DHS partners on revised HCBS Benchmarks
- Submit Standards and all supporting documents for review/publishing
- After publishing, website and benchmarks will be updated

Thank you!

Wisconsin 2022-23 NCI-AD Self-Direction Results



Justine Felix NCI Coordinator May 28, 2024

Agenda

- NCI-AD Survey Background
- 22-23 Survey Cycle Participation
- Self-Direction Module
- Outcomes
- Resources
- Questions

National Core Indicators – Aging and Disability (NCI-AD) Survey

- Commonly used survey tool nationally to gain insights on longterm care (LTC) members' perception of care, home life, and community inclusion.
- Tracks trends and informs longterm care policy regarding how members feel about their care.

- Survey population includes adult waiver program enrollees in the Frail Elderly (FE) and Physically Disabled (PD) target groups.
- Provides information on experiences, service satisfaction, and self-reported outcomes of LTC services and support.

NCI-AD Survey Continued

- Wisconsin has participated in NCI-AD since
 2017 18 states participated in 2022-23
- LTC programs surveyed include:
 - Managed LTC: Family Care, Family Care
 Partnership, PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct)
 - Nursing homes
- Surveys conducted remotely, by telephone or video conference

2022-23 NCI-AD Participation

- Data collected from July 2022 June 2023
 - Completion rates were slightly lower than project goals due to onboarding new survey vendor, staff turnover, and compressed timeframe
 - Current survey cycle (23-24) is on track to meet goals

Reached 95% confidence level and 5% margin
 of error

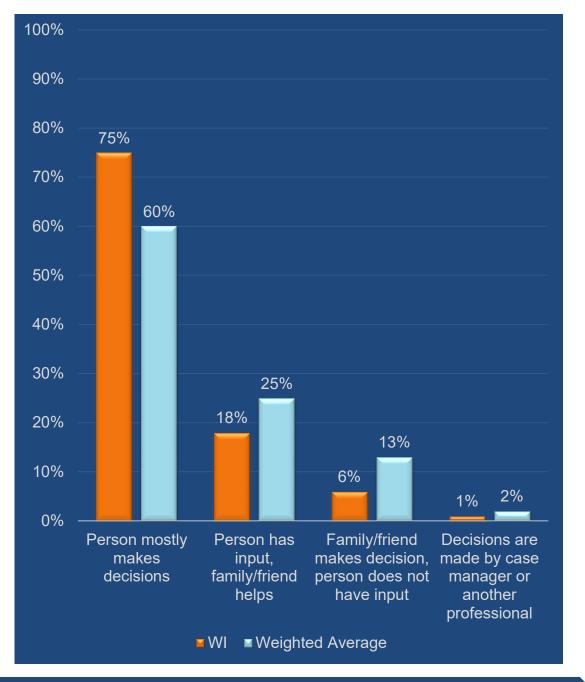
Program and Target Group	Population Size at Sample Pull	Valid Responses
C/2 0 62P		
Family Care (FC)	24,867	649
IRIS	12,951	390
Total	37,818	1,039

Self-Direction Module

- These questions are only asked of those who are using a self-directed supports option and assess experiences specific to self-direction
 - 99% of IRIS participants and 32% of FC participants use self-directed supports – the following results are about 70% IRIS and 30% FC
 - Number of respondents (N) may differ between questions due to inapplicability or choosing to not respond
- 9 new self-direction questions were added for 2022-23 survey
- Proxy is allowed for all questions

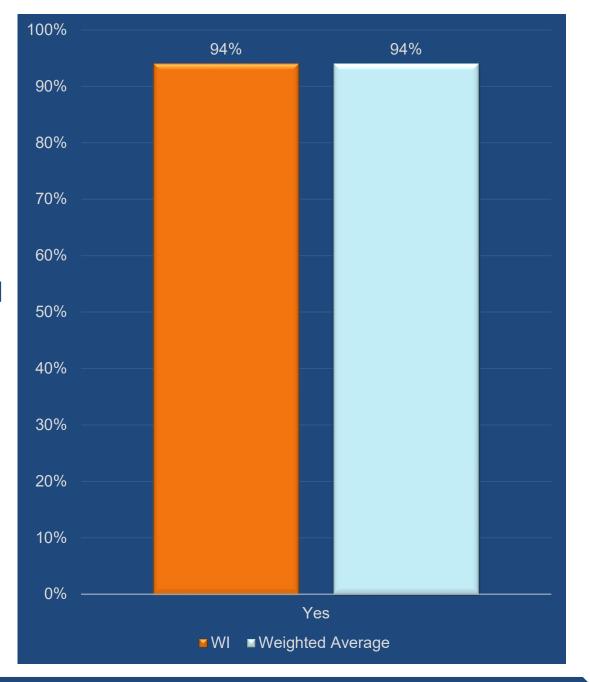
SDS-1:

