



Ongoing HCBS Systems Change Before & After STP Final Approval

HCBS Technical Assistance Series, Fall 2018
Webinar 3 of 3
December 13, 2018 2:00-3:30 p.m. ET



Agenda

- Welcome by ACL
- Opening Remarks by CMS
- Introductions of Guest Presenters
 - **Patti Killingsworth**
 - **Lisa Mills**
- Q&A/Interactive Discussion





Serena Lowe, Senior Policy Adviser

Office for Policy Analysis & Development, Center for Policy & Evaluation (OPAD/CPE)

Administration for Community Living

WELCOME



Michele MacKenzie, Technical Director for HCBS Rule Statewide Transition Plans
Division of Long Term Supports and Services, Disability & Elderly Health Programs Group (DLTSS/DEHPG)
Centers for Medicaid & CHIP Services, CMS

OPENING REMARKS



HCBS System Transformation

After STP final approval



Patti Killingsworth

Assistant Commissioner/Chief of LTSS

Service Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with physical, intellectual disabilities)
- Three health plans (MCOs) operating statewide
- Managed LTSS began with the CHOICES program in 2010
 - Older adults and adults with physical disabilities *only*
- New MLTSS program for individuals with I/DD began July 2016: *Employment and Community First CHOICES*
- 3 fee-for-service Section 1915(c) waivers and ICF/IID services for individuals with I/DD remain carved out of managed care
 - Waivers operated by Department of Intellectual and Developmental Disabilities (DIDD)
 - People carved in for physical and behavioral health services

Approach to Implementing HCBS Settings Rule

- Comprehensive approach across Medicaid programs and authorities
- Full compliance as soon as possible—*by 2019*
- Not just *what we think* but *what we know*
 - 100% assessment
 - 100% review/validation
- Leverage contractor relationships (expand capacity)
- Minimize provider (and administrative) burden, where possible
- Leverage technology for data collection and analysis
- Utilize tiered standards to ensure minimum compliance in Section 1915(c) waivers while closing all new enrollment into these waivers and directing all new HCBS enrollment into new fully compliant MLTSS program: ***Employment and Community First CHOICES***

Timeline for Implementing HCBS Settings Rule

- **March 27, 2015** - HCBS waiver-specific transition plans approved (required for renewal of 2 of the 3 waivers)
- **March 31, 2015** – Provider self-assessments completed
- **September 30, 2015** – Review/validation process completed
- **February 2, 2016** – 1115 Amendment to develop new MLTSS program approved
- **April 13, 2016** – Final approval of Statewide Transition Plan
- **July 1, 2016** – New fully compliant MLTSS program implemented
- **March 31, 2017** – Heightened scrutiny reviews completed
- **September 30, 2018** – Heightened scrutiny evidence package submitted to CMS

Timeline for Implementing HCBS Settings Rule (2)

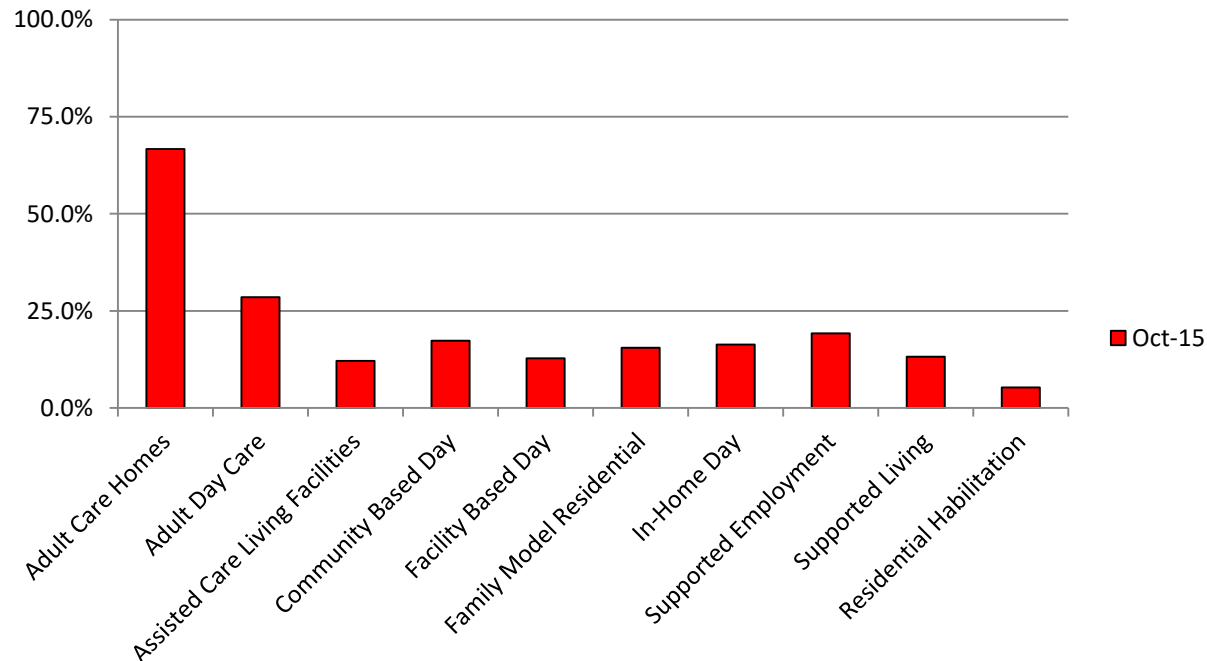
- **March 19, 2019** – Goal for completion of site-specific transition plans
- **Soon (we hope)** – CMS approval of heightened scrutiny evidence package
- **The 12th of never** – finished ensuring compliance with HCBS settings rule



Discovery: Provider Self-Assessment Results

Where we started:

