

Connecticut Statewide HCBS Transition Plan Amendment

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

May 2019

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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:

State Plan- [DSS HCBS Statewide Transition Plan](#)

Plan Amendment- [DSS Final Regulation's Setting Requirements - Amendment](#)

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. **In October 2018 and March 2019 communications with DSS CMS identified additional issues.** This amendment addresses the outstanding issues identified by CMS. **Edits to the amendment are noted in red font.** 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 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 Department of Social Services (DSS). Therefore, these settings are assessed only once and are included under 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 undertook systemic reviews of HCB settings. Settings are also assessed as part of an ongoing quality review process which features the Universal Assessment (UA) tool. This tool (whose purpose and scope became operational effective 07/01/18), will now be completed annually for all participants across all programs and waivers and administered by contracted Access Agency Care Managers. The following describes the outcome of each provider setting review and any significant difference between the previous assessment and current assessment activities.

1. DSS

- a) **Assisted Living Definition:** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require help with activities of daily living and instrumental activities of daily living. Supportive services are available 24 hours a day to meet scheduled needs in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbors, and friends. Connecticut has developed alternatives to nursing facility care and assisted living has been a major focus of these efforts. Connecticut offers assisted living services through three programs providing services to persons in managed residential communities: 1) Private Assisted Living Pilot, 2) State Funded Congregate and Housing and Urban Development (HUD) Communities and 3) Assisted Living Demonstration Program.

Connecticut does not license assisted living facilities; instead, it licenses and regulates "assisted living service agencies" (ALSAs) that provide assisted living services in a variety of settings including Managed residential communities (MRCs). The Department of Public Health (DPH) surveys these agencies every other year. Standards for ALSAs were developed to be consistent with the anticipated HCBS regulations. The survey process includes a site visit where approval for licensure requires that all of the settings criteria outlined in the final rule at 42 CFR 441.301(c)(4) are met. All survey results are available to DSS and reviewed by DSS staff. DSS is involved follow-up and remediation activities and any concerns that arise are evaluated to determine if they meet the department's criteria for a critical incident so that appropriate action may be taken.

Managed residential communities (MRCs) are privately owned communities that provide a variety of services including three meals a day, laundry, scheduled transportation, social and recreational activities and chore services for routine domestic tasks that an individual is unable to perform themselves. They must provide an on-site service coordinator. Individuals reside in private, leased units that include a full bath and access to facilities and equipment for the preparation and storage of food. They may not provide health services unless they are also licensed as an ALSA. MRCs are not licensed but do have regulatory requirements and must register with the DOH.

The following is a description of each of the three programs that offer assisted living services.

- **Private Assisted Living Pilot:** The State has determined that the only provider owned and controlled settings where assisted living services are provided to Medicaid recipients are those that participate in the Private Assisted Living Pilot. This Pilot grew from recognition that some elders, after living in a Private Assisted Living Facility for a time, have spent down their assets and thus require help with their living expenses. To assist these waiver participants, the Pilot provides Medicaid waiver funding for their assisted living services provided in MRCs. The Pilot does not pay for room and board; in many instances waiver participants in the Pilot have family members who are willing and able to assist with some of those expenses. This Pilot is based on the premise that it will be cost effective for the State to provide for such waiver participants, for in doing so they will not require admission to a nursing facility. Each program participant has an individually leased apartment. Some communities permit individuals to have roommates by the individual's choice situation in order to keep the room and board affordable to its residents. Currently, as of April 2019, there are 30 individuals who receive assisted living services residing in 16 different MRCs.
- **State Funded Congregate and HUD Housing Complexes:** With status as a MRC, assisted living services are funded through DSS or the State Department of Housing (DOH) and are provided by an assisted living services agency (ALSA). These apartment communities, most often thought of as "senior" housing, are subsidized through State and HUD funding. HUD assists in funding privately owned and/or managed senior housing through mortgage insurance for developers or a federal mortgage interest subsidy. This assistance helps to keep rents affordable to low- or very-low income persons. These projects may also receive ongoing assistance including subsidies to keep rents affordable. Most fall under Title 24 HUD programs such as Section 202, Section 221(d)(3), Section 236, Section 231, Section 232 or Section 8 rental assistance. The assisted living services agency (ALSA) provides the personal care services, core services and supplemental services based on the care needs of qualified waiver participants. Residents have individual, leased apartments with a private kitchen and may receive assistance with some housekeeping, personal care and transportation. Persons residing in HUD or congregate housing who qualify for the waiver have the choice to receive the on-site ALSA services or a full array of services through a fee for service model from outside providers. In this setting a

mixture of individuals use either options. They may at any time decide to change from one service delivery model to another. For example, if any individual residing in a HUD apartment complex has been receiving ALSA services and is dissatisfied for any reason, a care manager will make a home visit and reassess and review service options. They may opt to change to a fee for service program of providers or may opt to continue to receive ALSA services. There are currently 107 individuals receiving Medicaid funded assisted living services in 18 different communities throughout the state.