Who makes decisions about the services that are self-directed? Things like what services you use, hiring or firing staff, scheduling services.



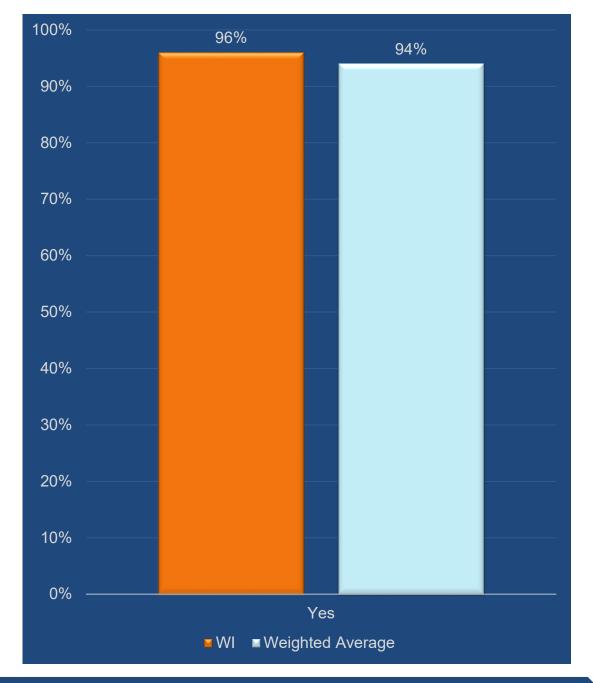
SDS-2:

Do you have enough help deciding how to direct your services? Things like making decisions about how and when you get services?



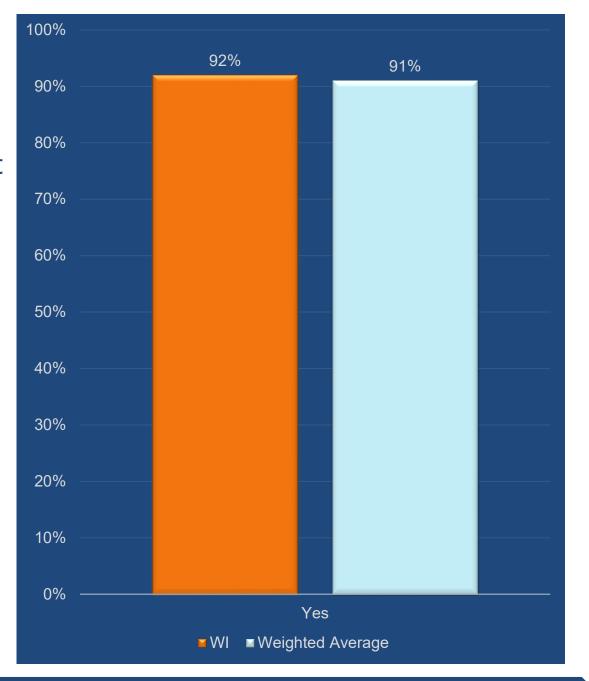
SDS-3:

Can you make changes to the services and supports you self-direct if you need to?



