



**DDS**

Connecticut Statewide  
Transition Plan for Alignment  
with the Home and Community  
Based Services (HCBS) Final  
Regulation's Settings  
Requirements - Amendment

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**June 2018**

# Connecticut Statewide Transition Plan for Alignment with the Home and Community Based Services (HCBS) Final Regulation’s Settings Requirements - Amendment

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## Introduction

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for home and community-based services (HCBS) that requires states to review and evaluate home and community based (HCB) settings, including residential and non-residential settings. Connecticut developed a Statewide Transition Plan (STP), *Connecticut Statewide Transition Plan for Alignment with the Home and Community Based Services (HCBS) Final Regulation's Settings Requirements*, to determine compliance with the HCB settings requirements. The STP has been updated several times to respond to CMS issues. The STP can be found at:

<http://www.ct.gov/dss/cwp/view.asp?O=548634&A=4125>.

In correspondence dated October 21, 2016, CMS granted initial approval of the STP. However, CMS noted additional issues that need to be addressed before final approval can be granted. This amendment addresses the outstanding issues identified by CMS. It is important to note that this amendment does not replace the STP. Instead it is a supplement to and builds on the STP and demonstrates the evolution of the State's activities to determine compliance with all applicable federal requirements. The amendment should be viewed along with the STP to provide the comprehensive picture of Connecticut compliance activities. The amendment is posted on the website at: <https://www.jud.ct.gov/lawjournal/>. The STP (and any amendments) is a living document that will continue to be updated as activities are completed and issues are identified.

As a recap, the following provider settings, per department, will be assessed as part of the STP. It is important to note that this information is included in the STP by waiver. In some instances, provider settings for Department of Developmental Service (DDS) are the same as those for DSS. Therefore these settings are assessed only once and are included under Department of Social Services (DSS). Details can be found in the STP on pages 31-34.

### Department of Social Services (DSS)

- Assisted Living
- Adult Family Living
- Adult Day Health
- Residential Care Homes
- Prevocational Services
- Supported Employment
- Group Day

### Department of Developmental Service (DDS)

- Residential Habilitation: Community Living Arrangements
- Residential Habilitation: Community Companion Homes
- Continuous Residential Supports
- Prevocational Services
- Group Supported Employment
- Group Day Support Options

## Site Visits

### *A. Outcomes for Each Provider Setting and Significant Differences Between Previous Assessment and Current Assessment Activities*

As noted in the STP, prior to implementation of the HCBS final rule, the State began a systemic review of HCB settings. Settings are also assessed as part of the quality review process. The following describes the outcome of each provider setting review and any significant difference between the previous assessment and current assessment activities. In the event there are no significant differences or an earlier assessment was not performed, NA is noted.

#### 1. DSS

##### a) Assisted Living

(1) Outcomes- Community Options (DSS) staff conducted a telephone survey of 48 Assisted Living settings from July 1 through September 13, 2016. Of that number, 18 are State Congregate and HUD settings, 4 are Demonstration Pilot settings and 26 are Private Assisted Living settings.

This survey consisted of 9 yes/no questions and 3 open-ended questions for additional detail and context. All (100%) settings were surveyed with (96%) including feedback from 2 DSS home and community-based waiver participants residing in the setting. The remainder (4%) included feedback from at least 1 waiver participant residing in the setting..

The following are reasons why only one DSS client participated at any given site:

- Only 1 DSS waiver participant in residence.
- Only 1 resident agreed to participate.
- Alzheimer's, dementia or other condition prevented survey participation.
- Contacted family members asked the client not participate.
- No participant response was provided despite additional calls and messages.

Just under half (47%) of all participants surveyed felt their residence is located near private homes and retail businesses and has access to the surrounding community. DSS' Community Options will focus on this component of community integration through future surveys and site visits , (reference page 26, section E (1a, 1b) and work directly with Assisted Living sites to address participant feedback. The remaining survey questions were responded to at rates approaching 90% favorability.

Overall, 82% of residents interviewed at all three types of ALSA settings (State Congregate and HUD settings, Demonstration Pilot settings and Private Assisted Living settings) were generally positive in their assessment of life quality in each of the 3 types of assisted living settings. Although follow-up questions showed a high degree of satisfaction with their respective sites and activities, DSS' Community Options will follow-up in this area, (reference page 26, section E (1a, 1b). Participant responses also elicited comments confirming that often, individual choice was primary reason for wanting (or not wanting) to join each/all activities available. There were no negative comments from participants regarding activities, quality/availability of food, or treatment received by staff or other residents.

(2) Significant Difference- Not Applicable as there was no previous assessment data available.

b) Adult Family Living

(1) Outcomes – No additional assessment activities have been done beyond the ongoing reassessment process by care managers who evaluate the clients in the setting in which they reside.

(2) Significant Difference- NA. There was no previous assessment data available. The vast majority of Adult Family Living services are provided by family members of the waiver participant.

c) Adult Day Health

(1) Outcomes- A total of five Adult Day programs were referred for CMS Heightened Scrutiny review. All 5 were found to comply with the settings rule and stand as examples of promoting participant choice, community integration, respect for privacy, activities and staff involvement.

(2) Significant Difference- Based on our previous assessments, surveys and care manager feedback, the Department is confident that all Adult Day Programs comply with the settings requirements.

d) Residential Care Homes

(1) Outcomes- The state recognizes the need for statutory changes to bring the statutes in line with the settings requirements. A cross agency workgroup that includes providers as well as the licensing entity continue to meet to draft new statutory language around the “discharge process.” The state also recognizes that most Residential Care Homes do not have leases or other types of similar arrangements with their residents. The interagency workgroup will develop a lease-like template for the providers to utilize if they wish to be qualified as a setting for HCBS. This includes a reevaluation of the rate structure that currently is paid by the participants and state supplement. The goal would be

to separate out the service component from the room and board for billing and claiming purposes (note that payment for room and board is prohibited for HCBS). Specific program regulations as modeled by the regulations for the brain injury program would specify the requirements the providers would need to meet in order to comply with settings requirements and expected to be in place by 12/31/2020. .

(2) Significant Difference- Once statutory and regulatory changes are completed Community Options Clinical staff will visit each residential care home providing services to current waiver participants. Each will be reevaluated using the same tool previously used, thereby ensuring a consistent approach and will include interviews of both providers and residents. The department will be convening a workgroup of approximately six Residential Care Home owners comprised of a mix of for-profit and non-for-profit homes. The goals for the group will be to develop best practices of compliance for each setting requirements within the same timeframe for RCH regulation changes as mentioned above in Section A1, d. above; 12/31/2020. .

e) ABI Provider Owned and Controlled Homes

(1) Outcomes- Community Options (DSS) staff completed on-site surveys of 23 settings owned and operated by 8 providers in 2015 and 2016. In addition to asking standardized questions asked of all participating providers of HCB services, focus was placed on elements of community access and integration. Staff also interviewed waiver participants as part of this assessment process. Outcomes confirmed 2014 survey results indicating that overall, homes were being operated in a manner consistent with HCB setting requirements.