- Assisted Living Demonstration Project: DSS in collaboration with the Department of Public Health (DPH), DOH and the Connecticut Housing Finance Authority (CHFA) developed the Assisted Living Demonstration Project that provides subsidized assisted living units in both urban and rural settings. This unique project combines financing for the necessary housing component through rental subsidies from DOH and providing services through DSS' Connecticut Home Care Program for Elders. Residents of these apartment complexes developed through the Connecticut Housing Finance Authority LIHTC (26 U.S. Code § 42) program (commonly referred to as tax credit buildings) receive subsidies to help cover their rent and if waiver eligible may receive assisted living services in their own private apartments. Individuals have their own apartments and hold individual leases. In this project the ALSA is affiliated with the building and residents must receive their assisted living services from this provider. The demonstration project consists of 4 settings and currently 91 participants are receiving Medicaid funded assisted living services. The state invested in four free standing projects that were new construction and were built over a 5 year period. The communities are located in the towns of Glastonbury, Hartford, Middletown and Seymour.

Outcomes – Community Options (DSS) staff determined that there are 38 total sites where DSS Medicaid waiver participants either reside in an assisted living setting or receive assisted living services in their individual apartments. This number fluctuates as Medicaid members move in or out of a participating provider community. To ensure consistency of approach and evaluation, survey questions were directly taken from a similar survey developed by Mercer in 2015 to assess provider compliance with HCBS requirements. Staff conducted 76 telephone surveys with waiver participants of the 38 Assisted Living settings from July 1 through September 13, 2016. Although there are 48 credentialed Assisted Living Service agencies, at the time of the survey, we had waiver participants residing in only 38 of the settings. If a Medicaid recipient wanted to choose one of the 10 facilities other than the 38 that were surveyed, we would assess the setting in the same manner that we assessed all other settings. This was considered to be a valid, representative sample. All settings were contacted in advance and requested to provide volunteers to participate in the survey. DSS assured that participants were not in the presence of staff and free to express their responses openly during the telephonic survey process.

This survey consisted of 9 yes/no questions and 3 open-ended questions for additional detail and context. All (100%) Assisted Living settings were surveyed. **At some locations only one (1) resident was interviewed because:**

- There was 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 received despite additional calls and messages.

A number of survey questions were responded to positively with some having almost 90% favorable results across all 3 types of ALSAs. However, just under half (47%) of all participants surveyed considered their residence as located near private homes and retail businesses with access to the surrounding community. DSS' Community Options will focus on this component of community integration through future surveys and site visits, and work directly with Assisted Living sites to address participant feedback.

Overall, 82% of waiver participants interviewed at all three types of ALSA settings **responded positively to questions regarding life quality. Although responses to open-ended** questions showed a high degree of satisfaction with their respective sites and activities, DSS' Community Options will follow-up in this area. 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 waiver participants.

At the conclusion of each survey, the assigned DSS staff person confirmed with ALSA personnel the names of who attended and answered any questions or concerns. Follow-up telephone calls and emails also addressed any outstanding items such as confirming resident responses. DSS considered these surveys validated.

In December of 2018 on-site resident interviews were conducted at the 4 Assisted Living Demonstration Project sites. On-site visits occurred at these site because this is where the majority of waiver participants receive their assisted living services and the other locations where assisted living services are provided are in individually leased apartments, DSS determined that there are currently 91 program participants among the 4 sites and conducted 34 on-site surveys of waiver participants across all 4 sites. Community Options Clinical Nursing and Health Program staff interviewed waiver participants using a standardized survey (including questions addressing provider-owned and controlled settings) in a closed environment free of any paid staff. The state is confident that the survey size is sufficient and determined that these communities remain in full compliance.