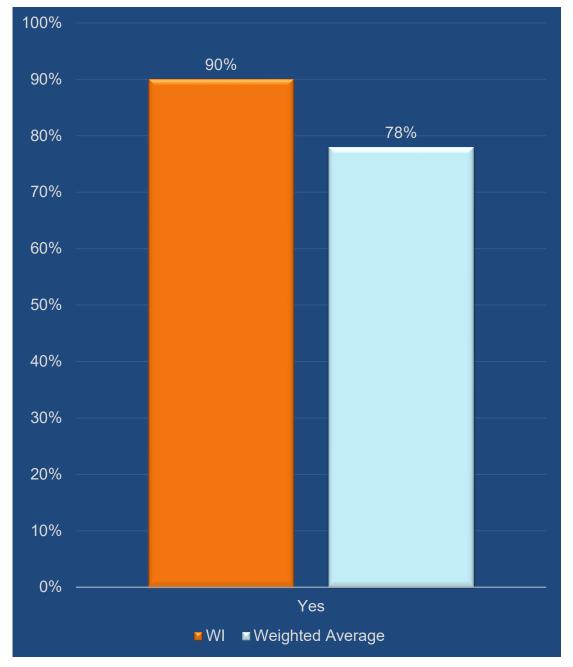
SDS-4:

Do you have the amount of control you want with the services you self-direct?



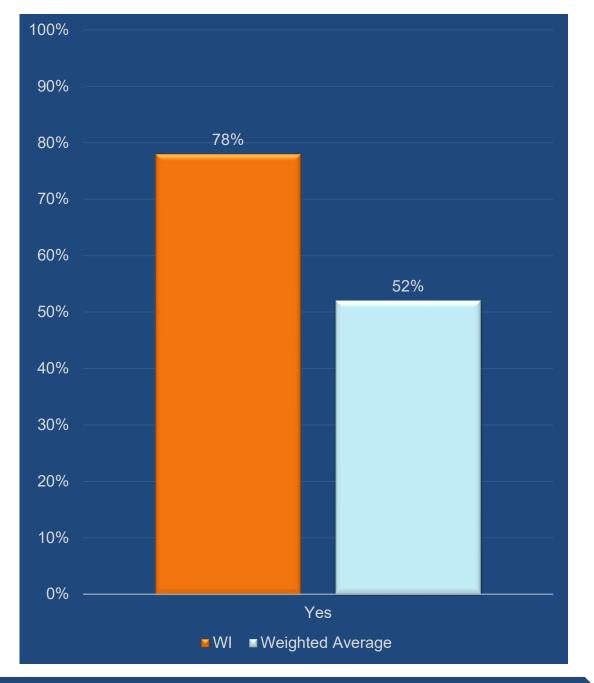
SDS-5:

Are the services and supports you want to self-direct always available? This includes things like having the services that you want available when you want them and having enough staff to hire.



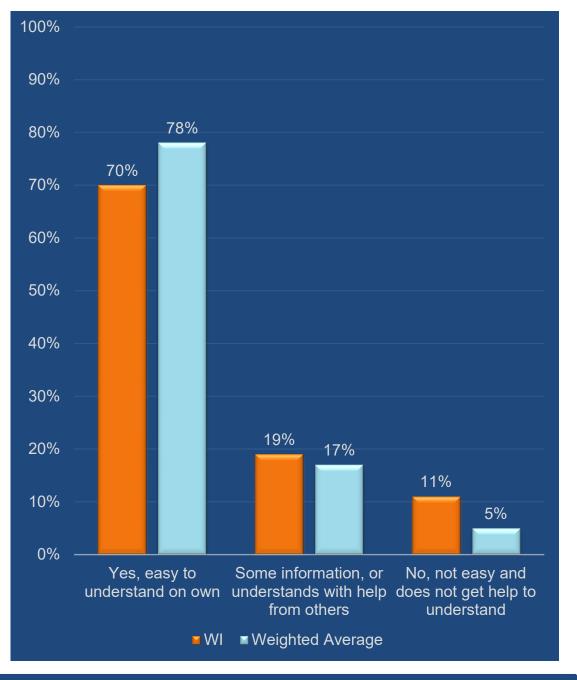
SDS-6:

Do you get information about your budget and services from your/their financial management service (FMS)?