(2) Significant Difference- Overall, the 2014 survey reported that these homes were being operated in a manner consistent with the HCB setting requirements despite variances in provider and participant responses. Four specific areas;

- availability/opportunity of paid work in the community,
- work in an integrated setting,
- staff access to participant bedrooms (keys), and
- accessible public transportation

were not identified as factors constituting provider non-compliance, yet merit follow-up and possible remediation. For example, in regards to work and work settings, Community Options (DSS) staff surveys found that high participant desire to work and be part of an integrated work setting was at odds with local economies where job opportunities continue to be scarce in many areas and employer commitment to an integrated setting was insufficient for placement. In respect to staff access and participant privacy, on-site survey interviews with providers noted that (one observation) better documentation of why staff may need access to a participant's bedroom as a matter of health and safety might

explain a resident's concern regarding his/her privacy. Community Options (DSS) staff intend to follow-up in this areas as well. And lastly, it was not always clear if alternative modes of public transportation such as municipal shuttles or even options such as Uber/Lyft are being fully examined by providers as well as to what extent residents will/can utilize these services. This is another area for follow-up in the year(s) ahead.

Community Options (DSS) staff determined that all of the providers met basic criteria of the CMS settings requirements (with the notable exception of having a rental/lease agreement that includes language on tenant rights and eviction protections which is being addressed as noted above page 5) based on responses to survey questions and through witnessing first-hand the interactions of setting staff and clients. Community Options (DSS) staff will work with providers in 2018 and beyond (Milestones attached) to clarify and strengthen for setting staff and clients 3 areas to better ensure and enhance service delivery. These are:

- Are residents able to come and go from the home when they want to?
- Can residents lock the bathroom/bedroom door(s)?
- Are residents aware that surveillance cameras are present at the home, know their location and agree to their use?

Each of these concerns will be components of upcoming remediation activities for this and other HCBS settings and services.

(3) None of the ABI provider settings meet the criteria for Heightened Scrutiny.

f) Prevocational Services

(1) Outcomes- According to a 2014 survey conducted by Mercer, prevocational providers were operating services in a manner consistent with the HCB settings requirements despite variances in provider and participant responses. Community Options (DSS) staff completed on-site reviews of 25 providers in 2015/2016 and conducted selected follow-up visits in 2017. The same overall conclusion was reached; that providers are operating in accordance with HCB setting requirements.

There are no providers or sites meeting Heightened Scrutiny criteria.

(2) Significant Difference- The previous Mercer survey (noted above) focused on feedback from DSS Social Workers and indicated that the prevocational settings were in compliance with HCB settings requirements. Through follow-up site surveys, Community Options (DSS) confirmed these findings, as well as identifying three specific areas for enhanced focus and follow-up.

- Integrated settings for instruction and learning,
- Participation in meaningful community events or non-work activities, and
- Familiarity with and use of public or other transportation options.

These areas are targeted as components for upcoming remediation activities for this and other HCBS settings and services.

g) Supported Employment

- (1) Outcomes- Community Options (DSS) staff completed on-site surveys of 15 providers in 2016. In addition to provider staff, direct feedback from Waiver participants was encouraged and included whenever possible.

Providers were asked 17 questions to determine how prepared participants were for employment, levels of program support, employment integration with the larger community and overall contribution to the participant's employment goals and future employability. Outcome data found 94% of all provider responses indicated full compliance with settings requirements..

Participant Feedback was received via a short (5-question) survey designed to avoid yes/no responses and elicit a broader measure of satisfaction with the program. Of the 19 participants across all providers who responded, Community Options was able to establish that:

- \* 19 participants responded very positively to the program and are satisfied with the opportunity to prepare for work and integrate into the community,
- \* 19 participants liked other community activities associated with the program,
- \* 11 participants expressed feelings of increased self-worth and value due to work and working with others,
- \* 6 participants would like more hours and higher pay.

Among the many responses received, the two below perhaps best encapsulate the overall tone of the participants:

- \* *My coach helps me. My co-workers say they miss me when I miss work. My coach says that the work environment is better because I'm nice to the co-workers. They like my personality. My coach taught me to ignore employees that are frustrated or upset, and not to let them upset me. My coach has changed my life tremendously.*
- \* *There should be more programs like this. I know more people with head problems who have been lost in the system. They should get the word out more about this program.*

- (2) Significant Difference- Community Options (DSS) was able to confirm findings of the 2014 survey and overall compliance with HCB settings requirements. In the most recent 2015-2016 site surveys, 14 providers were found fully compliant. single provider was found noncompliant in how

services are delivered, but can be compliant when services are delivered on more of a one-to-one basis. Each of these areas are targeted as components for upcoming remediation activities for this and other HCBS settings and services.

h) Group Day

- (1) Outcomes- DSS Community Options initiated an ABI Group Day workgroup in early 2017. Meetings were held throughout 2017 with several providers implementing this service. Outcomes are currently unavailable or not conclusive as a number of challenges affect participation in this service identified anecdotally as client, client family, COP, or and advocate perceptions of this service. DSS has been diligent throughout the period to pursue development. In 2018 more robust field activity such as follow-up setting surveys and client satisfaction surveys are anticipated with all involved (providers, participants, DSS staff, Care Managers, etc.), parties to more fully implement a service that is understood and attended to a much greater degree.
- (2) Significant Difference- DSS will be developing and making available data from participating service providers and programs as it becomes available. This data will constitute a baseline for on-going activities, monitoring and tracking.

2. DDS

a) Residential Habilitation: Community Living Arrangements

- (1) Outcomes-The Quality Service Review (QSR) tool is a cornerstone of the DDS Quality System and is used extensively to measure our Waiver performance for both ongoing QA initiatives, as well as HCBS Waiver evidence reporting. The QSR is a robust tool with over 200 potential indicators to be rated. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 9 Individual (Consumer) Interview, 6 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. Between 10/1/2014 and 9/30/2017 there were 1,346 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 360 Community Living Arrangement Settings. 326 of the 360 reviewed settings were 100% compliant. DDS continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Overall

Performance across all 24 rated indicators for CLAs was 93%, indicating very strong comportment with the Settings Rule across all CLAs, with a large number requiring minor modifications to fully comply. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference - NA

b) Residential Habilitation: Community Companion Homes (CCH)

