

Individually-Based Limitations

Supporting Health and Safety of Individuals in Home and Community-Based Services

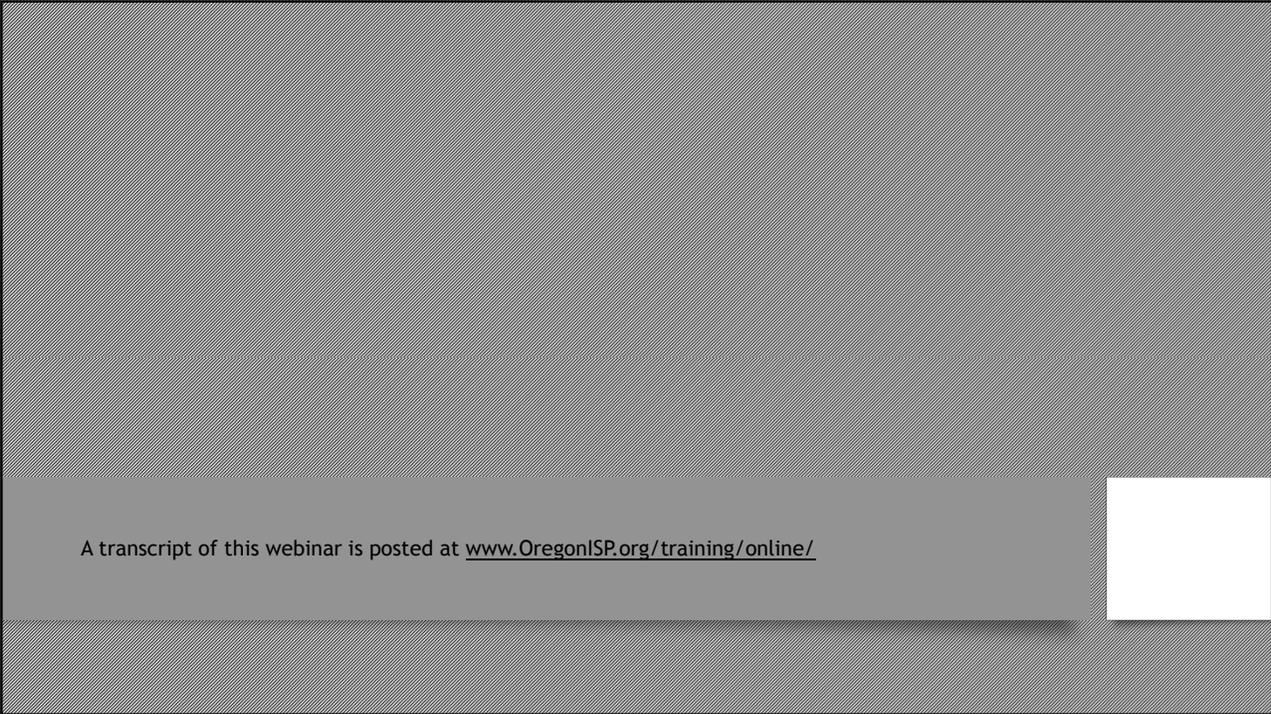


Rose Herrera

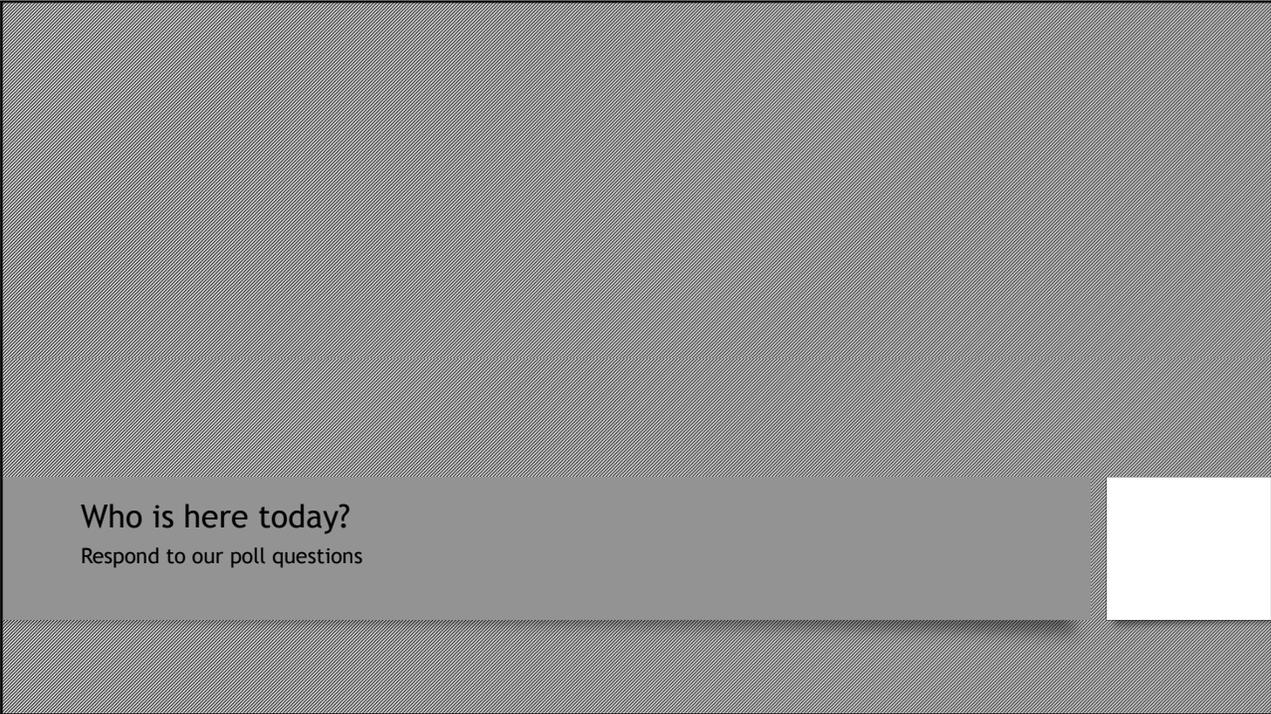


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A transcript of this webinar is posted at www.OregonISP.org/training/online/



Who is here today?
Respond to our poll questions

What are “Individually-Based Limitations”?

Individually-Based Limitations are strategies that restrict an individual from enjoying specific Home and Community-Based Services (HCBS) freedoms.

OK, what are HCBS freedoms?

Home and Community-Based Service and Setting rules identify basic freedoms for individuals receiving Medicaid services

Individuals have the right to be integrated in the community

Individuals are supported to have lives like everyone else

HCBS Freedoms

Home and Community-Based Services and Settings support individuals to:

Work in the community

Control personal resources

Exercise choice and self-direction

Be treated with dignity and respect

HCBS Freedoms for Individuals in Residential Settings

The HCBS rules include requirements that are specific to “provider-owned, controlled, or operated residential settings”

These rules are for situations where:

- The individual lives in the home of their provider, OR
- There is a relationship between the service provider and the property owner/controller

Provider-owned, controlled or operated settings in Oregon include:

- Foster Homes
- 24-Hour Program Settings
- Some Supported Living Situations

These rules are intended to ensure that individuals living in provider-owned, controlled, or operated settings have community living experiences similar to persons not receiving Medicaid-funded services

HCBS Freedoms for Individuals in Residential Settings

The setting is physically accessible to the individual

There is a Residency Agreement in Place for each individual addressing protections for the individual and the eviction and appeal process