Aggregate resident outcome data confirmed that 96% of these communities consistently practice client choice, respect of living space, promote staff interaction and respect resident privacy, and value resident satisfaction.

An additional feature of this 2018 in person survey were three questions designed to better understand the participant’s level of overall satisfaction and experience. Similar to the other aspects of the survey, these questions were asked apart from setting staff or employees. The questions and selected responses are provided below. Participants responses were overwhelmingly positive.

1. What do you like best about living here?

*I like being taken care of without worry, adds ease to my life.
 My medication is distributed daily, unlike the previous home where it was only one a week.
 This feels like home. I do what I want.
 I like the special attention due to being handicapped.
 I’m not herded into activities or things I don’t want to do. I am in my home; I am the Boss.*

2. What do you like least about living here?

*Meals
 Would keep everything the same.
 Too much Hispanic food.
 Would like more alternative food choices.*

3. What would you like others to know about this community?

*I feel privileged to live here. There should be more places like this.
 This is the best place. It’s like living with your grandmother watching over you.
 You’re treated as a person here, as a human being, not just a number.
 [This is] the gem of Seymour Connecticut.*

A total of 34 individuals out of 91 were surveyed during December 2018. The breakdown is as follows:

Demonstration Site Name	Number of Individuals Interviewed	Number of Individuals Receiving AL services	% Interviewed
Retreat	15	56	27%
Herbert T Clark	5	9	56%
Smithfield	9	15	60%
Luther Ridge	5	11	45%

In March and April of 2019, Community Options staff conducted resident surveys in MRCs participating in the Private Assisted Living Pilot. In preparation for the survey, 30

Medicaid Assisted Living Service recipients residing in 16 distinct locations were identified to be interviewed.

Training was held with Community Options staff prior to conducting the surveys. Each training session lasted approximately 25 minutes. During two training opportunities, 10 Community Nurse Coordinators (CNCs) were briefed on:

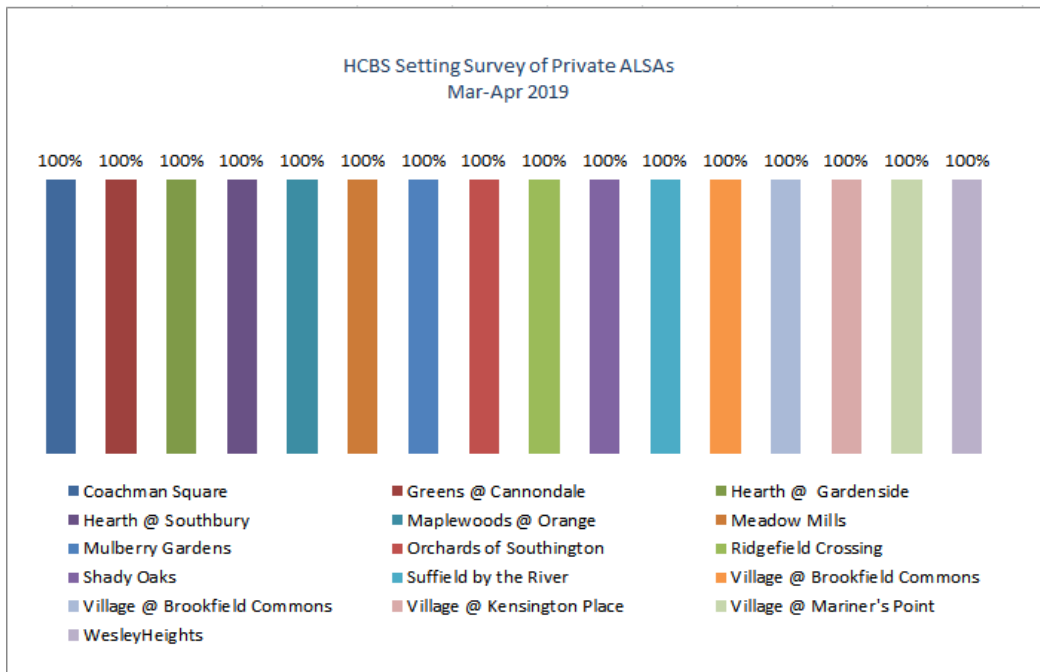
- How to administer a 9-question yes/no survey (these questions have been used consistently in other HCBS settings).
- An additional 3 open-ended questions included to prompt residents to report out on experiences in their own words.
- Use of a second document prompting staff to note observations on criteria useful to determining compliance with HCBS settings criteria.
- The importance of administering the survey apart from ALSA staff or employees and ensuring confidentiality.