- (1) Outcomes - Between 10/1/2014 and 9/30/2017 there were 121 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 63 Community Companion Home Settings. 63 of the 63 reviewed settings were 100% compliant. DDS continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Although performance was very high in this setting type, DDS has recognized the need to increase frequency and number of assessments in these settings to gain a comprehensive picture of overall quality. The settings are typically a licensed family home where the individual(s) reside as a member of the family/community, often referred to as Host Homes or Mentor Homes in other states, and have traditionally not received a large number of site visits by QSI staff, instead relying on Provider technical assistance staff and Regional CCH support staff, and clinical staff to provide oversight and identify any concerns in relation to individual rights and choice. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference - NA

c) Continuous Residential Supports

- (1) Outcomes - Between 10/1/2014 and 9/30/2017 there were 7,429 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 275 Community Residential Supports (CRS) Settings. 96 of the 275 reviewed settings were 100% compliant. DDS

continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Overall Performance across all 24 rated indicators for CRSs was 94%, indicating very strong comportment with the Settings Rule across all CRSs, with a large number requiring minor modifications to fully comply. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference - NA

d) Prevocational Services

(1) Outcomes - Between 10/1/2014 and 9/30/2017 there were 249 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 20 Prevocational Day (PVD) Settings. 19 of the 20 reviewed settings were 100% compliant. DDS continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Overall Performance across all 24 rated indicators for PVD was 90%, indicating that although there is very strong comportment with the Settings Rule across almost all PVD settings, one setting with poor performance was able to skew the data due to the small size of the provider pool. DDS is working with the provider to improve comportment to 100%. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference – NA

e) Group Supported Employment

(1) Outcomes - Between 10/1/2014 and 9/30/2017 there were 2,571 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 106 Group Supported Employment (GSE) Settings. 49 of the 106 reviewed settings were 100% compliant. DDS continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Overall Performance across all 24 rated

indicators for GSE was 91%, indicating very strong comportment with the Settings Rule across all GSEs, with a large number requiring minor modifications to fully comply. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference – NA

f) Group Day Support Options

(1) Outcomes - Between 10/1/2014 and 9/30/2017 there were 3,504 on-site Quality QSR reviews conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at 215 Day Support Options (DSO) Settings. 49 of the 215 reviewed settings were 100% compliant. DDS continues to engage with providers identified as noncompliant via the quality review and oversight process including the use of Corrective Action Plans in the QSR system where necessary. Overall Performance across all 24 rated indicators for DSO was 92%, indicating very strong comportment with the Settings Rule across all DSOs, with a large number requiring minor modifications to fully comply. DDS reviewed the 24 rated indicators and the primary observation was a small number of non-compliance in two areas. DDS has identified two specific areas related to documentation; the first is related to documentation of the individual participation in their Individual Plan and the second is documentation of programmatic review for required program modifications as approved by the Programmatic Review Committee (PRC).

(2) Significant Difference – NA

**B. Adult Day Health – Additional information regarding HCBS unit staff**

- a) Verify whether the HCBS unit staff in-person surveys were completed in July 2016.
- b) Include the participant comments in the STP.
- c) Reaffirm the accuracy of DDS' original conclusion that all ADH setting are in full compliance with the federal HCBS rule or provide an update that settings that were determined not to be in full compliance.

**C. Residential Care Homes – State process for addressing areas where there are Discrepancies between Initial Provider Survey Responses and the State's Original Analysis Conducted**

The state recognizes the need for statutory changes to bring in line with the settings requirements. A cross agency workgroup that includes providers as well as the licensing entity continues to meet with intent to draft new statutory language around the “discharge process.” The state also recognizes that most Residential Care Homes do not have residential leases or other similar arrangements with their residents. The interagency workgroup will develop a lease like template for the providers to utilize if they wish to be qualified as a setting for home and community based services. This includes a reevaluation of the rate structure that currently is paid by the participants and state supplement. The goal would be to separate out the service component from the room and board for billing and claiming purposes. Due to number of stakeholders and various state agency mandates, this layered effort (with wide implications for all parties involved) involved, anticipates a viable template by July 2019. This includes a reevaluation of the rate structure that currently is paid by the participants and state supplement. The goal would be to separate out the service component from the room and board component for billing and claiming purposes. Specific program regulations as modeled after those of the brain injury program (ABI) would specify the requirements providers would need to meet to comply with settings requirements.

Description of site visits for each setting that will receive or has received a review

#### 1. DSS

- a) Assisted Living- DSS Community Options staff conducted a telephone survey of 48 Assisted Living settings from July-September 2016. Of that number, 18 are State Congregate and HUD settings, 4 are Demonstration Pilot settings and 26 are Private Assisted Living settings. All 48 locations were advised by email in June 2016 of the survey and requested 2 DSS home-based waiver participants to respond to 9 questions eliciting feedback on community integration, privacy, choices, and activities. An additional 3 follow-up questions were offered to these same participants to elicit a more personal response to their overall satisfaction in that setting. Hard-copy response data was submitted and entered onto a survey spreadsheet and processed to determine compliance and areas for follow-up remediation.

Due to on-going staffing and resource limitations, Community Options has determined that continued use of targeted telephone surveys is the most effective method of follow-up and monitoring. Assisted Living staff will engage all 48 locations again in 2019.

- b) Adult Family Living-NA
- c) Adult Day Health-NA
- d) Residential Care Homes- DSS Community Options staff conducted field surveys of 43 Residential Care Homes in 2015/2016. Introductory letters were sent out ahead of the field survey teams that requested participation from both setting staff and residents. Two-person survey teams composed of Community Nurse

Coordinators and Licensed Certified Clinical Social Workers were utilized to complete this requirement. In addition to gathering feedback from RCH staff, there was also built-in opportunity for residents to be interviewed for valuable person-centered feedback. The survey was composed of 30 questions covering resident choice, community access, living space, staff interaction and privacy, and satisfaction with services. Hard-copy response data was submitted and entered onto a survey spreadsheet and processed to determine compliance and areas for follow-up remediation.

- e) Prevocational Services-DSS Community Options' staff completed on-site surveys of 25 existing providers in 2015/2016 and conducted selected follow-up visits in 2017. DSS staff conducted site visits unannounced. Site survey teams were conducted by a cross-section of DSS Community Options staff to include Social Workers, Licensed Clinical Social Workers, and Community Options Managers. Participants input and feedback was sought at every setting and documented whenever volunteers were available. There were no providers or settings requiring Heightened Scrutiny evaluation.
- f) Supported Employment- DSS Community Options' staff completed on-site surveys of 15 providers in 2016. Each provider was contacted at least a week in advance and asked (if possible) to have a program participant available to answer 5 additional questions. Two-person survey teams were composed of the following staff; Social Workers, Licensed Clinical Social Workers and Managers, all from Community Options. Participants input and feedback was sought at every setting and documented whenever volunteers were available. There were no providers or sites requiring Heightened Scrutiny evaluation.
- g) Group Day-Community Options (DSS) staff plans to conduct site surveys of active ABI Group Day activities throughout the last quarter of 2018. The format, content and follow-up will be similar to those conducted for other HCBS programs/waivers; field surveys comprised of multiple questions directly related to settings requirements and with participant feedback whenever possible.