Each individual has privacy in his or her unit/bedroom

HCBS Freedoms for Individuals in Residential Settings

Bedrooms have lockable doors, with only the individual and staff having keys

In shared bedrooms, individuals have a choice in roommates

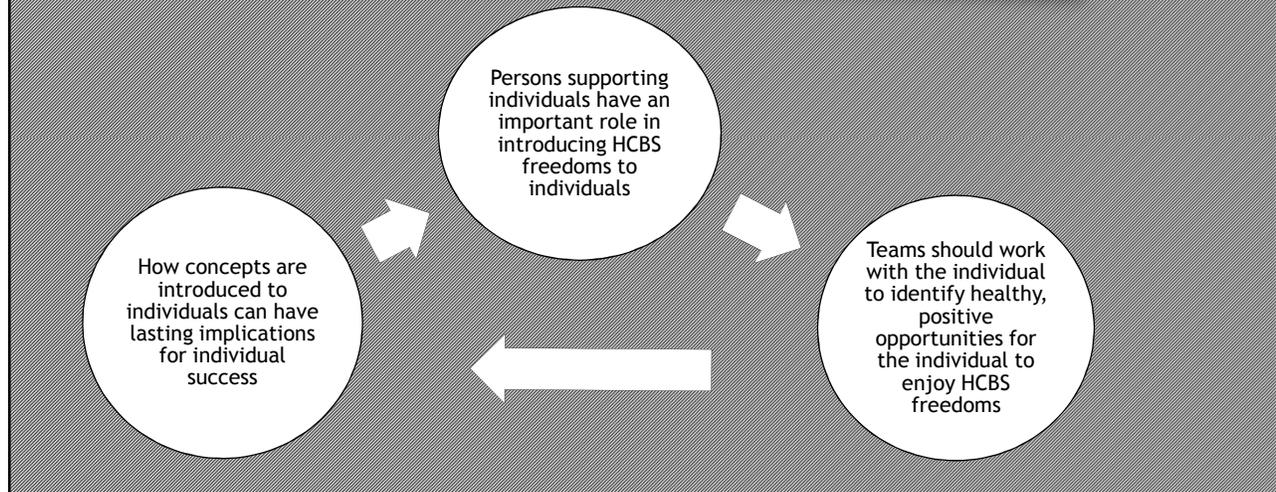
Individuals have the freedom to decorate their bedroom

Individuals may have visitors of their choosing at any time

Individuals have the freedom and support to control their personal schedule

Individuals have the freedom and support to have access to personal food at any time

Supporting Individuals



Supporting Individuals

Person-Centered planning focuses on what is important to the individual

Teams work with the individual to identify optimal opportunities for enjoying freedoms, including:

- When and how things may occur
- Identifying resources needed and who may be responsible
- How to be safe and respectful of others
- Potential outcomes of choices

Back to Individually-Based Limitations...

There may be situations when an individual needs restrictions placed on HCBS freedoms because of health and safety risks.



Teams should always focus on positive proactive approaches to address health and safety risks



Individually-Based Limitations should only be considered when:

- There is an active threat requiring intervention from a caregiver, AND
- There are no other less restrictive alternatives available

Individually-Based Limitations

When a restriction is placed on the following HCBS freedoms, this is considered an Individually-Based Limitation, or IBL:

- Lockable bedroom door
- Choice of bedroom roommate
- Access to personal food
- Control of schedule
- Visitors at any time
- Decorating bedroom

A restriction or limit may only be placed on the HCBS freedoms identified above,
AND

The required process for planning and documentation must be in place.

