Issues Related to the Home and Community-Based Waiver
and Positive Behavior Support
Panel and White Paper Discussion

Rachel Freeman
University of Minnesota
David Rotholz
Center for Disability Resources (UCEDD)
University of South Carolina School of Medicine
Ralph Lollar
Centers for Medicare & Medicaid Services (CMS)

Stuart M. Shear
Devereux Foundation
Donna Reid
Director of the Carolina Behavior Analysis and Support Center
Theresa Rodgers
Missouri Department of Mental Health

The New HCBS Regulation and it’s Relationship to Applied Positive Behavioral Analysis

Ralph Lollar, Director
Division of Long Term Services & Supports
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Person-Centered Planning Process

§ 441.301 Contents of request for a waiver.
(c) A waiver request under this subpart must include the following—

• The individual will lead the person- centered planning process where possible.
• The individual’s representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative.
• All references to individuals include the role of the individual’s representative.

IV. Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
V. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.

Person-Centered Planning Process

• In addition to being led by the individual receiving services and supports, the person-centered planning process:
   • Includes people chosen by the individual.
   • Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
   • Is timely and occurs at times and locations of convenience to the individual.

VI. Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management, or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person- centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.
vii. Offers informed choices to the individual regarding the services and supports they receive and from whom.

viii. Includes a method for the individual to request updates to the plan as needed.

ix. Records the alternative home and community-based settings that were considered by the individual.

**The Person-Centered Service Plan**

- The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

- Commensurate with the level of need of the individual, and the scope of services and supports available under the State’s 1915(c) HCBS waiver, the written plan must:

i. Reflect that the setting in which the individual resides is chosen by the individual. The State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

- Reflect the individual’s strengths and preferences.
- Reflect clinical and support needs as identified through an assessment of functional need.
- Include individually identified goals and desired outcomes.
- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.

vi. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.

- Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
The Person-Centered Service Plan

viii. Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
ix. Be distributed to the individual and other people involved in the plan.
  a. Include those services, the purpose or control of which the individual elects to self-direct.
  b. Prevent the provision of unnecessary or inappropriate services and supports.

The Person-Centered Service Plan

xiii. Document that any modification of the additional conditions, under paragraph (c)(4)(v)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
a) Identify a specific and individualized assessed need.
b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

c) Document less intrusive methods of meeting the need that have been tried but did not work.
d) Include a clear description of the condition that is directly proportionate to the specific assessed need.
e) Include regular collection and review of data to measure the ongoing effectiveness of the modifications.
f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
g) Include informed consent of the individual.
h) Include an assurance that interventions and supports will cause no harm to the individual.

The Person-Centered Service Plan

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i) Include an assurance that interventions and supports will cause no harm to the individual.

Issues Related to the Home and Community-Based Waiver and Positive Behavior Support

Stewart M. Shear, Ph.D.
National Director of I/DD Services
Devereux Foundation

IPBS Presentation
San Diego California
2018

Questions/Concerns

CMS Home and Community Waiver Requirements for Adults with Intellectual and/or Developmental Disabilities (I/DD)

Individual Rights
- Free from Coercion and Restraints
  - Less restrictive interventions implemented first
  - Documented results
- Individual Choice — bedtimes, roommates, food
- Optimizing Autonomy — control of schedules, activities, visitors, privacy
- Community Participation — peer activities, relationships
- Person Centered focus — active participation.
CMS and Provider Responsibilities

How do providers meet the requirements of having the individuals free from coercion and restraint and effectively manage the individual’s challenging behaviors?

- Individual approach – FBA/PBSP
  - Concerns that multiple individualized plans may be difficult to implement with sufficient integrity
  - Specific training and documenting of each plan over time – data reliability
  - Tendency to become reactive to the challenging behavior over time

- A 3 Tiered approach – PBIS
  - A proactive, preventive framework to reduce significant challenging behaviors

Devereux-Positive Behavior Interventions and Supports (D-PBIS)

- The goal is to create long-lasting change and improve quality of life
- The objective is to understand the reasons for an individual’s problem behavior and determine what supports are needed so that his or her quality of life can be realized

- D-PBIS is a systems-approach to improve programs and outcomes for all individuals
  - A strong emphasis on skill teaching socially acceptable behaviors

D-PBIS Proactive Strategies

**Active Engagement**
- Active Participation
- Engaging in activities

**System Self-management**
- Individuals monitor positive behaviors
- Evaluation and celebrations for success

**Self-Determination**
- Home meetings, choice, decision making, problem solving
- Acknowledgements for both individuals and staff
- Celebrations for success

**Teaching Matrix**
- Socially acceptable behaviors in identified settings

**Lesson Plans**
- Acquisition and Performance instruction using scripts to teach positive social behaviors using errorless learning

**Coaching**
- Direct Observations, data collection, performance feedback

D-PBIS Reactive Strategies

**Defined Socially Unacceptable Behavior**
- Minor or Major Behaviors
- Level of Safety

**Teach or Protect**
- Evaluation of support needed to keep the individual safe

**Minor Behavior**
- Corrective Instruction
- Lesson plans to correct behavior and teach the appropriate social behavior

**Major Behavior**
- De-escalation
- S&PA Corrective Instruction
- Integrate back to activity

Training Sequence for Effective Teaching

- **Pre-service:** Introduction to D-PBIS
- **On-line training modules – post test:**
  - Group training: demonstration and practice, with performance feedback
  - Live in-home training – demonstration and modeling for staff
  - Coaching: direct observation of staff, data collection, performance feedback, data analysis