## 2. DDS

- a) Residential Habilitation: Community Living Arrangements– In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all CLA providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4

Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program. In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all CCH providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the state has an ongoing method to assess comportment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

(b) Residential Habilitation: Community Companion Homes – In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all CCH providers. Following feedback and technical assistance from CMS, DDS committed to utilizing

the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the state has an ongoing method to assess comportment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

(c) Continuous Residential Supports– In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all CRS providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in

providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the state has an ongoing method to assess comporment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

(d) Prevocational Services – In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all Prevocational providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the state has an ongoing method to assess comporment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

(e) Group Supported Employment– In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all GSE providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and

Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the state has an ongoing method to assess comportment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

(f) Group Day Support Options– In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all DSO providers. Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance. The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services. Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including 2 Observation, 9 Individual (Consumer) Interview, 4 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided. QSI staff are professional staff who have primary responsibility for the required quality assurance and improvement activities of facilities, programs and agencies for compliance with state and federal laws, regulations, policies, standards for licensure and participation in Medicaid Waiver programs for persons with developmental disabilities. Case Management staff are professional staff accountable for independently performing a full range of tasks in providing case management services for persons with intellectual disability and their families to ensure the delivery of appropriate medical, educational/vocational, social, residential and other services and conformance with Federal Medicaid Waiver Reimbursement Program regulations. By choosing to utilize the primary tool used to monitor and track performance for our Waiver Assurances, DDS has ensured that the

state has an ongoing method to assess comporment into the foreseeable future. DDS has identified the need to ensure each setting is evaluated on an ongoing basis at regular intervals, and believes this is the most effective and efficient method to do so.

## **Participant Surveys**

### **D. *Staff Conducting Site Visits and Staff Training***

#### **1. DSS**

- a) Assisted Living- Settings surveys were conducted by a Health Program Associate staff who worked directly with these locations and staff for over 15 years. Survey data was collected and processed by an Operations Manager. Training and orientation meetings were held prior and included an overview of settings criteria and practice surveys to anticipate vague or incomplete responses and how to successfully ask probing questions for clarity. Also included in this training was discussion and practice on how to distill extended or complicated responses for entries onto a survey spreadsheet.
- b) Adult Family Living-NA
- c) Adult Day Health-NA
- d) Residential Care Homes-Settings surveys were conducted by 6, 2-member teams of Community Health Nurses all with years of experience managing waiver referrals, Level of Care activities, and providing ‘just in time ‘training as needed. Training and orientation meetings were held prior and included an overview of settings criteria and practice surveys to anticipate vague or incomplete responses and how to successfully ask probing questions for clarity. Also included in this training was discussion and practice on how to distill extended or complicated responses for entries onto a survey spreadsheet. In addition to getting responses to 30 questions, teams were asked to make notes or observations that may impact quality of care or non-compliance with the HCBS settings requirements not captured by the survey.
- e) Prevocational Services-Settings surveys were conducted by members of the Community Options unit and included; Licensed Clinical Social Workers, Social Workers, Program Managers, Operations Managers. Training and orientation meetings were held prior to sending survey teams out. An overview of HCBS settings requirements was provided as background. Training and orientation meetings were held prior and included an overview of settings criteria and practice surveys to anticipate vague or incomplete responses and how to successfully ask probing questions for clarity. Also included in this training was discussion and practice on how to distill extended or complicated responses for entries onto a survey spreadsheet. In addition to getting responses to 30 questions, teams were asked to make notes or observations that may impact quality of care or non-compliance with the HCBS settings requirements not captured by the survey.

- f) Supported Employment- Settings surveys were conducted by members of the Community Options unit and included; Licensed Clinical Social Workers, Social Workers, Program Managers, Operations Managers. Training and orientation meetings were held prior to sending survey teams out. Training and orientation meetings were held prior and included an overview of settings criteria and practice surveys to anticipate vague or incomplete responses and how to successfully ask probing questions for clarity. Also included in this training was discussion and practice on how to distill extended or complicated responses for entries onto a survey spreadsheet. In addition to logging responses to 17 questions, teams were asked to make notes or observations that may impact quality of care or non-compliance with the HCBS settings requirements not captured by the survey.
- g) Group Day- Settings surveys will be conducted by members of the Community Options unit and included; Licensed Clinical Social Workers, Social Workers, Program Managers, and Community Options Managers. Training and orientation meetings will be conducted prior and include an overview of settings criteria and practice surveys to anticipate vague or incomplete responses and how to successfully ask probing questions for clarity. Also to be included in this training will be discussion and practice on methods to distill extended or complicated responses for entries onto a survey spreadsheet. In addition to logging responses, teams will be expected to document observations that may impact quality of care or non-compliance with the HCBS settings requirements not captured by the survey.

## 2. DDS

- a) Residential Habilitation: Community Living Arrangements– Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision meetings, and ongoing education and outreach is available as needed and for new staff.
- b) Residential Habilitation: Community Companion Homes – Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual)

Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision meetings, and ongoing education and outreach is available as needed and for new staff.

- c) Continuous Residential Supports– Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision meetings, and ongoing education and outreach is available as needed and for new staff.
- d) Prevocational Services– Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision

meetings, and ongoing education and outreach is available as needed and for new staff.

- e) Group Supported Employment– Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision meetings, and ongoing education and outreach is available as needed and for new staff.
- f) Group Day Support Options– Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews. The QSR tool is administered by both Quality and Systems Improvement staff and Case Management staff. These staffing classes were represented on the DDS Settings Rule Workgroup by leads that were tasked with sharing information and educating their coworkers about the Settings Rule. DDS provided access to distance learning opportunities and created a section of the website where information regarding the Settings Rule can be accessed by both internal and external users. Regular communication tools including newsletters and Executive Briefs are used to share information and educate staff about the Settings Rule. Staff were trained in Regional Supervision meetings, and ongoing education and outreach is available as needed and for new staff.

## **Compliance Assessment**

### ***A. Facility-Based Respite Care (page 5 of STP)***

DSS clarifies that facility-based respite is excluded from assessment since this services is a time limited service capped at 30 days and therefore does not require an assessment of the settings in which it is provided. It is not the institutional nature of the setting that excludes the settings from site-specific assessment; it is the nature of time-limited respite service.