CNC teams of 2 completed the first surveys on March 29th, 2019; the last was completed on April 18th, 2019. Below are both the survey and open ended questions used during the interviews.

- 1) Is the community near private homes and retail businesses?
- 2) Does the community support participant access the surrounding community through walking groups and/or field trips?
- 3) Are your privacy rights protected?
- 4) Are you treated with dignity and respect and free from coercion?
- 5) Are your choices respected and do staff work to meet your individual needs?
- 6) Are a wide range of social, recreational and physical activities available to you?
- 7) Are you able to socialize with peers, including non-HCBS participants and engage in various interactive activities?
- 8) Are you able to choose which activities you wish to participate in?
- 9) Do you have a choice of nutritious meals and snacks that accommodates your daily needs?
- 10) What do you like about the activities here?
- 11) Are there day trips available that take you out of the community?
- 12) What do you like the best about living in this community?

A summary of the outcomes of the surveys are described below:

- 1) 30 residents were identified in 16 ALSA locations.
- 2) 24 completed the survey, (3 were in the hospital on date of survey, 1 had just transferred to a Long Term Care facility, 1 was not able to respond, and 1 was deceased).
- 3) All survey respondents (100%) responded affirmatively to the 9 survey questions.



- 4) Responses to open-ended questions were overwhelmingly positive with residents liking the activities offered, their frequency, and overall satisfaction with residing in that location.
- 5) There were some residents who shared they were not regular participants in location activities. A main driver of non-participation was age:
 - I don't like to go on the day trips anymore, it's just too much for me these days.
 - Not anymore, they are too far for me to walk.
 - I don't go day trips because I can't handle it.
 - At 103 years old, I can't really participate and my vision is poor.
- 6) All teams requested and were provided a walk-through of each location where HCBS settings criteria was noted.
- 7) Exit meetings were held by each team when surveys were completed. Responses and overall impressions were recorded. There were no locations identified where a lack or gap in service, or response to resident needs were reported or observed. (setting location, activities and outings, meal service/food availability, setting-options, etc.)
- 8) Community Options' CNCs did record several recommendations that are under consideration and will be shared with all locations.

Significant Difference – Prior to 2015, Assisted Living settings had not previously been surveyed. DSS has now completed three distinct surveys in three years and is confident that these communities fully comply with the settings criteria. To ensure ongoing compliance, DSS will monitor outcomes of annual participant reassessments conducted by contracted Access Agency Care Managers. The reassessment tool incorporates questions that address all the settings criteria including those of provider-owned and controlled settings. As all waiver participants residing in these settings are reassessed annually, a more than representative sample is ensured. Contracted Access Agency Care

Managers have also been trained to assure that privacy and confidentiality is maintained during the process.

- b) **Adult Family Living Definition:** Personal care and supportive services are furnished to waiver participants who reside in a private home by a principal caregiver who lives in the home. Adult Family Living is furnished to adults who receive these services in conjunction with residing in the home. Services also include social and recreational activities and cueing or reminders to take medications. The agency that provides the Adult Family Living service will supervise the supports delivered by the direct care provider. This service may be provided in the home of either the care provider or the participant, whichever is preferable to the participant. The direct provider may be a relative of the client as long as they are not a legally liable relative.

Outcomes – Because this setting is fully located in the community and services take place both in the home and include social and recreational activities, DSS concludes that compliance is met.

DSS recognizes that less than 1% of the 1869 participants of this waiver service are in households served by non-family members and are residing in either their own home or the home of their caregiver. DSS determined that the most efficient mechanism to ensure ongoing compliance, was through the monitoring of outcomes of annual reassessments via the new Universal Assessment tool conducted by contracted Access Agency Care Managers. The reassessment tool incorporates all the settings criteria including those of provider-owned and controlled settings. As all waiver participants residing in this setting are reassessed annually, a more than representative sample is ensured. Contracted Access Agency Care Managers are trained to assure that privacy and confidentiality is maintained during the process. Additionally, this service is provided as an agency based service which requires the agency to supervise and monitor the service delivery bi-monthly at a minimum. This supervision ensures that the setting is responsive to the individual's needs, and in combination with the annual reassessment which includes settings questions, ensures adequate monitoring of compliance.