Requirements for Individually-Based Limitations

The Individual Support Plan (ISP) must document the following:

- The **need** justifying the limitation
- **Positive interventions** used prior to the limitation, including what has been tried but didn't work
- A **description of the limitation** that is proportionate to the assessed need
- A **plan** for regular collection and review of data to measure the ongoing effectiveness of the limitation
- **Time limits** for reviews of the limitation to determine if the limitation remains necessary (minimum annual basis)
- **Consent** of the individual (or the individual's guardian)
- An assurance the limitation will **not cause harm**

Individually-Based Limitations in the Planning Process

Conversation about situations and risk should occur naturally as part of the person-centered planning process



The Risk Identification Tool (RIT) and Risk Management Plan are components of the ISP that facilitate this



The newest ISP version available in Spring 2017 will include questions indicating if a limitation is part of the plan

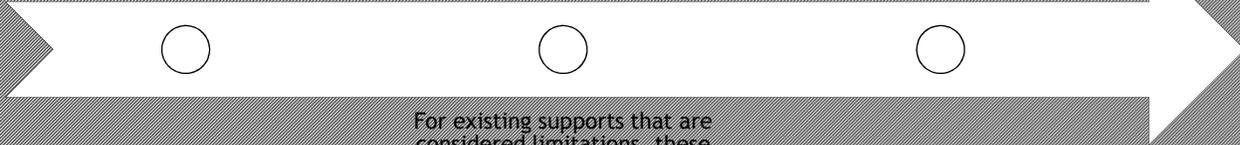


The "Individual Consent to HCBS Limitations" form must be completed and attached to the end of the ISP if a limitation is indicated

Timelines for Implementing Individually-Based Limitations in the ISP Planning Process

Individually-Based Limitations being proposed or implemented must be incorporated in the ISP planning process for ISPs effective March 1, 2017 or later.

Once an individual's ISP has been implemented (*effective March 2017 or later*), new limitations must be addressed as the need for restrictive strategies are identified



For existing supports that are considered limitations, these strategies must be identified through the ISP planning process and formalized as ISPs are updated for the new plan year.

Requirements for Individually-Based Limitations

- The documentation requirements for an IBL must be captured on the ODDS “Individual Consent to HCBS Limitations” form
- The “Individual Consent to HCBS Limitations” form may be found on the ODDS HCBS webpage at:
<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>
- Additional PowerPoint trainings and examples are also found on the ODDS HCBS webpage under “ODDS Individually-Based Limitations (IBLs)”


Individual Consent to HCBS Limitations

Individual's Name: _____ **Medicaid - Prime ID #:** _____
Provider's Name: _____ **Individual's Address:** _____

Individually-Based Limitations to the Rules for Individuals receiving Home and Community-Based Services (HCBS) in a provider-owned, controlled, or operated residential setting.
This form is to be completed when there is an Individually-Based Limitation to the HCBS rule requirements proposed in a provider-owned, controlled, or operated residential setting.

Use a separate form for each proposed Individually-Based Limitation.

Indicate the Individually-Based Limitation by selecting one limitation below. Answer all of the following questions. Attach additional pages, if needed.

Select the limitation from the list below. Provide the start and end dates for the limitation. These dates cannot exceed the next ISP date or one (1) year, whichever is earliest.

Individually-Based Proposed Limitation	Start Date	End Date
Access to personal food at any time		
Choice of bedroom roommate		
Control of own schedule and activities		
Furnish and decorate bedroom or living unit		
Lockable bedroom doors		
Visitors at any time		

1) Describe the Individually-Based Limitation to the Rule. (Who proposed this limitation? What is it? When is it implemented? How often? By whom? How is the limitation proportional to the risk?, etc.):

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Individual Consent to HCBS Limitations

2) Describe the current, specific reason/need for the Individually-Based Limitation, including assessment activities conducted to determine the need. (What current health or safety risk is being addressed? Assessment tool, outreach, consultation, etc.):

3) Describe what has already been tried and other possible options that were ruled out. (Include documentation of positive interventions used prior to the limitation; documentation of less intrusive methods tried, but which did not work, etc.):

4) Describe how this Individually-Based Limitation is the most appropriate option and benefits the individual. (Why/how does implementing the limitation make sense for the individual's personal situation?):

5) Describe how the effectiveness of this Individually-Based Limitation will be measured. (Including ongoing assessment and/or data collection and frequency of measurement.):

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Individual Consent to HCBS Limitations