## **B. Clarification of Compliance Levels Across Settings Categories**

The following is the final estimated number of settings that are in each of the CMS compliance categories:

### 1. DSS

#### a. Assisted Living

- Fully comply: 48
- Do not comply but could with modifications: 0
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

#### b. Adult Family Living-None

- Fully comply: 19
- Do not comply but could with modifications: 0
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

#### c. Adult Day Health-Fully comply: 52

- Do not comply but could with modifications: 0
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 5

#### d. Residential Care Homes

- Fully comply: 0
- Do not comply but could with modifications: 43
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

#### e. Prevocational Services

- Fully comply: 4
- Do not comply but could with modifications: 18 (other settings no longer offer this service to ABI participants).
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

#### f. Supported Employment

- Fully comply: 8
- Do not comply but could with modifications: 7
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

g. Group Day- None

- Fully comply: 0
- Do not comply but could with modifications: 0
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

2. DDS

a. Residential Habilitation: Community Living Arrangements

- Fully comply: 326
- Do not comply but could with modifications: 558
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny:

b. Residential Habilitation: Community Companion Homes

- Fully comply: 63
- Do not comply but could with modifications: 265
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

c. Continuous Residential Supports

- Fully comply: 96
- Do not comply but could with modifications: 205
- Cannot comply: 0
- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

d. Prevocational Services

- Fully comply: 10
- Do not comply but could with modifications: 7
- Cannot comply: 0

- Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0
- e. Group Supported Employment
- Fully comply: 49
  - Do not comply but could with modifications: 91
  - Cannot comply: 0
  - Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0
- f. Group Day Support Options
- Fully comply: 113
  - Do not comply but could with modifications: 291
  - Cannot comply: 0
  - Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 0

## Site-Specific Remedial Actions

**A. Approach for Addressing Discrepancies Between Provider Self-Assessment and Participant Experience Survey-Community Options-** DSS reached out directly to providers in 2015-16 via setting surveys to address/determine discrepancies reported in the 2014 Participant Experience Survey. Outcomes were noted and as described below, DSS (Community Options) will continue to address these items with providers and with input from residents whenever possible.

- Choice of Residence and/or Choice of Roommate: Providers across waivers noted that some participants express surprise that a greater number of residences or residence settings are not available. Providers also reported that they do work together to determine that if another setting is available, movement/transfer is facilitated. Similarly, the choice of a roommate is always supported but cannot always be made immediately due to space issues, gender, and the first-come-first-served nature of waiver participation. Still, Providers are keenly aware of the importance of pairing individuals with similar interests, habits and waiver needs. When space does become available, options and prior requests are respected to the fullest extent possible. Community Options, through on-going setting surveys will continue to monitor this finding to ensure that participant choice remains a priority, that options are discussed as part of any in-processing for new residents, and requests for change are honored whenever possible.
- Options to have paid work: Participant desire to seek and maintain employment includes a number of options such as prior work history, work shifts available, public or other transportation options for night shifts, and participant understanding

of these variables. Pay and hours also need to be considered. In the 2015-2016 Community Options' survey of ABI Supported Employment fully 33% of those already employed stated more pay and more hours as desirable. Overall, Providers are keenly aware of participant interest in employment and do support any possible configuration of services and supports on behalf of participants. Community Options, through on-going setting surveys will continue to monitor this finding to ensure that options and opportunities for paid work are supported with resident input whenever possible.

- Ensuring resident/participant privacy and who has access to room keys: Community Options will continue to communicate to all providers the importance of participate choice. Through upcoming surveys Community Options will also engage with Provider staff to ensure that Care Plans are updated to reflect any reasons and conditions why room keys may be held by staff.
- Access to a computer, i-pad or similar device and Wi-Fi: Community Options, through on-going setting surveys, will monitor this finding to ensure that participants who own any internet-connecting device can do so. Options, to include reviewing internet access as part of in-processing for new residents will be noted.

**B. *How the State will Determine that DDS Providers have Satisfactorily Addressed all Issues Requiring Remediation (page 36)*** – DDS will continue to utilize the QSR tool to assess comportment with the Settings Rule. The QSR application provides the ability to require Corrective Action Plans. These plans require that the provider agency responsible for providing LTSS in the assessed setting submit a written systemic improvement plan within the QSR application. The plan is reviewed by QSI staff, and may be accepted or referred back to the submitting agency for continued improvement until accepted. The data and analytical reports derived from the QSR application are reviewed with the Provider at the annual Quality Review meeting with DDS, and Providers are required to submit Continuous Quality Improvement Plans for any patterns of poor performance. DDS QSI staff will review provider performance and will immediately identify any issues on non-compliance. Overall performance is very high, with a large number of providers requiring minor modifications to fully comply.

**C. *Confirmation that all DDS Providers will have come into Compliance through the use of the Quality Services Review (QSR) On-site Tool by March 17, 2022.*** DDS has begun a multi-year project to ensure all settings are appropriately assessed and are fully compliant. The QSR tool will help us identify the performance and any issues requiring remediation, however it is the use of the Quality improvement Process which utilizes the QSR system and data that will ensure compliance across the system.

**D. *Additional Efforts State will take to Address Issues of Major Systemic Non-Compliance that were Identified as Areas of Concern During Initial Assessment Activities***

The following are additional measures the State will put in place to address identified issues, per department, per provider type. In the event there are no additional measures, NA is noted.

1. DSS

- a. Assisted Living- Community Options (DSS) will continue to utilize resident satisfaction surveys in addition to other remediation strategies as indicated below.
- (1) Remediation Strategies: Community Options (DSS) will employ a range of activities designed to track key focus areas and improvements as initiated by individual Assisted Living settings. These will include:
- ✓ continued use of mandated Field Audit data
  - ✓ provider site surveys
  - ✓ Access Agency/Care Manager case audit data (where applicable).
- (2) Quality Assurance and Monitoring: A standardized (generic) template has been developed for use across waivers and services that will be completed by providers as assisted by Community Options (DSS) staff. This will form the basis of monitoring (remediation) activities as indicated and shared with providers at regular intervals.
- b. Adult Family Living-NA
- c. Adult Day Health-NA
- d. Residential Care Homes (RCH) - Community Options (DSS) will continue to effect statutory changes needed to ensure eviction protection as articulated in a revised tenant/lease agreement. Working collaboratively, each RCH setting will be better placed to decide to comply with the full range of settings requirements (and receive DSS Medicaid waiver participant referrals) or to continue to operate without a DSS connection. Following analysis of the setting survey data, Community Options (DSS) staff will engage with RCH settings and residents to address responses to 10 of the 21 survey questions included below.
- Q2 Do participants currently have a lease or similar agreement?
  - Q6 Are visitors restricted to specified visiting hours?
  - Q10 Is public transportation available near the home?
  - Q12 Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchair such as ramps, lifts and elevators) for participants who need them?
  - Q14 Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
  - Q15 Do participants have access to a computer, iPad, or similar devices in private at their convenience?
  - Q18 Can participants lock the bathroom/bedroom door(s)?
  - Q21 Do participants have access to a kitchen with cooking facilities?
  - Q22 Can participants choose when to have a meal?
  - Q28 Are there surveillance cameras present at the home?
- e. Additionally, ensure that all residents understand and actively participate in person-centered planning activities. DSS will provide contact information to forward questions, person-centered planning concerns, or service delivery gaps. Continued use of settings visits, participant surveys, and monitoring of HCBS settings requirements compliance. As with other

HCBS program and waivers operated by Community Options (DSS) a number of remediation strategies will be used to ensure continued compliance and address concerns.