As of October 1, 2015, 14% of 1,247 settings self-assessed as compliant

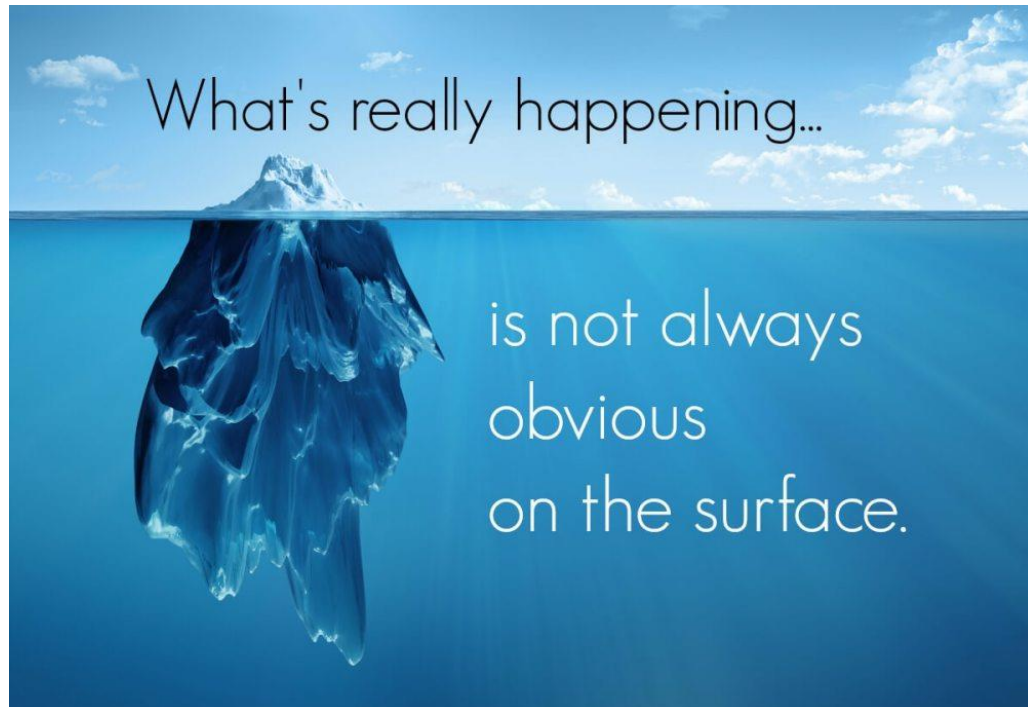


THINGS ARE NOT ALWAYS WHAT THEY SEEM!

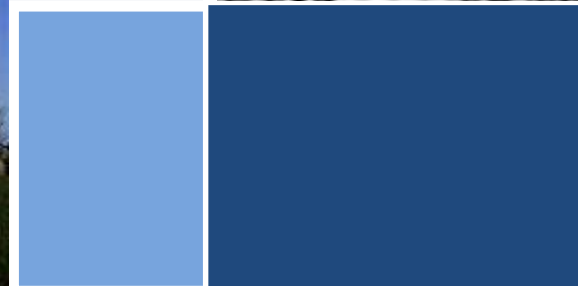
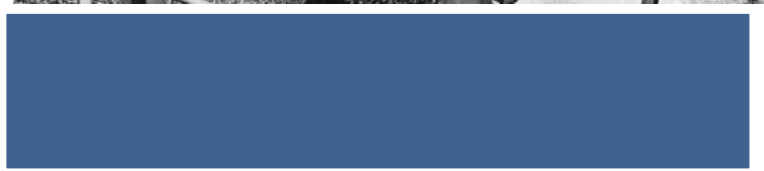
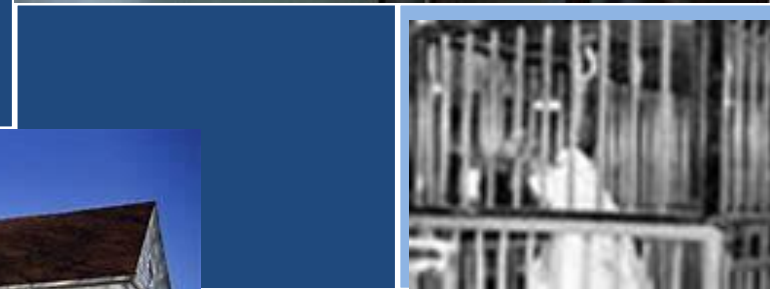
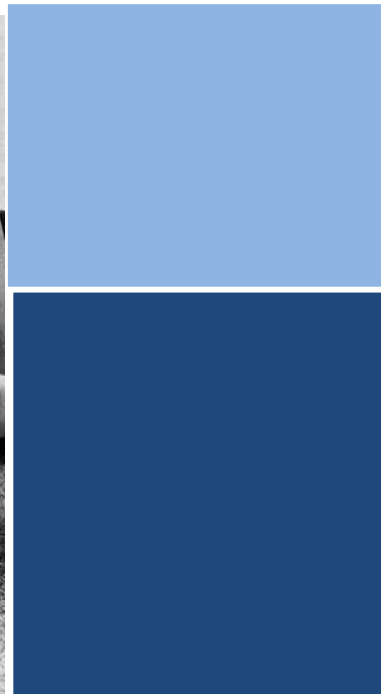


**“Things are not always what they seem;
the first appearance
deceives many...”
— Phaedrus**

What's really happening...