Significant Difference – Adult Family Living has not previously been surveyed in the same manner as other settings. The Department has determined that since 99% of the recipients of this service reside either in their own homes or with family that the most efficient way to assess and monitor compliance for this small number of settings was via reassessment using the Universal Assessment Tool.

- c) **Adult Day Health Definition:** The service is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting and shall encompass both health and social services needed to ensure the optimal functioning of the participant. Transportation to and from the center is included in the service definition and in the rate structure. Meals provided as part of these services shall not constitute a full nutritional regimen.

Based on a full systemic review of Adult Day Health (ADH) settings, the Department initially determined that all sites fully comported with the CMS settings requirements. In 2015, DSS issued a survey (based on CMS guidance) to care managers to gain feedback on their direct observations of ADH settings. Upon reviewing this information, DSS determined that 10 sites merited on-site reviews due to their physical location being on the grounds of or near an institutional setting. DSS staff made visits to these 10 sites and of these 10, 5 appeared to merit heightened scrutiny.

A second field survey was completed in 2017-18 finding all 5 settings in compliance with documented outcomes however they were submitted to CMS for heightened scrutiny review due to their physical locations.

Outcomes – All Adult Day settings were surveyed. Based on the results of that survey it was determined that 10 sites merited additional visits. We conducted a second on-site review at 10 settings and determined that 5 needed to be submitted for Heightened Scrutiny solely due their physical location. All 5 settings were submitted to CMS for Heightened Scrutiny review due to concerns about their physical location however, all 5 were found to comply with the settings rule and stand as examples of promoting participant choice, community integration, privacy, program activities and staff involvement.

A feature of the 2017-2018 survey was an additional 5-question participant survey, conducted apart from setting staff or employees. To better understand the level of overall satisfaction across these 5 settings, the 5 questions and selected responses are provided below. Participant responses were overwhelmingly positive.

1. What do you like about the activities here?

I've been coming here for a long time. I like what we do here (laughing) keeps me busy.

The ability to socialize with people my own age. I'm an only child and this a lot to me.

I enjoy getting out.

2. Are outside activities available that take you into the community?

Oh yes, we go on drives and out to lunch.

We go bowling, to the ocean. This center make people feel at home. I used to work at a Nursing Home and I know the difference.

We like to go out and make the most of it. I really like that we can go because we want to, not being pushed to.

Yes. We go different places. I don't know of any this month, but I know I'll want to go.

3. What do you like best about this service?

I like everything. The place is clean. I enjoy the company of others and the trips.

*Everyone is sociable here. We mix very well and do a lot together.
I have to say the people; they are all nice-my friends.*

4. What do you like the least?

*Sometimes I wish there was a week-end program here.
Nothing really. I mean, you can't please everybody.
Winter.*

5. Is your privacy respected?

*Yes, I believe it is. I've never wondered it wasn't.
Oh yes, absolutely.
Oh Lord yes. No problems*

Significant Difference – Based on the initial Mercer survey that was used to determine that these settings were in compliance, DSS followed up. On-site surveys were conducted for 10 ADC settings. These settings were selected based on their proximity to nursing facilities that also provide in-patient care. DSS believed that through the process of determining Heightened Scrutiny, additional, open-ended questions were needed. DSS confirmed that these Adult Day Programs comply with the settings requirements however 5 were submitted to CMS for heightened scrutiny due to concerns about their physical locations.

- d) **Residential Care Homes (RCHs) Definition:** Formerly known as “homes for the aged,” RCHs are private entities, often owned by individual citizens and are licensed by the Department of Public Health. The homes provide a single or double furnished room and shared common areas such as a lounge or recreation area. They provide waiver participants with three meals a day in a common dining area and some limited personal services as well as some hands-on personal care, but not extensive medical services like a nursing home. They serve not only the elderly, but can also house people with physical or mental disabilities.

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 continues 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 waiver participants. 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 rolled out and in place by 12/31/2020.

Community Options (DSS) conducted in-person site surveys in 2016. Clinical Nursing staff completed 43 surveys all using a 32 question survey tool. The RCHs reported an overall satisfaction (compliance) rate of 87.95%. There were several notable areas that fell below this percentage:

42.55% stated they could lock both bedroom and bathroom doors.

42.55% stated they are able to control meal time.

68.89% stated they choose their own schedule to meet their wishes.