6) Describe the plan for monitoring the safety, effectiveness, and continued need for the limitation. (Who is responsible to monitor? How frequently? How is the ongoing need for continued use of the limitation to be determined?, etc.):

Frequency of monitoring:
 Monthly Quarterly Bi-annual Annually Other:

How will the monitoring take place? (Where, how, and by whom will the monitoring occur?):
Services Coordinator:
Provider:
Other:

A copy of this document will be provided to the individual and HCBS Provider.
Individual Statement
 I understand I am not required to consent to any proposed limitation. I have read the above information, or it has been provided to me in a format I can understand. I have had the opportunity to ask questions and any questions that I have asked have been answered to my satisfaction. I agree to the sharing of this information with my care team, when applicable.

Individual, or if applicable, Guardian, print your name, sign, and date below to consent.

Signature: _____ Date: _____
 Name: _____
 Consenting Party: Individual Guardian

Feedback from the individual (include details if the individual does not consent):

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Individual Consent to HCBS Limitations

Statement by the Services Coordinator

I have accurately read the information to the above named individual, and to the best of my ability made sure that the individual understands the documented Individually-Based Limitation.

I confirm that the individual was given an opportunity to ask questions about the Individually-Based Limitation, and all the questions have been answered accurately and to the best of my ability. I confirm that the individual has not been coerced into giving consent. I confirm that the proposed Individually-Based Limitations are non-aversive and will not cause harm to the individual.

Services Coordinator, please sign and date below:
 Print Name _____ Signature _____
 Phone Number _____ Signature Date _____

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Completing the “Individual Consent to HCBS Limitations” form

- The “Individual Consent to HCBS Limitations” form must be completed for each Individually-Based Limitation proposed
- This means using a separate form for each limitation
- Limitations falling under the same category may put together on the same form
- A form should also be completed for limitations proposed, but not accepted by the individual *(meaning the team has identified the limitation as the only possible option to keep the individual safe and the individual rejects this support. Please note the individual cannot be overridden and the limitation applied anyway, but the completed form provides critical documentation)*

Individuals (or their guardians) must consent to a limitation

In Oregon, individuals are presumed to have capacity unless otherwise determined by a court

If an individual has a guardian, then the individual’s guardian may consent to a limitation

Supported decision-making may be used to assist the individuals in understanding and consenting to a limitation

Individually-Based Limitations Do's and Don'ts

Individually-Based Limitations may not be implemented when the:

Individual (or their guardian) does not consent to the IBL	IBL is not supported by a health and safety need of the individual	IBL is being implemented for convenience or as a means to avoid implementing HCBS requirements	Alternative, less intrusive methods of addressing risks have not been explored and ruled out	IBL results in barriers to other individuals in the home who do not require such restrictive supports
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Individually-Based Limitations Do's and Don'ts

Providers may respond to emergency situations and reasonably unanticipated events that affect health and safety as situations arise



When the intervention that results in a barrier to HCBS freedoms becomes routine, then an Individually-Based Limitation must be identified and the requirements put in place

Limitations vs. Variances

An **Individually-Based Limitation** is focused on the individual's need for intervention to address health and safety in regards to HCBS freedoms

A **variance** is a Department-approved exception from a regulation typically granted to address necessary non-compliance on the part of the provider

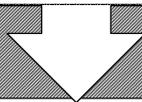
In most circumstances, an Individually-Based Limitations should not require a variance.

There are some limited exceptions such as when no lock is installed on a bedroom door of an adult individual due to the individual's identified health and safety needs; this situation would warrant an IBL and a variance.

Resources

Please visit the ODDS HCBS webpage for "Individual Consent to HCBS Limitations" forms and resource material:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>



For questions or comments, please contact us at:

HCBS.Oregon@state.or.us

Questions

6 HCBS Freedoms
When IBLs may not be used
IBL form

Thank you

Please complete the brief survey at the conclusion of this webinar