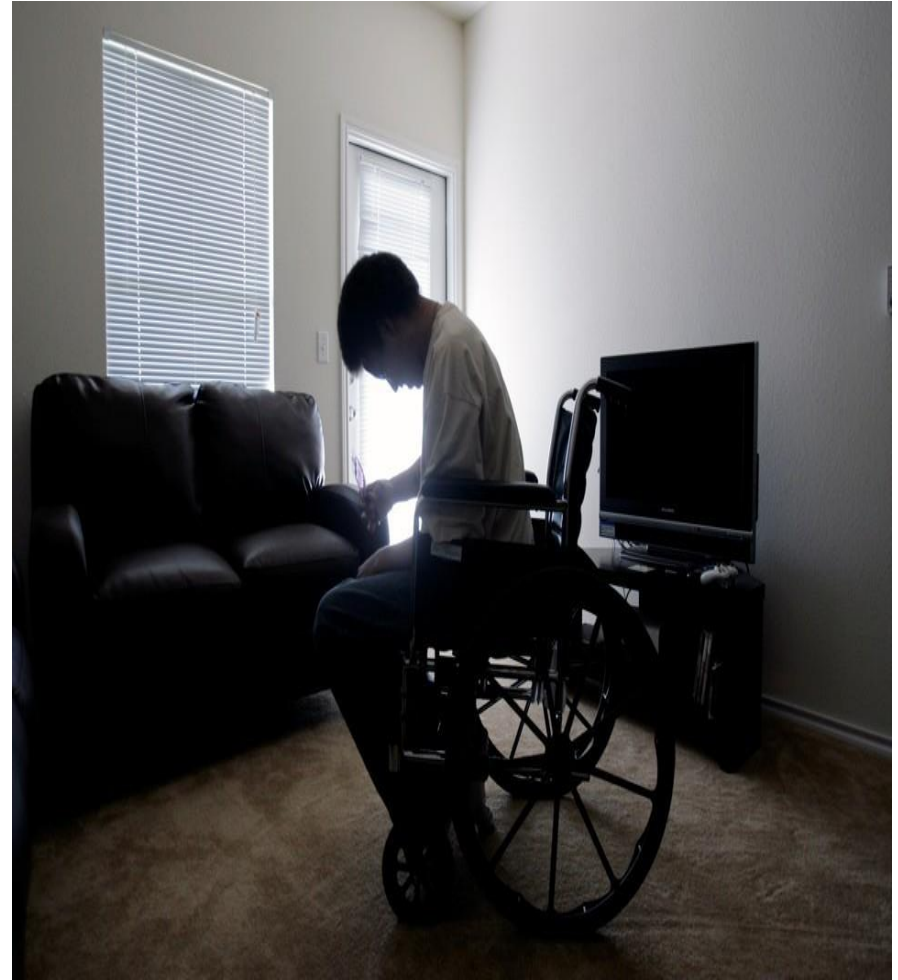


is not always
obvious
on the surface.



People should not be institutionalized...

You can be institutionalized in your own home...



Some things we've learned...

- Validation is critical
- Onsite reviews tell the “whole” story
- You can be just as isolated in your own home as you are in an institution
- Being “in the community” is not enough
- Some will undertake meaningful change because *it's the right thing to do*; others need “encouragement”
- Real change is hard; people will resist it
- Not everyone wants the things we want for them

The Elephant in the Room:

Not everyone wants to work or be integrated!



What to do when choice meets the rule

When individual choice meets HCBS Rule:

- A person can decide if they want to work.
- A person can choose the degree of community integration/participation they want.
 - It must be *meaningful* choice.
 - It's easy to choose NOT to do something that's new and different and that you don't really understand.
 - We have to help people understand; provide opportunities.
- A person can choose the setting they want to live in...even institutional. But they can't choose a non-compliant setting and receive Medicaid HCBS funding for services in that setting.

When individual choice meets HCBS Rule (2):

- A person can choose where they spend their day, including sheltered employment. Medicaid only pays for pre-vocational services in a sheltered setting.
- A person can choose to live in a home in close proximity to another home where people with disabilities live.
 - The setting will have to comport in order to receive HCBS funds...which means offering meaningful support and opportunities for inclusion.
 - Must demonstrate that people are working and participating in community to the extent *they* want AND provider is doing all they can to support that.
 - People who aren't working and participating in community are making those decisions in an informed and meaningful way and it is documented in the plan of care
 - And we NEVER give up...we keep trying (not "one and done").

**You can never control or change how others think, feel or act;
you can *only* change how YOU think, feel, and act,
and lead by example...**

— Celestine Chua



Change your mind

Change your actions

Change the system

Change the world

System transformation

Requires us to:

- Think *differently*
- Plan *differently*
- **Support** people *differently*

Change how we think...

Think *differently* about **community integration**:

- Every person has gifts and abilities that bring value to others
- People with intellectual or developmental disabilities *belong* in our schools, workplaces, neighborhoods and communities
- The purpose of being in community is to learn and grow, contribute and build relationships
- People, including people with significant intellectual or developmental disabilities, should choose what they want to do and who they want to do it with
- People who don't have disabilities will want to be friends and have relationships with people who have disabilities
- Both will benefit from the relationship

Change how we think...(2)

Think *differently* about employment:

- People with disabilities , including those with significant disabilities, want to work
 - Older adults *may* want to work too, and even if they don't, every one needs meaning and purpose in their life
- People with disabilities , including those with significant disabilities, are capable of work
- Companies will hire people with disabilities to work for them
- People with disabilities, including people with significant disabilities, can and *should* earn a competitive wage

Change how we think...(3)

Think *differently* about independence:

- More paid services do not equal a better quality of life
- The goal of everything we do should be to reduce reliance on paid services, to support independence
- We should only provide the level of support people truly need to be able to live and work in the community and to pursue their personal goals
- People, including people with significant disabilities, should be permitted to go places and do things without paid staff, unless there are specific reasons they shouldn't
- There is dignity in risk

Change how we plan...

Plan *differently* for community integration:

- What is important to the person?--activities they enjoy; things they want to learn/do
- Where are the activities/places that align with the person's interests/goals?
- What services/supports does *this* person need to participate in those activities, do or learn those new things, to help accomplish the things that really matter *to him/her*—not a program, but a life
- Community integration doesn't just happen as part of community-based day services
- Community integration doesn't have to cost more, and in fact, may cost less

Change how we plan...(2)

Plan *differently* for employment:

- *Expect* employment for all working age adults—not “Do you want to work?” but “Where would you like to work? What kind of work would you like to do?”
- Expect employment in integrated community settings and a competitive wage
- Identifying strengths and interests is key to pursuing employment options
- What services and supports are needed to develop a personal pathway to employment?