SDS-7:

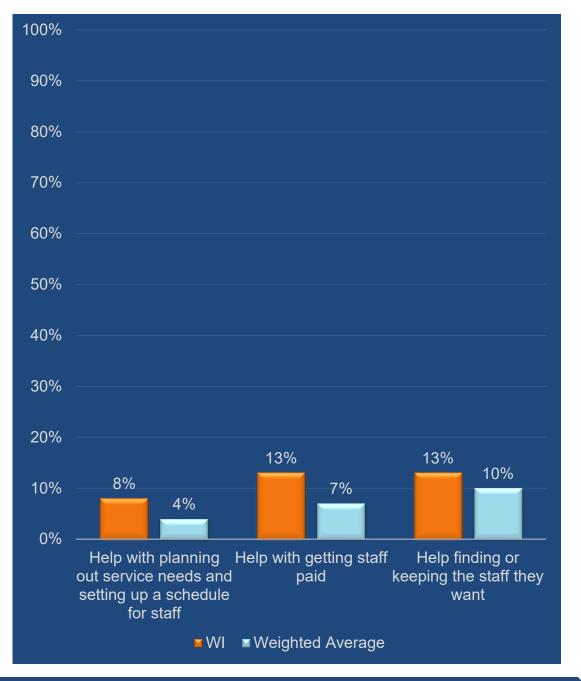
Is the information you get from the FMS easy to understand?



SDS-9 (1/3):

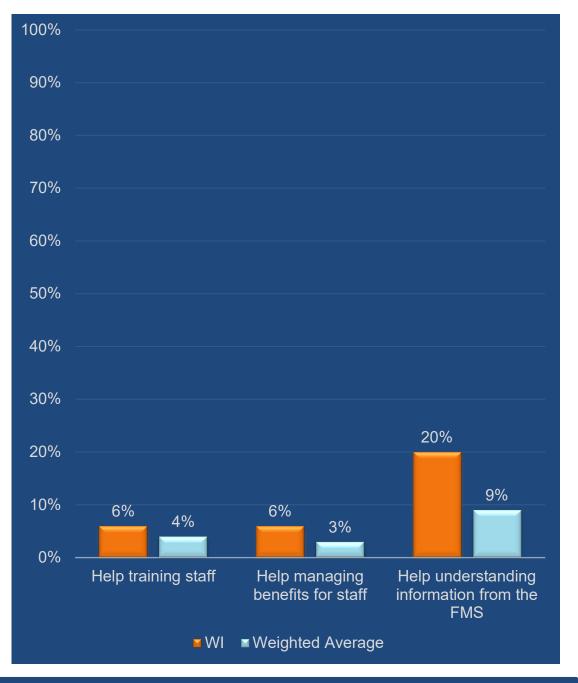
From this list, what parts of self-direction do you need help with?

Categories are not mutually exclusive, therefore N is not included.



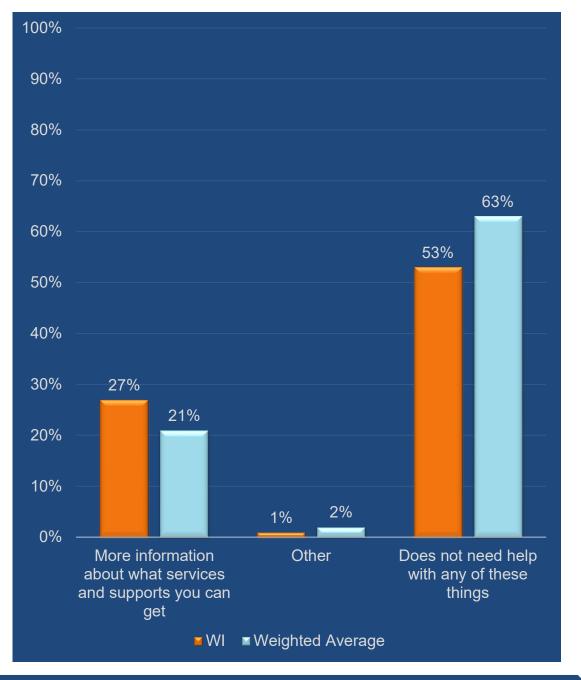
SDS-9 (2/3):

From this list, what parts of self-direction do you need help with?



SDS-9 (3/3):

From this list, what parts of self-direction do you need help with?



Resources

- NCI-AD Website https://nci-ad.org/
- NCI-AD 22-23 National Report https://nci-ad.org/upload/reports/2022-23 NCI-AD ACS Part1 Final240412.pdf
- DHS NCI Website https://www.dhs.wisconsin.gov/nci/index.htm

Questions

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