Meeting the Demands of New HCBS Requirements With Competency-Based Staff Training

ISSUE

In March 2015, new requirements went into effect for states and providers offering home- and community-based services (HCBS) for Medicaid beneficiaries. According to the Centers for Medicare and Medicaid Services (CMS), these regulations were created to enhance the quality of such services and provide additional protections for those receiving them. In addition, they reflect CMS’s intent to ensure that individuals in Medicaid HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.

At the core of the new requirements is the call for direct support organizations to administer “person-centered” services in order to qualify for payments under Medicaid.

DISCUSSION

The Final Rule for implementation of these regulations details requirements for a person-centered planning process; person-centered service plan; review of the person-centered service plan; the qualities of home and community-based settings; assurances of compliance with the requirements; and transition plans to achieve compliance.

This person-centric directive dovetails with the national trend in general healthcare that seeks to establish partnerships between individuals and their caregivers as a means to improve outcomes and reduce costs. It also responds to calls by advocacy organizations to allow individuals using HCBS services to direct the care-planning process to the maximum extent possible in order to facilitate informed decision-making. Under the new rule, this input includes the definition of goals and personal preferences for how to achieve them.

The regulations also revise the definition of what constitutes an eligible setting for participation in the HCBS program, with a focus on the “nature and quality of individuals’ experiences.” Such settings must be integrated in, and provide full access to, the community, and the choice should be made by the beneficiary (or representative appointed by the beneficiary) from among available options.

While enactment tightens requirements for HCBS Medicaid waivers, several changes reportedly were designed to make it easier for states to access Medicaid funds, for example, the option to combine coverage for multiple populations under one waiver.

In short, there is a lot to be accomplished – and documented – if states and agencies are going to continue to receive Medicaid HCBS reimbursement and individual recipients are going to reap the benefits of person-centered services.

For service providers, the rules set new standards that HCBS settings and services must meet to be eligible for reimbursement under Medicaid.

In order to attain the goals of these mandates and their strong person-centered focus, provider organizations and their direct support staff must truly understand these diverse and special populations in order to meet their individual needs. Many HCBS agencies, however, may not be aware of available training resources or know whom to train on what.
To help agencies plan, and effect, the necessary education for their direct support professionals, Elsevier offers “crosswalks” that align its DirectCourse competency-based training with HCBS requirements in the four key areas:

A. New HCBS Setting Requirements  
B. Setting Requirements for Provider Owned/Operated Residential Settings  
C. Person-centered Service Plan Process Requirements  
D. Person-centered Service Plan Documentation Requirements

Delivered on-line for maximum ease and flexibility, DirectCourse modules have been developed through collaborations between Elsevier and various nationally recognized research and training centers. The crosswalks are results of Elsevier’s collaboration with two of those facilities.

Matching regulatory challenges with education solutions, these crosswalks work to assure that the right people get the right training in the right way for optimal outcomes. Visit directcourseonline.com/hcbs to download these crosswalks.

CONCLUSION

The new HCBS regulations establish a more advanced concept of “community life” and the role and value of people with disabilities in their communities. These requirements serve to advance the quality of services to all people and to raise the bar for community supports, which is also the mission of DirectCourse.

The benefits of appropriate, timely training are widespread:

- Agencies are able to better serve their constituents and are better protected against compliance risk, lawsuits and loss of Medicaid reimbursement.  
- Agency staff is better prepared and more confident and, some studies indicate, more likely to stay where they feel they are given the resources to do their jobs well.  
- And sustained staff development creates more qualified employees, which translates to better outcomes for beneficiaries and achievement of service goals.