- a. Remediation Strategies: Community Options (DSS) will employ a range of activities designed to track key focus areas and improvements as initiated in residential care homes settings. These will include:
  - ✓ In-Person Setting/Participant Surveys
  - ✓ Provider ‘Self-Checks’
  - ✓ telephone satisfaction surveys
  - ✓ Access Agency/Care Manager case audit data (where applicable).
  
- b. Quality Assurance and Monitoring: The four tools bulleted out above will be utilized by Community Options (DSS) staff to conduct Quality Assurance monitoring.
  
  
- f. Prevocational Services-Community Options (DSS) will continue to closely monitor the length of time participants participate in this service with emphasis on the 2-year mark. Workgroups of both providers and staff will be created to ensure that this 1:1 ratio (staff: participant) effectively meets identified goals and objectives that move the participant to Supported Employment. For those who reach the 2 year mark without having worked or have not had sustained success, such workgroups will identify the various reasons why and look to strengthen both Group Day and Supported Employment components.
  - (1) Remediation Strategies: Community Options (DSS) will employ a range of activities designed to track key focus areas and improvements as initiated by ABI Prevocational Services providers. These will include:
    - ✓ In-Person Setting/Participant Surveys
    - ✓ Provider ‘Self-Checks’
    - ✓ telephone satisfaction surveys
    - ✓ Access Agency/Care Manager case audit data (where applicable).
  - (2) Quality Assurance and Monitoring: The four tools bulleted out above will be utilized by Community Options (DSS) staff to conduct Quality Assurance monitoring.
  
  
- g. Supported Employment- Community Options (DSS) will continue to monitor this program to ensure that certain core criteria (community integration, work setting, and services not specifically related to job skills that enable the waiver participant to be successful in integrating into the job setting) are consistently addressed. Continued use of site visits, participant surveys, and monitoring of HCBS settings requirements compliance as indicated below.
  - (1) Remediation Strategies: Community Options (DSS) will employ a range of activities designed to track key focus areas and improvements as initiated by ABI Supported Employment Providers. These will include:
    - ✓ In-Person Setting/Participant Surveys
    - ✓ Provider ‘Self-Checks’
    - ✓ telephone satisfaction surveys

- ✓ Access Agency/Care Manager case audit data (where applicable).
- (2) Quality Assurance and Monitoring: The four tools bulleted out above will be utilized by Community Options (DSS) staff to conduct Quality Assurance monitoring.

h. Group Day- Community Options (DSS) will work closely with these providers through use of site visits, participant surveys, and monitoring of HCBS settings requirements compliance. Remediation strategies and Quality Assurance measures such as:

- ✓ In-Person Setting/Participant Surveys
- ✓ Provider ‘Self-Checks’
- ✓ telephone satisfaction surveys
- ✓ Access Agency/Care Manager case audit data (where applicable).

## 2. DDS

a. Residential Habilitation: Community Living Arrangements – DDS will continue to utilize the on-site Quality Service Reviews including the ability to require and track provider corrective action plans. DDS has developed a set of analytical reports that allow real-time assessment of compliance at a system level, at a specific service type level, and at the provider level. The provider level analytics will be utilized by the Regional Resource management and Quality Improvement staff in the annual Provider Quality Review process. Providers will be given specific performance information allowing them to identify areas in need to improvement and will negotiate any areas requiring inclusion in the Continuous Quality Improvement Plan. In addition to these established methods of assessment, which include Consumer (Individual) Interview, Observation, Documentation, Support Person Interview, and Safety Checklist review, DDS is exploring the use of resident satisfaction surveys being utilized by DSS. Remediation Strategies and Quality Assurance and Monitoring as indicated below.

(1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:

- ✓ continued use of on-site QSR Reviews
- ✓ Case Manager on-site reviews
- ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional

Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement.

b. Residential Habilitation: Community Companion Homes –

(1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:

- ✓ continued use of on-site QSR Reviews
- ✓ Case Manager on-site reviews
- ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement.

c. Continuous Residential Supports

(1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:

- ✓ continued use of on-site QSR Reviews
- ✓ Case Manager on-site reviews
- ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level.

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality

Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement

d. Prevocational Services

- (1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:
- ✓ continued use of on-site QSR Reviews
  - ✓ Case Manager on-site reviews
  - ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level.

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement.

e. Group Supported Employment

- (1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:
- ✓ continued use of on-site QSR Reviews
  - ✓ Case Manager on-site reviews
  - ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level.

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify

system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement.

f. Group Day Support Options

(1) Remediation Strategies: DDS will employ a range of activities designed to track key focus areas and improvements as initiated by individual Community Living Arrangement settings. These will include:

- ✓ continued use of on-site QSR Reviews
- ✓ Case Manager on-site reviews
- ✓ Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level.

(2) Quality Assurance and Monitoring: Business Intelligence/Analytical reports show state agency staff tasked with provider oversight when an issue of non-compliance has been identified. DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance. Standardized reports will be utilized in the annual Provider Quality Review Meeting, and state staff will negotiate inclusion of any relevant improvement strategies into the provider Continuous Quality Improvement Plan. Escalation of issues not remediated in the required timeframe will go directly to Regional Directors, Assistant Regional Directors, Resource Management and Quality and Systems Improvement staff, as well as to the Executive Director of the specific agency. Potential for enhanced monitoring and contractual ramifications exist should providers continue to show a lack of marked improvement.

## Monitoring of Settings

- A. *Individual, Privately-Owned Homes – How the State will Monitor Compliance of this Category with HCB Settings Requirements Over Time-* Community Options (DSS) will conduct setting surveys on an annual basis conducted by cross-discipline teams composed of staff clinicians, social workers and other staff with waiver/program background. Key identified areas will be focused on regardless of discrepancies found in any previous assessments. The new Universal Assessment was implemented across waiver programs

effective 7/1/19. There are 10 questions built into the new assessment instrument that specifically address the settings requirements