Change how we plan...(3)

Plan *differently* for independence:

- How and where would this person prefer to live?
- What support do they really need to be able to do that?
- What are the potential risks?
- How can we mitigate those risks?
- How can we support the person in exercising legal capacity to make decisions?
- Can technology be leveraged to support greater independence?

Change how we support...

Support *differently* for community integration:

- One person, one environment
- Seek out the relationship, not the activity. Who can the person get to know here? Make personal introductions, focusing on strengths, interests.
- Create opportunities for relationships to grow
- Support reciprocity (give *and* take)
- Accept that some relationships will fail; that doesn't mean you stop trying

Change how we support...(2)

Support *differently* for employment:

- Build on individual interests and strengths – where do the person's interests/passions and a need align?
- Don't just look for employment opportunities; *create* them one person at a time
- Explore/develop internship opportunities (paid/unpaid)
- Begin with the end in mind; fading supports and increasing personal and economic self-sufficiency

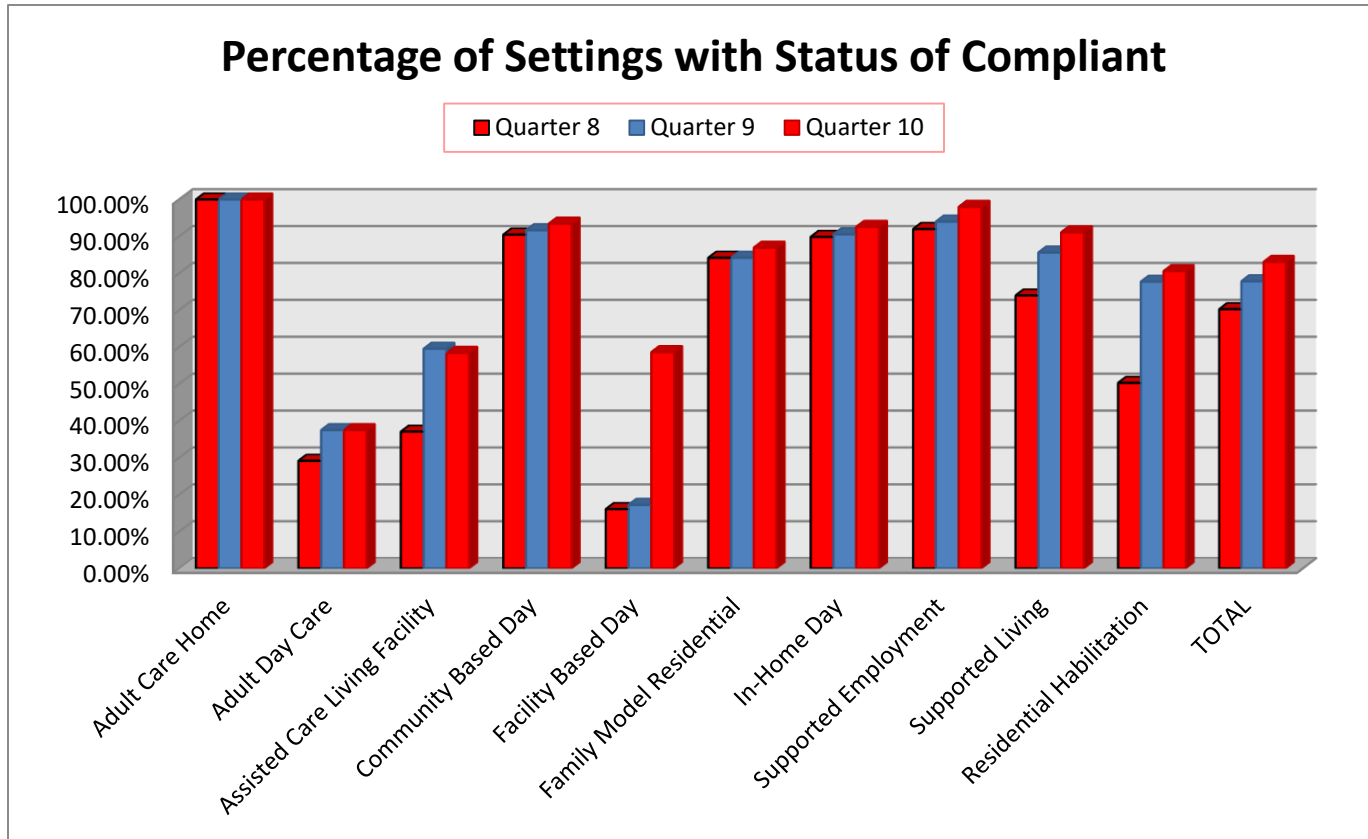
Change how we support...(3)

Support *differently* for independence:

- Encourage individual choice and freedom
- Teach, support; don't do
- Support good decision making by the person—a learned skill
- Become a problem solver

Remediation: Provider Transition Progress

Where we are as of September 30, 2018:



Systems Transformation Leadership Group

- State (TennCare and DIDD) leadership
- Health plan leadership
- HCBS providers (across programs)
- Advocacy organizations
- Self-advocates