Throughout 2017-2018, Community Options (DSS) increased outreach and communication with RCHs on these and other issues. Activities included DSS presentations to the statewide association of Residential Care Homes regarding the HCBs regulations, as well as direct contact with individual homes to discuss pathways to compliance. Community Options (DSS) staff again conducted in-person site surveys in the last quarter of 2018. There were 43 RCHs surveyed and all were asked the same 32 question survey used in 2016. The RCHs reported an overall satisfaction (compliance) rate exceeding 97.62%. There were three notable areas that fell below this percentage due to waiver participants reporting limitations in the following areas:

92.86% - Participants who currently have a lease or similar agreement.

95.24% - Participants who can lock the bathroom and bedroom doors.

95.24% - Residences where snacks are accessible and available.

Upon analysis following the 2016 survey, it was determined that virtually all RCHs were more than willing to hold meals for a later time and/or provide viable meal options. While most RCHs do not have kitchens that could be used by waiver participants, most have communal kitchenettes, refrigerators and microwaves available 24-hours a day in addition to those settings that feature in room mini-fridges and microwaves. Lastly, while some RCHs may not have actual personal computers available for resident use (although some do), waiver participants are welcome to use or otherwise synch-up their device with on-site Wi-Fi or allow waiver participants to install cable/Wi-Fi accounts for their own use.

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 waiver participants. The Department has convened a workgroup of six Residential Care Home owners comprised of a mix of for-profit and non-for-profit homes. The goals for the group are to develop best practices of compliance for each setting requirements within the same timeframe for RCH regulation changes.

As evidenced above the RCH's have made great strides in improving compliance since 2016. DSS is committed to continued work with them to address issues preventing compliance, however we are concerned that even with individualized guidance and support there will be some settings that are not willing to make all of the necessary

changes to comply with the settings requirements. Waiver participants in these homes will be provided information regarding their options including moving to a complaint setting and keeping their services or remaining in their current setting without their current HCBS services. This seems like an untenable choice and we do not anticipate that persons will be willing to leave their homes in order to retain services.

- e) **ABI Provider Owned and Controlled Homes Definition:** Provides twenty-four hour supports to adults living in private individual homes located across the state. Waiver participants living in these homes need significant support in identified areas as documented in personalized Plans of Care. Waiver participants benefit from rehabilitative, social and recreational choices promoting increased levels of independence and personal success. Every home offers a safe, comfortable home environment with its own unique décor. Each home may have between 2 and 4 waiver participants. Most have private bedrooms. Highly trained support staff are available on all shifts to assist waiver participants in all activities of daily living. Every home has an activity schedule developed with individual choices and preferences in mind. Homes provide individualized program plans, leisure and community integration opportunities that are meaningful to the waiver participants. In addition, persons residing in these private homes have the option of receiving the full range of services available through the two waiver programs.

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.

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. **There were however, 4 specific areas while not rising to the level of provider non-compliance were enough of a concern to merit follow-up and possible remediation. These areas are:**

- Availability/opportunity of paid work in the community,
- Work in an integrated setting,
- Staff access to participant bedrooms (keys), and
- Accessible public transportation.

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 (in 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. 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 waiver participants 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 based on responses to survey questions and through witnessing first-hand the interactions of setting staff and waiver participants (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 on page 5). Community Options (DSS) staff will work with providers in 2018 and beyond (Milestones attached) to clarify and strengthen for setting staff and waiver participants, 3 areas to better ensure and enhance service delivery. These are:

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

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

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

- f) **Prevocational Services Definition:** Provides learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and his/her service and supports planning team through an ongoing person-centered planning process. Services are delivered in a participant's home or in a fully integrated work setting based on the participant's needs and preferences. Services are not delivered in facility based, congregate or sheltered work settings where waiver participants are supervised for the primary purpose of producing goods or performing services.

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.

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 of upcoming remediation activities for this and other HCBS settings and services.

- g) **Supported Employment Definition:** The ongoing supports provided to participants who, because of their disabilities, need intensive ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by waiver participants without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

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.*

Significant Difference – Community Options (DSS) was able to confirm findings of the 2014 Mercer survey and overall compliance with HCB settings requirements. In the most recent 2015-2016 site surveys, 14 providers were found fully compliant with only a single provider found noncompliant in how services are delivered, but can be compliant when services are delivered on 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) **ABI Group Day Definition:** Provides services and supports that lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for health and wellness, self-care or for work and/or community participation, or support meaningful socialization, leisure activities. This service is provided by a qualified provider in community locations. Meals may be provided as part of the group day service but shall not constitute a full nutritional regimen (3 meals per day). The service is not provided in a facility setting.