- B. ***Clarification Regarding if the DSS workgroup with the Department of Public Health, the Long Term Ombudsman, Connecticut Legal Services, and the RCH or Smaller Workgroups will be Involved in Ongoing RCH Monitoring (pages 39-40 of STP)*** - Community Options (DSS) will continue to actively meet with this work group work for feedback and guidance. Focus will continue to be placed on statutory change and development/use of a lease agreement with tenant protection provisions. Monitoring will be conducted through on-going setting surveys.
- C. ***Explanation of Training on the Settings Requirements State Employees or Personnel within the State's Existing Infrastructure and Assigned to Completing the Ongoing Monitoring of Settings will Receive***-Training for Community Options (DSS) staff will be ongoing. In addition to introducing the settings requirements as regular agenda items for unit meetings (where specific areas will be discussed), training will also be provided across staff disciplines for those going into the field to conduct selected surveys and logging findings. A 'train the trainer' approach is anticipated to familiarize key staff with the Settings Requirements, of similarities across waivers, and alert staff of important distinctions. It is further anticipated that additional staff will be cross-trained and able to conduct surveys, site visits, conduct their own mini-training sessions as needed not solely on the settings requirements, but also directly with providers to strengthen person-centered planning goals and objectives. Training for DDS staff will be ongoing. In addition to inclusion of the settings requirements in regular supervision and supervisor meetings for Quality and Systems Improvement and Case Management staff, online resources and guides will also be available on the DDS website in the Medicaid Waiver/Settings Rule Section. DDS has also made available the TA and informational resources provided by CMS/ACL and other contracted entities to our state agency staff. The rollout of the revised Person Centered Plan base around Charting the Life Course offers additional opportunities for education of state agency staff, as well as a place to dialogue around common issues such as informed consent and freedom of choice, portability and personal control of resources, and other ways to support the best outcomes for individuals supported by DDS.

## **Heightened Scrutiny**

- A. ***State's Process for Identifying Settings that are Presumed to have the Qualities of an Institution Including Clarification if the State has Identified any Settings with the Effect of Isolating***
  - 1. DSS-Based on our assessments, we did not identify any residences that have the effect of isolation individuals from the larger community. DSS did identify certain instances of survey feedback that might be characterized as isolation however follow-up analysis identified such comments as outcomes of personal choice; meaning individuals were made aware of options available and how to participate, but made an informed choice of whether or not to reside in a specific residence or participate in a specific service or activity. DSS has identified 5 Adult

Day Centers and several Residential Care Homes that are located in a building that is also a publicly or privately operated facility that provides institutional care or settings located on the grounds of, or are immediately adjacent to a public institution. Continued surveys and site visits are planned throughout the 2018-2022 to ensure compliance.

2. DDS– Based upon our on-site assessments, we did not identify any settings that:
  - a) have the effect of isolation individuals from the larger community, any survey feedback that might be characterized as isolation that was also identified as a result of personal choice; meaning individuals are aware of options available and how to participate, but have made an informed choice of whether or not to reside in a specific residence or participate in a specific service or activity.
  - b) are located in a building that is also a publicly or privately operated facility that provides institutional care or settings located on the grounds of, or
  - c) are immediately adjacent to a public institution.

**B. *Timeline of Milestones and Specific Dates for Completing Heightened Scrutiny Process.***

1. DSS has submitted to CMS, five Adult Day programs for Heightened Scrutiny Review. In addition, by 12/31/18 we will submit any Residential Care homes that are located in the same building as a nursing facility.
2. DDS- See Milestones chart below, pages 33-38.

## **Communication with Beneficiaries of Options when a Provider will not be Compliant**

**A. *Timeline for when the State will Notify Beneficiaries and Begin the Process to Ensure Transition of all Members by March 2022 and Estimated Number of Beneficiaries that May Need to be Transitioned***

1. DSS- 12/31/2021
2. DDS 12/31/2021

**B. *Details on the Steps the State will take to Communicate with Beneficiaries and Who will be Responsible or Executing each Step of the Process***

1. DSS will identify clients who will be impacted and need to have transition alternatives explained to them. The state will communicate directly with the participants via letter and then the care manager will follow up with an in person visit to discuss options available to the participant. If the person wishes to move to a setting that is compliant, the care manager will be responsible to assist with the transition.

2. DDS will identify clients who will be impacted and need to have transition alternatives explained to them. The state will communicate directly with the participants via letter and then the care manager will follow up with an in person visit to discuss options available to the participant. If the person wishes to move to a setting that is compliant, the care manager will be responsible to assist with the transition.

***C. Description of How the State will Ensure that all Critical Services and Supports are in Place in Advance of Each Individual's Transition***

1. DSS-This will be identified through the person centered planning process with the care manager responsible for having the services in place.
2. DDS-This will be identified through the person centered planning process with the care manager responsible for having the services in place.

## Milestones Chart

The following chart is updated from the STP to note outstanding assessment activities.

Milestone	Description	Proposed End Date	STP Page No.
<b>Systemic Assessment and Remediation</b>			
Completion of systemic assessment <i>[The date when overall completion of the systemic assessment, including review of all rules, regulations, and statutes]</i>	Documented systemic assessment	Completed (11/6/15)	23
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	<b>ABI:</b> Revise the Acquired Brain Injury Waiver Program regulations to reflect the HCB settings requirements.	12/31/16	40, 43
	<b>All waivers:</b> Draft guidance that requires provider owned or controlled residences to ensure residents rights are protected by a lease or comparable legally binding agreement.  <b>All waivers:</b> Create a lease template that can be used by waiver participants living in provider owned or controlled residential settings and meets the requirements of the new CMS HCBS final rule.	12/31/16	51
	<b>All waivers:</b> Dignity of risk policy (risk mitigation). Develop policy that enables informed choice of participant.	6/30/17	50
	DSS expects that by June 30, 2020 all regulations or operating policies will be modified to reflect the HCB settings requirements.  <b>Residential Care Homes:</b> Work with DPH to update regulatory documents for RCHs to assure compliance with the HCB settings requirements  CHCPE and PSA: Revise the Home Care Program for Elders regulations and the	06/30/2020	22, 34, 37, 43, 44

	<p>Personal Care Assistance Services for Adults regulations to reflect the HCB settings requirements.</p> <p><b>Adult Family Living:</b> In addition, by June 30, 2018, DSS will add language to its program regulations to reflect the HCB settings requirements. Moreover, on an ongoing basis, as part of their home visits, care managers (who have been trained on the new rule) will review participants' settings to identify any inconsistencies with the HCB settings requirements.</p> <p><b>Assisted Living:</b> Regulations are already compliant with the settings requirements</p> <p><b>Adult Day Health:</b> Revise Adult Day Center standards. DSS will also revise its own program regulations to reflect the HCB settings requirements. This was accomplished by June 30, 2018.</p>		
<p>Implementation of new rules and regulations: 50% complete  <i>[The date when at least 50% of all rules, regulations, and statutes identified through the assessment will be implemented. Please specify which rules, regulations, and statutes in the description]</i></p>		12/31/2019	
<p>Implementation of new rules and regulations: 100% complete  <i>[The date when all rules, regulations, and statutes (100%) identified through the assessment will be implemented. Please specify which rules, regulations, and statutes in the description]</i></p>	<p>Draft regulations are under development with expected promulgation by June 30, 2020</p>	12/31/2021	34, 40
<b>Site-specific Assessments</b>			
<p>Completion of site-specific assessment  <i>[The date when the overall completion of</i></p>	<p>Conduct interviews of a representative sample of</p>	9/30/16	22-23