Systems Transformation Goal

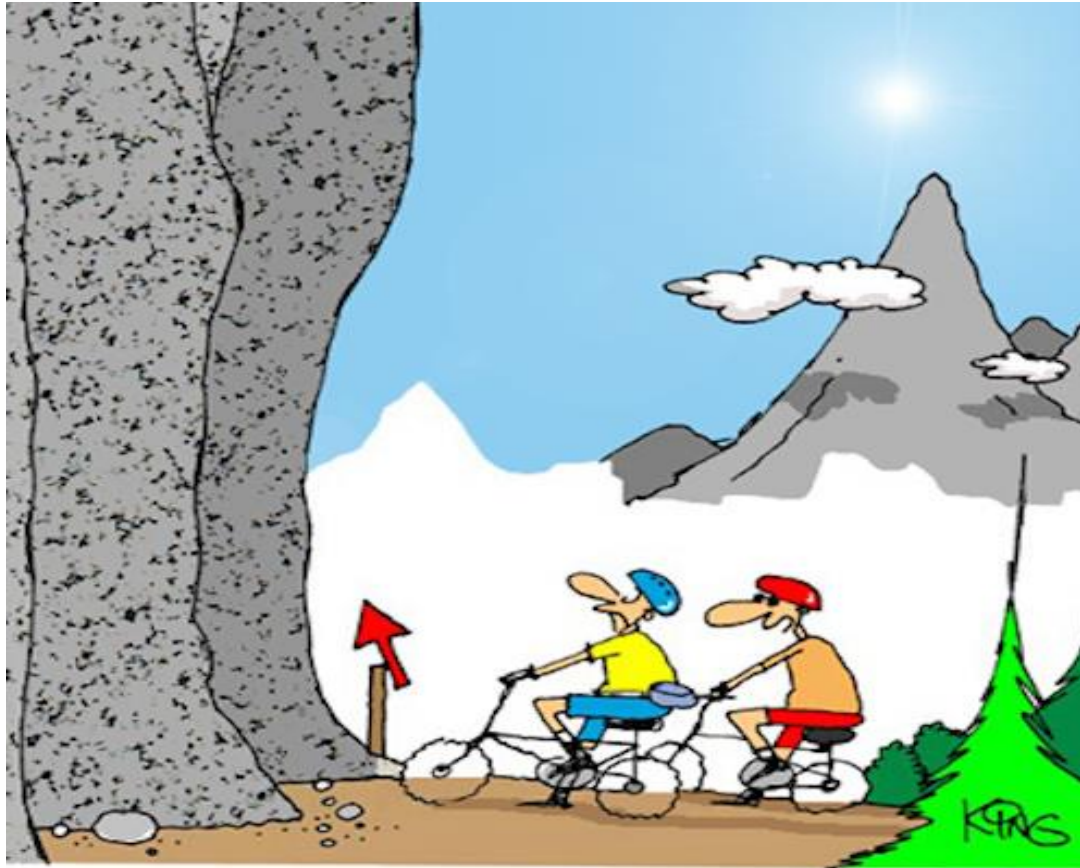
Transform the entire LTSS system to one that is person-centered, and that aligns policies, practices, and payments with system values and outcomes, including employment and full community citizenship and participation



Culture transformation...



Culture Transformation



“Here’s where it gets a little challenging.”

Aspects of a Person-Centered System

- Develop quality person-centered support plans that reflect a person's goals and choices
- Make sure services are provided in the least restrictive, most integrated way
- Provide a comprehensive array of services that maximize independence and interdependence
- Promote employment as possible and expected for working-aged people and support inclusion for all people supported

Aspects of a Person-Centered System (2)

- Develop best practices and a learning culture
- Address program barriers, such as the workforce crisis, and inspire trust in people supported, families, and providers through responding to needs
- Meaningfully engage and work together with stakeholders
- Promote autonomy and important values such as person-centeredness, self-determination, and dignity of choice

Systems Transformation Plan

Key Drivers of System Transformation

- Policy and regulation
- Quality services array
- Workforce development
- Value-based payment reform
- Using data to drive outcomes



Employment and Community First CHOICES

- Designed to promote integrated competitive employment and community living as the first and preferred outcome
- Array of 14 different Employment Services create a pathway to employment even for people with significant disabilities
- Comprehensive and flexible wrap around and supportive services, including self-advocacy and family supports, and self-directed options designed to support active community participation and as much independence as possible
 - Intermittent supports; expectations of fading
- ***Employment Informed Choice*** process ensures that employment is the *first* option considered for every person of working age *before* non-employment day services are available
- Individuals engaged in competitive integrated employment have access to more benefits

Employment and Community First CHOICES (2)

- Groups prioritized for enrollment include those who need/want support to keep or obtain competitive integrated employment (CIE), plan/prepare for CIE, or are at least willing to explore CIE
- Comprehensive person-centered assessment and planning process explores employment early in process and in significant depth
- **Value-based payment** aligns incentives with employment goals
 - **Outcome-based reimbursement** for pre-employment services
 - **Tiered outcome-based reimbursement** for Job Development and Self-Employment Start-Up based on person’s “acuity” level and **paid in phases to support retention**
 - **Tiered reimbursement for Job Coaching** based on person’s “acuity” level, length of time employed, and amount of support as a % of hours worked
Payment is higher per hour if fading achieved is greater.
- Memorandum of Agreement with VR agency operationalized through statewide joint training of VR and MCO staff

Expanding Employment in 1915(c) Waivers

- ***Cross-walk VBP lessons learned from Employment and Community First CHOICES into existing 1915(c) waivers***
 - Establish separate rates for job development/customization or self-employment start-up, coaching, and stabilization and monitoring with payment approaches similar to ECF CHOICES
 - Realign existing waiver funds with desired outcomes, i.e.,
 - Invest substantially more resources in higher rates for services that achieve competitive, integrated employment
 - Reduce reimbursement for services that do not support desired outcomes, including facility-based programs
 - Extensive engagement with State I/DD Department (waiver operating agency) and HCBS providers, education for waiver participants/families
 - Model provider impact and help providers plan/prepare for success, i.e., transformation

LTSS Workforce Development

Currently developing a comprehensive **competency based** workforce development program and credentialing registry.¹

Better for Workforce

- Opportunity to both learn and earn acquiring **shorter term credentials** with clear labor market value
- Portable credentials **across providers, programs, and service settings**
- Earn college credit and certificate; apply toward degree program—**education path** for direct support professionals
- Build competencies to access **higher wages** and advanced jobs—**career path** for direct support professionals
- Learning **and relationship** management system matches worker with coach/mentors/career planning support