Outcomes – DSS Community Options initiated an ABI Group Day workgroup in 2017 because as this service had not been developed and offered by providers, the desired outcomes was program designs fully compliant with the settings requirements. Meetings were held throughout 2017 with several providers who were certified to provide the service. So, DSS has taken the opportunity to engage directly with the providers to consider and design activities. DSS worked with providers on modifying the service definition to include the following:

- Community socialization- day trips to local parks, beaches, bowling, restaurants, etc.
- Lifestyle Management- ‘Dress for Success’, punctuality and promptness, handling stress and disappointment in daily chores.
- Free Time Maximization – utilizing ‘down-time’ to best prepare for upcoming appointments, chores, meetings, etc.
- Music appreciation- practicing/learning instruments and can include recording original songs.

- Information Technology- increasing comfort and performance with a range of consumer products (PC, laptop, tablet, cell phone) with word processing drills/exercises.

Thus far, 3 providers are offering Group Day services with community integration opportunities as a primary focus assuring compliance with the CMS settings requirements. DSS continually engages with the provider network to further develop and ensure compliance.

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 ongoing activities, monitoring and tracking.

2. DDS

a) Residential Habilitation: Community Living Arrangements

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 all 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 requirements including 9 Individual (Consumer) Interview, 6 Observation, 4 Documentation, 3 Support Person Interview, and 2 Safety Checklist. See Appendix 2 and 3 for the crosswalk of the settings rule requirements to the QSR tool as well as the full QSR inventory of questions for a CLA/Group Homes. 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 (CLAs). 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 requirements across all CLAs, with a large number requiring only minor modifications to fully comply. DDS reviewed the 24 rated indicators and the primary observation was that there were a small number of instances 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).

Significant Difference - NA

b) **Residential Habilitation: Community Companion Homes (CCH)**

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 the 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, they 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).

Significant Difference - NA

c) **Continuous Residential Supports**

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 compliance with the settings requirements across all CRSs, with a large number requiring only 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).

Significant Difference - NA

d) **Prevocational Services**

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 requirements 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).

Significant Difference – NA

e) **Group Supported Employment**

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 requirements 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).

Significant Difference – NA

f) **Group Day Support Options**

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

requirements 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).

Significant Difference – NA

B. 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 RCHs 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 waiver participants. 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.

C. 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 38 Assisted Living settings from July-September 2016. Of that number, 18 are State Congregate and HUD settings, 4 are Demonstration Pilot settings and 16 are Private Assisted Living settings. All 38 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.

After further review DSS determined in order to ensure compliance additional in-person surveys would need to be conducted at the Assisted Living Demonstration sites as well as the MRCs participating in the Private Assisted Living Pilot.

In December of 2018 on-site resident interviews were conducted at the 4 Assisted Living Demonstration Project sites. On-site visits occurred at these sites because this is where the majority of waiver participants receive their assisted living services. DSS determined that there are currently 91 program participants among the 4 sites and conducted 34 on-site surveys across all 4 sites. Community Options Clinical Nursing and Health Program staff interviewed waiver participants using a standardized survey (including questions addressing provider-owned and controlled settings) in a closed environment free of any paid staff. The state is confident that the survey size is sufficient and determined that these communities remain in full compliance. Details on the outcomes of these interviews can be found in Section A of this amendment.

In March and April of 2019 DSS completed additional on-site surveys for individuals receiving their assisted living services via the Private Assisted Living Pilot. Community Options clinical staff surveyed 24 individuals across 16 different sites using a tool that included both closed and open ended questions. Surveys were conducted at all sites participating in the pilot. The survey questions along with the survey results can be found in Section A of this amendment.

As part of DSS. Community Options Unit quality assurance/quality improvement activities, staff conduct site visit to several selected communities where assisted living services are provided. Our goal is to increase the number of on-site visits to one per quarter each year. During the site visits, clinical staff review administrative records but also engage with clients directly and monitor for on-going compliance with the HCBS setting regulations.