<p><i>the site-specific assessment, including review of all settings and the validation of assessment results.]</i></p>	<p>participants of all Assisted Living communities.</p> <p>Complete in person assessments of all Adult Day settings and interview waiver participants to evaluate compliance with the final rule.</p> <p>Conduct site-specific assessments of RCHs.</p> <p>Conduct site-specific assessments of Prevocational Services</p> <p>Conduct site-specific assessments of all ABI Group Day providers.</p> <p>New assessment tool implemented across waiver programs and 1915i has specific settings questions embedded to be asked at each reassessment</p>	<p>07/01/18</p>	
<p>Incorporate results of settings analysis into final version of the STP and release for public comment</p>	<p><b>All waivers:</b> Revise STP based on analysis of survey results, remediation activities, ongoing monitoring, and public comments/feedback.</p>	<p>10/31/2018</p>	<p>36, 44, 50</p>
<p>Submit final STP to CMS</p>		<p>11/30//2018</p>	
<p><b>Site-specific Remediation<sup>1</sup></b></p>			
<p>Completion of residential provider remediation: 25%</p> <p><i>[The date when approximately 25% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i></p>	<p><b>All Settings:</b> Following setting surveys in 2018, Community Options' staff will engage with each RCH to address any necessary remediation.</p>	<p>12/31/2019</p>	
<p>Completion of residential provider remediation: 50%</p> <p><i>[The date when approximately 50% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on</i></p>	<p><b>All Settings:</b> Community Options will continue remediation activities with providers as identified and as necessary.</p>	<p>03/31/2020</p>	

<i>settings in the description.]</i>			
Completion of residential provider remediation: 75% <i>[The date when approximately 75% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	<b>All Settings:</b> Community Options will continue remediation activities with providers as identified and as necessary.	08/30/2020	
Completion of residential provider remediation: 100% <i>[The date when all residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	<b>All Settings:</b> All providers to be advised that this is an on-going process and not simply a one-time objective. Field activities will be built in to ensure that follow-up and check-in activities continue.	12/31/2020	
Completion of nonresidential provider remediation: 25% <i>[The date when approximately 25% of nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	<b>ABI Prevocational Services, ABI Group Day (as applies) Supported Employment:</b> Focus will continue to be placed on key waiver provisions such as ratio of staff to client, 2-year participation, community integration, employment-related skill development.	06/30/2019	
Completion of nonresidential provider remediation: 50% <i>[The date when approximately 50% of nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	<b>ABI Prevocational Services, ABI Group Day (as applies) Supported Employment:</b> <b>All Settings:</b> Community Options will continue remediation activities with providers as identified and as necessary.	03/31/2020	
Completion of nonresidential provider remediation: 75% <i>[The date when approximately 75% of nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	<b>ABI Prevocational Services, ABI Group Day (as applies) Supported Employment:</b> Community Options will continue remediation activities with providers as identified and as necessary.	08/30/2020	
Completion of nonresidential provider remediation: 100% <i>[The date when all nonresidential providers have completed the necessary remediation (of those providers that</i>	<b>All Providers &amp; Settings:</b> To be advised that this is an on-going process and not simply a one-time objective. Field activities will be built in	12/31/2020	

<i>require remediation). Please provide additional details on settings in the description.]</i>	to ensure that follow-up and check-in activities continue.		
Identification of settings that will not remain in the HCBS System <i>[The date those settings that are considered institutional or are not willing to remediate will be identified for removal from the HCBS System]</i>	<b>All Providers &amp; Settings:</b> Community Options will continue to engage and remediate with any setting willing to meet/comply with HCBS criteria. The larger objective to create as many options as possible for individuals interested in the community.	12/31/2021	
<b>Heightened Scrutiny<sup>2</sup></b>			
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider		10/31/2018	
Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS		12/31/2018	
Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment	Provider settings ultimately determined to have HCB qualities and are not institutional in nature, along with sufficient evidence, will be submitted to CMS for heightened scrutiny review following a public comment review period.	12/31/2018	58
Submit STP with Heightened Scrutiny information to CMS for review	Submit to CMS heightened scrutiny evidence for settings that are presumed to be institutional	3/17/19 , 7/31/19	44, 51
<b>Relocation</b>			
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 25% <i>[The date when members, guardians, case managers, etc. in approximately 25% of providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>	<b>RCH:</b> If an RCH is unable or unwilling to comply with the HCB settings requirements, DSS will notify the care manager(s) for the affected participant(s), and the care manager will help the participant select and then transition to a setting that meets the HCB settings requirements.	03/31/2021	38

	<b>DSS:</b> If CMS determines a setting is not an appropriate HCB setting, participants will be notified of the need to select an alternate provider and care managers will assist in finding appropriate placement (see Sections III.A and III.B for relocation processes).	03/30/2021	58
	<b>DDS:</b> If a setting is not an appropriate HCB setting, providers will be given the opportunity to remediate and if compliance is not achievable the participants will be notified of the need to select an alternate compliant setting and case managers will assist in finding appropriate placement (see Section III.B for relocation process).	03/30/2021	59
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 50% <i>[The date when members, guardians, case managers, etc. in approximately 50% of providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>		06/31/2021	
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 75% <i>[The date when members, guardians, case managers, etc. in approximately 75% of providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>		11/30/2021	
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties			

that the setting is not in compliance with HCBS settings requirements and that relocation is required: 100% <i>[The date when members, guardians, case managers, etc. in all providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>			
Complete beneficiary relocation across all providers: 25% <i>[The date when beneficiaries in approximately 25% of providers have been relocated. Please provide additional details on settings in the description.]</i>		07/01/2021	
Complete beneficiary relocation across all providers: 50% <i>[The date when beneficiaries in approximately 50% of providers have been relocated. Please provide additional details on settings in the description.]</i>		10/01/2021	
Complete beneficiary relocation across all providers: 75% <i>[The date when beneficiaries in approximately 75% of providers have been relocated. Please provide additional details on settings in the description.]</i>		11/01/2021	
Complete beneficiary relocation across all providers: 100% <i>[The date when beneficiaries in all providers have been relocated. Please provide additional details on settings in the description.]</i>	<b>RCH:</b> If necessary, transition participants residing in a non-compliant RCH to a compliant setting  The relocation process will be specific to the participant and may take until August 2018 to complete.	12/31/2021	38, 43
	<b>ABI:</b> If necessary, transition participants residing in a non-compliant ABI home to a compliant setting  The relocation process will be specific to the participant and may take up to March 2018 to complete.	12/31/2021	40, 43