Better for Members & Providers

- Promotes delivery of **high quality person-centered services**
- Supports **competency and continuity** of staff for members and providers
- **Online registry** for matching by individuals, families, providers based on needs/interests of individual
- Alignment **improves member experience**
- Agencies employing better trained and qualified staff will be **appropriately compensated** for the increased competency of staff and higher quality of care experienced by individuals they serve

¹ for deployment through secondary, vo-tech, trade schools, community colleges, and 4-year institutions, offering portable, stackable credentials and college credit toward certificate and/or degree program

LTSS Workforce Development (2)

- Developed in consultation with National Subject Matter Experts
- Corresponds with CMS DSW Core Competencies released in 2014*
- Worked with Tennessee Board of Regents to award college credit and a post-secondary credential (certificate) for completion
 - Embed within a variety of existing (and potential new) degree paths
- Rollout through Tennessee Community Colleges and Colleges of Applied Technology
- Leverage *Tennessee Promise* and *Tennessee Reconnect* funds
- Support achievement of Governor's *Drive to 55* Initiative
- Added pre- and early service learning component (also developed with national SMEs under a contract with TASH and Dr. Lisa Mills)
- Launch in January 2019 with statewide rollout in the Fall 2019

Addressing Workforce Challenges

President's Committee for People with Intellectual Disabilities: *Report to the President 2017 – America's Direct Support Workforce Crisis**

- **Practices that would address the workforce crisis include:**
 - Using competency-based training models that lead to credentialing or certification of staff **and yield wage increases**
 - **Teaching business and organization leaders skills to improve their ability to recruit, select and retain direct service employees**

*Available at: https://nadsp.org/wp-content/uploads/2018/02/PCPID-2017_-_Americas-Direct-Support-Workforce-Crisis-low-res.pdf

Addressing Workforce Challenges (2)

A Multi-Prong Approach (in addition to competency-based training):

Workforce Capacity-Building Investments

- Establish processes for collection/use of workforce-related data at provider and system levels to target and measure improvement efforts over time
 - Comprehensive statewide data analysis to target investments, track improvement over time
 - Provider-specific analysis and training/technical assistance to providers in analyzing and using their own data to guide/evaluate their organization's efforts to address workforce issues
- Engage national experts and leverage/invest MFP Rebalancing Fund to provide training and technical assistance to providers to support adoption of evidence-based and best practices that have been shown to result in more effective recruitment, increased retention, and better outcomes for people served

Addressing Workforce Challenges (3)

A Multi-Prong Approach (in addition to competency-based training):

Workforce Incentives

- Incentivize practices that will lead to desired outcomes:
 - Data collection, reporting, and use at the provider level
 - Adoption of evidence-based and best practice approaches to workforce recruitment/retention and organization culture/business model changes
 - Ensure DSP wages are increased as they increase their level of training and competency and upon completing the certification program
- **Transition to financial incentives for specific workforce and quality of life *outcomes*** once practices expected to result in the outcomes have been effectively adopted
 - DSP career ladder is essential outcome, including wage increase for worker tenure and completion of WFD program
- **Outcomes for persons served will be ultimate measure**

Tennessee's materials

- Available at <https://www.tn.gov/tenncare/long-term-services-supports/transition-plan-documents-for-new-federal-home-and-community-based-services-rules.html>
 - All posted versions of the Statewide Transition Plan with tracked changes to ease stakeholder review
 - Provider self-assessment tools and resources
 - Individual Experience Assessment
 - Heightened Scrutiny tools and resources
 - Training and education materials

Using Innovative Reimbursement Methodologies and Rate Structures to Advance HCBS Settings Rule Intent and Compliance

Lisa A. Mills, PhD

Moving To A Different Drum, LLC

Administration on Community Living Webinar

December, 2018

LisaMills@mtdd.onmicrosoft.com

608.225.4326



An aerial photograph of a rocky coastline with turbulent ocean waves crashing over the rocks. The water is a mix of dark blue and white foam. In the center, a white rectangular box with a black border contains the text.

**YOU GET
WHAT YOU
PAY FOR**

Promoting Community Integration and Person-Centered Supports

- ❑ Can't achieve goals solely by changing policy and practice expectations
- ❑ Must look at how reimbursement rates/methodologies and billing rules are supporting (or not) community integration and person-centered supports
- ❑ May be obvious or subtle disincentives (or both!) that need to be addressed
- ❑ Rebalancing of rates/funding is critical for ensuring alignment of financial incentives with the standards in the HCBS Settings Rule

Systems Transformation Requires Payment Reform

PRICE
is what you pay
VALUE
is what you get

— *Warren Buffett*

HCBS Settings Rule Compliance: Key Payment Reform Principles

- ✓ Value effective person-centered planning practices: informed choice; accurate documentation of goals; effective services authorized to address goals; active monitoring of services; goals achieved or meaningful progress made
- ✓ Value where services are delivered
- ✓ Value outcomes for service recipients produced by service delivery
- ✓ Reduce incentives to focus on providing the most service: address the inadvertent incentive to provide more service, whether its needed or effective, in traditional fee-for-service

Funding is Limited: Requires Careful Investment

- Avoid “pay and pray”
- Increasing rates for traditional services...in hopes this will support desired outcomes...may not work
- Ensure higher rates are definitely going to fund desired outcomes
- Separate (new) service categories may not work: might see very low utilization

Value *Effective* Person-Centered Planning and Service Coordination

Consider Pay-for-Performance or Differential Rates for Case Management/Service Coordination Entities

- Meaningful process for presenting opportunities and facilitating informed choice:
 - **Receiving services in non-disability specific settings**
 - **Opportunity to pursue/work in competitive integrated employment**
- Ensuring individual goals are accurately documented in person-centered service plan and service(s) authorized or leveraged from other systems to assist individual to achieve their goals