- Booster sessions:
  - Based on observation data
  - Be more targeted topics at staff meetings or in an individual session
**Data Collection for Integrity, Sustainability and Decision-Making**

**Program Integrity**
- Materials
- Interaction
- Engagement
- Teaching integrity (staff)
- Coaching integrity
- System Wide Evaluation Tool (SET)

**Outcomes**
- Physical interventions
- Major behavior incidents
- Challenging behaviors
- Skill development
- Staff retention
- Workers compensation
- Quality of Life

**Proposed Expectations**

**D-PBIS I/DD Analysis**

**Decreases In**
- Physical interventions
- Major behavior incidents
- Challenging behavior
- Workers compensation
- Staff retention
- Quality of Life

**Increases In**
- Engagement rates
- Skill development
- Staff/individual satisfaction

**D-PBIS Integrity 2014-2017**

**D-PBIS Outcomes 2014-2017**

**D-PBIS I/DD Satisfaction 2014-2017**

**D-PBIS I/DD - What we are learning**

- The D-PBIS I/DD model is robust and can be tailored to a range of individual abilities
- Satisfaction of D-PBIS from both the individuals and staff has been high
- Training must include coaching/modeling for staff to learn effectively
- Performance feedback delivered with integrity is valued by staff learning
- Teaching individuals using errorless learning is very effective
- Implementation of D-PBIS is a team effort
- Sustainability of D-PBIS is ************
Questions

Promoting Positive Behavior Support For Adults With Intellectual And Developmental Disabilities

Denny Reid, Ph.D., BCBA-D

Key Issues For Promoting PBS For Adults With IDD
- Focus of adult services (vs. child services)
- Meaningful vs. nonmeaningful days
- Key staff skills
- Key supervisor skills
- Promoting daily enjoyment

Services for Adults versus Children
- Similarities
  - Desire for quality
  - Importance of evidence-based approach
- Differences
  - Focus on here and now vs. future
    - Increased emphasis on life enjoyment and individual preferences
  - Staff resources

Meaningful Days Require:
- Meaningful context
- Effective teaching services
  - (keep in mind reduced staffing)

General Continuum of Meaningful Activities for Adults with Disabilities
- DAY SUPPORT PROGRAMS & SETTINGS
  - Usually Most Functional
    - Working in a real job
    - Working in a supported job
    - Individual job placement
    - Work crews, enclaves, agency-based job
    - Sheltered, contract work
    - Individual table-top activities in a congregate setting
  - Usually Least Functional
### Key Staff Skills for Providing Quality Adult Services
- Naturalistic Teaching
- Identifying Preferences
- Group Interaction

### Key Supervisor Skills (and Performance Expectations)
- Evidence-based training
- Systematic and acceptable monitoring of staff work performance
- Provision of feedback
- Motivating staff (proficient work with enjoyment)

### Why Focus on Happiness?
- Pursuit of happiness is a fundamental right
- Happiness a primary concern of family members
- Reductions in problem behavior
- Special concern for adults

### Evidence-Based Protocol to Promote Happiness
- Identify indices of happiness/unhappiness
- Validate identified indices
- Act to increase situations accompanied by happiness indices (using evidence-based strategies)
- Act to decrease situations accompanied by unhappiness indices (evidence-based strategies)
- Monitor and evaluate routinely

### Issues Related to the Home and Community-Based Waiver and Positive Behavior Support
 Missouri System Level Program and Policy Efforts for Positive, Person Centered Services
APBS, March 2018

**MO DD Tiered Supports**
- State-wide Coordinator
- Regional Resource Teams
- Organization-wide Model
- Unit of Implementation = Agency
- System of Recognition - implementation - Trainings designed for Implementation phases - Agency systems & support evaluation tools (ASSET) - Incident reports - Organization-wide Improvement data, e.g. Positive-Negative Interaction ratios
- Agency team – designs & implements Universal Strategies including Staff Interactions skills (Tools of Choice), teaching & recognizing Life Values

**Mo School-wide Model**
- State-wide Coordinator
- Regional Consultants
- School-wide teams
- Unit of Implementation = School Building
- System of Recognition (Bronze, Silver Gold)
- Training designed for implementation phases - School systems & supports evaluation tool (SET) - Office referrals - School-wide Improvement Data - School Team designs implementation of school-wide Tier 1 and 2 strategies - Systems Data Practice
Restrictive Interventions Control Strategies

Regional Behavior Review Committees
- Open to any, invite from red
- Review ISP or RSP
- Support team including behavioral professional included
- Consultation by committee for alternative strategies

Restrictive Interventions Special Review Process
- Time out prior to use
- Trippled Procedures
- Discussed E.g. mechanical restraints
- Assess what is happening & need
- Review with Regional Committee
- Consultation for alternative less restrictive strategies
- Review again

HCBS role in achieving system change and improved quality of life

Pros
- Authority
- Contingencies at federal level-$
- Required be collected across state DD system

Cons
- Some impediment from excess process and one size fits all rules
- Inability to fund intensive treatment models?

Panel Discussion Questions

How are states documenting person-centered PBS planning including issues related to restrictive practices? And how do you see PBS contributing to this effort from a practical perspective?

How are evidence-based training methods included in systems change strategies used to teach others (staff, family, community members) key skills? For example new social and communication skills?

How are PBS implementers making sure all interventions are linked to improving the unique quality of life issues important for each person?

What do you see as the key challenges to achieving what we have discussed today and what are the solutions?
Next Steps

• Use the conversation today to write a white paper on this topic
• Refine major messages to capture helpful strategies for organizations and state professionals
• Share what is working and how to get started implementing PBS
• Let us know if you are interested in participating in this white paper