Value *Where* Services Are Delivered

- HCB services that are typically provided in the home or disability-specific setting but can also be provided in the community
- Personal assistance/care; Prevocational services; Day services/Adult Day; Residential services
- One rate does not incentivize use of this service for community integration
- Create tiered rates: Establish higher rate for community-based service delivery**
- Take account of provider cost to deliver services in ensuring necessary incentives are present

Rebalancing to Promote Integration and Integrated Employment



Developmental Disabilities • Mental Health • Substance Recovery

Employment Services: Michigan Managed Care

- Goal: increase opportunities for competitive integrated employment (CIE) and community participation
- Revised all supported employment and prevocational service rates – **rebalanced funding** to better support and incentivize CIE and community-based service models
- Removed incentives in facility-based and congregate service (e.g. Group Supported Employment) rate models
- Created incentives for CIE and community-based service delivery
- In first six months, saw 13% increase in service delivery in community

Value *Outcomes* and Outcomes Sustained Over Time

- Shifted to paying for supported employment **outcomes** to incentivize use of best practices, efficiency in securing jobs, prevention of job loss
- Pay for evidence based practice (IPS and CE) as **milestone payments**
- Pay for job coaching based on **hours worked** by the supported employee
- Outcome payments are **quality adjusted** or **risk adjusted**



Developmental Disabilities • Mental Health • Substance Recovery





Paying for Job Coaching Based on Supported Employee Hours Worked: Six-Year Trends

After Two Years:
32-35% increase in # of people working

After Six Years:
Over 70% increase in # of people working

CY2013: Average cost per supported employee hour worked was **\$9.93**

CY2016: Average cost per supported employee hour worked was **\$9.70**

CY 2018 (Jan-May): Average cost per supported employee hour worked was **\$9.75**



Cost-Effectiveness with Better Outcomes for Members:

- Financial
- Community Integration
- Natural Supports
- Choice

Comparative Costs Over Time

CY2013:

SE/hour: \$9.93

Day Services/hour: \$14.80

Prevocational Services/hour: \$13.76

CY2016:

SE/hour: \$9.70

Day Services/hour: \$12.00

Prevocational Services/hour: \$12.16

CY2018 (Jan-May):

SE/hour: \$9.75

Day Services/hour: \$12.00

Prevocational Services/hour: \$12.16

Rebalancing to Promote Integration and Integrated Employment



1915c ID Waiver Employment and Day Services:

- Goals aligned with HCBS Settings Rule:** increase opportunities for competitive integrated employment and community participation
- Ended use of daily rates – **rebalanced funding** to ensure high rates were truly going to support community integration and integrated employment
- Removed disincentives** for residential providers to support people in community rather than mostly within the home
- Created **new pathways** to choosing and obtaining integrated employment including Exploration, Discovery, Job Development (paid on outcome basis)
- Took first step toward **performance-based funding** of Job Coaching

Promoting Community Integration and Person-Centered Supports (2)



Residential Services: Wisconsin Managed Care Organization

- ❑ Introduced outcome-based payments for residential providers to increase quality, person-centered service delivery
- ❑ Providers able to focus on supporting individuals with community contribution, reciprocity, and gaining valued roles within their communities as key outcomes of residential supports
- ❑ To date, providers have received outcome payments for supporting members to find jobs and volunteer in their local communities. The focus is supporting **all** members to be more involved in their communities, “in the ways they want to do it”.



Medicaid HCBS Employment Service Redesign

Goal: A service **and funding** system that is individualized and flexible over the persons employment lifecycle and that coordinates the use of all available resources toward individual jobs.

Outcome (May, 2016): Changed Medicaid employment service definitions, provider qualifications, service scope, duration, limitations **and reimbursement methodologies** for the HCBS Prevocational and Supported Employment services.



KEY REDESIGN CHANGES TO RATES/REIMBURSEMENT

- Retooled rates and reimbursement methodologies to incentivize rebalancing toward community-based services and away from high reliance on facility-based services
- As utilization of facility based services declines, reallocate financial resources toward Individual Community-Based employment
- **NEW!** Individualized, time-limited Career Exploration funded through Prevocational Services to allow every Prevocational Services participant to make an informed choice about competitive integrated employment
- Introduce a monthly tiered payments for Long-Term Job Coaching services
- Include reimbursement for “time on behalf of” members in service definitions

Promoting Community Integration and Person-Centered Supports

Integrated Day Services: District of Columbia DD Agency

- Recognized need for **separate waiver service** for community-based service delivery
- Establishing separate service allowed for distinct definition, limitations, provider qualifications and reimbursement rate model service
- Allowed **new/different providers** to be approved to offer community-based service as alternative to traditional facility-based model
- Ensured **increased investment** in service provision was directly tied to increased community integration (not just a hope of this occurring as a result of the increased investment)



Using Pay-for-Performance with Managed Care Organizations Delivering LTSS



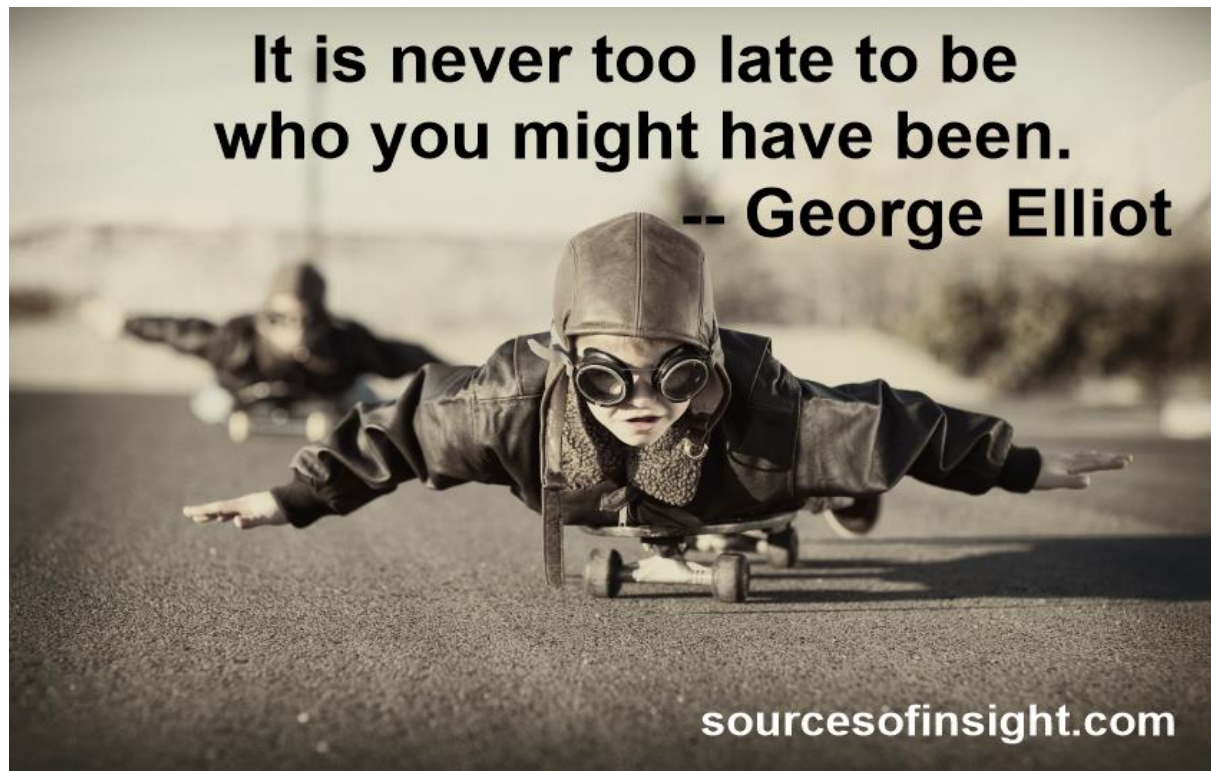
Wisconsin Department of Health Services: “Family Care” Managed LTSS Program

- Focus on increasing competitive integrated employment participation
- Incremental approach that first focuses on process expected to lead to improved outcomes:
 - *Ensuring meaningful engagement, support for informed choice*
 - *Proper documentation of interest and goals*
 - *Expectation that those with any level of interest will receive follow-up without delay*
- Subsequent years will pay for outcomes: increased competitive integrated employment participation rates

HCBS Settings Rule: An Opportunity Not To Be Missed

- ❑ Many states acknowledge the standards and expectations in the HCBS Settings Rule reflect the **quality improvement goals** they have long desired for their HCBS programs
- ❑ **Compliance efforts require significant work**; why undertake these efforts without the intent to significantly improve the quality of HCBS as a result?
- ❑ Ensure the best possible outcomes: tie increased expectations to rate/reimbursement changes that directly align with these increased expectations... *Rebalance before determining if more money is needed.*

March, 2022 and Beyond: Still Years Away..



Interrupting Physics and Human Nature

Inertia:

A property of matter by which it continues in its existing state of rest or uniform motion in a straight line, unless that state is changed by an external force

A tendency to do nothing or to remain unchanged.

Example: "the bureaucratic inertia of government"

Provider organizations also face the challenges associated with inertia – research suggests the bigger and more successful organizations in your current system may find changing harder than smaller organizations or organizations struggling in your current system.

“Don't let what you cannot
do interfere with what you
can do.”

~ John R. Wooden



Final Thoughts



❑ All rate structures in LTSS programs include incentives and disincentives

❑ Need to make sure the intrinsic incentives and disincentives in a rate structure truly **support valued and desired service delivery models and outcomes**

❑ Community integration and person-centered supports are valued and desired outcomes **not because the HCBS Settings Rule say so**, but because these are evidence-based approaches that increase and preserve:

Health

Safety

Skills for Independence

Access to Natural Supports

Access to Valued Social Roles

Increased Self-Esteem

Increased Personal Control

**Forget what hurt you
in the past.
But never forget
what it taught you.**

Separateness breeds devaluation, no matter what the intentions.

Not Giving Up on the Promise of Inclusion: The Inspiration We Need is All Around Us

Microsoft 2018 Holiday Ad: Reindeer Games | Featuring Owen and The Xbox Adaptive Controller <https://www.youtube.com/watch?v=v70Fu2WU8-w>

The Decemberists: Music Video “For Once in My Life”

https://youtu.be/bHFbaF9_kpl

Learn about the man featured in the music video at:

<http://www.decemberists.com/2018/07/17/once-in-my-life-directed-by-autumn-de-wilde/>

Shelby Earl, performance of “Strong Swimmer” at <https://youtu.be/Gt2Q-BAsRig>

Song inspired by her aunt’s recovery after a traumatic brain injury.



Interactive Discussion via Chat-Box

Q&A



On the Horizon.....

NIDILRR-funded Community Living Policy Center

- Autistic Self-Advocacy Network (ASAN) in collaboration with the new Community Living Policy Center at Brandeis University will be conducting a research project to:
 - Identify promising practices in HCBS Setting Rule implementation
 - Develop an advocate tool kit for state advocates
- Stay tuned:
 - Website: www.communitylivingpolicy.org
 - Twitter: @CLPolicy



The Lurie Institute
for Disability Policy

*National Institute on Disability, Independent Living,
and Rehabilitation Research (grant 90RTCP0004)*

HCBS Resources

- **Main CMS HCBS Website:** <http://www.medicaid.gov/HCBS>
 - Final Rule & Sub-regulatory Guidance
 - A mailbox to ask additional questions
 - Slides/Materials from previous TA Calls
 - HCBS Toolkit for State Implementation
 - Status of each state's transition plan & heightened scrutiny
- **Exploratory Questions**
 - [Residential Settings](#)
 - [Non-Residential Settings](#)
- **ACL HCBS Webpage (Coming Soon):** <http://www.acl.gov/>
- **Advocacy Toolkit:** <http://hcbsadvocacy.org>

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