- b) **Adult Family Living (AFL)** – There are currently 1768 waiver participants receiving this service. Of those, 1752 are living in their own home or the home of a family member (whom they have chosen as their caregiver). There are 16 waiver participants receiving services by someone other than a relative. They reside in either their own home or the home of the caregiver. All AFL is provided through an agency based model in which the agency is the provider overseeing the care provided by the direct caregiver. In all cases, initial and ongoing annual assessments are completed by contracted, independent Access Agency Care Managers. The assessment instrument specifically asks for participant feedback addressing the setting in which the client resides, thereby assuring ongoing monitoring to determine compliance with the setting requirements. Care managers have been instructed to notify department’s clinical staff of any responses that might suggest some challenges in complying with the settings requirements. In the 10 months that the assessment tool has been utilized, no concerns have been brought to the department’s attention. Please see Appendix 4 for relevant assessment questions. Contracted Access Agency Care Managers are trained to assure that privacy and confidentiality is maintained during the process.

- c) **Adult Day Health** – DSS staff will monitor outcomes of annual reassessments conducted by contracted Access Agency Care Managers. The reassessment tool incorporates all the settings criteria including those of provider-owned and controlled settings. As all waiver participants residing in this setting are reassessed annually, a more than representative sample is ensured. Contracted Access Agency Care Managers are trained to assure that privacy and confidentiality is maintained during the process.
- 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 waiver participants. 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 waiver participants 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 2019. 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 requirements 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 requirements 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.

- 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 requirements 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 compartment 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 requirements 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 requirements 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 requirements 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.

- 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 requirements 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 compoment 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. Staff Conducting Site Visits and Staff Training

1. DSS

- a) **Assisted Living** - Settings surveys were conducted by a Health Program Associate staff with over 15 years' experience working directly with these 38 providers.

Staff training and orientation meetings were held prior to conducting the surveys and included an overview of settings criteria, survey practice sessions in anticipation of vague or incomplete responses and strategies for how to successfully ask probing questions for clarity. Staff was also instructed to ensure that participants were alone and/or able to respond, free from the influence of ALSA personnel. Also included in this training was a discussion and practice on how to distill extended or complicated responses (due to advanced age, possible senility/dementia or other complicating factors).

- b) **Adult Family Living** - DSS recognizes that less than 1% of these households are served by non-family members. To ensure ongoing compliance, DSS will monitor outcomes of annual reassessments conducted by contracted Access Agency Care Managers. The reassessment tool incorporates questions that address all the settings criteria including those of provider-owned and controlled settings. As all waiver participants residing in this setting are reassessed annually, the sample will be more than representative.

In conducting the Annual Assessment, contracted Access Agency Care Managers are trained to assure that privacy and confidentiality is maintained during the process.

- c) **Adult Day Health** - Settings surveys were conducted by DSS Community Nurse Coordinators, a Licensed Clinical Social Worker, and a Medical Administration Manager.

Staff training and orientation meetings were held prior and included an overview of settings criteria, survey practice sessions in anticipation of vague or incomplete responses and strategies for how to successfully ask probing questions for clarity. Staff was also instructed to ensure that participants were alone and/or able to respond free from the influence of setting personnel. Also included in this training was a discussion and practice on how to distill extended or complicated responses (due to advanced age, possible senility/dementia or other complicating factors). Staff were instructed to telephone senior unit Supervisors or Management if questions or concerns arose during the course of the setting survey beyond the parameters of the survey.

- d) **Residential Care Homes** - Settings surveys were conducted by 6, 2-member teams of Community Health Nurses all with multiple years of experience with waiver referral processing, 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. **Instruction was given to ensure that participants were alone and/or able to respond free from the influence of setting personnel.** 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, and 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. **Instruction was given to ensure that participants were alone and/or able to respond free from the influence of setting personnel.** 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. **Instruction was given to ensure that participants were alone and/or able to respond free from the influence of setting personnel.** 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. **Instruction was given to ensure that participants were alone and/or able to respond free from the influence of setting personnel.** 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 requirements 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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 requirements 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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 requirements

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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 requirements 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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 requirements 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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 requirements 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 requirements. DDS provided access to distance learning opportunities and created a section of the website where information regarding the settings requirements 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 requirements. 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 service 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: 38
- 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

- Fully comply: 1768
- 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: 44
- 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: 36
- 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: 7

e) **Prevocational Services**

- Fully comply: 4
- Do not comply but could with modifications: 18
- 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: 3
- 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: 0

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. Promotion of Non-Disability Specific Settings

Waiver participants have the choice of where they would like to receive services, and that choice includes private residences and non-disability specific settings. Connecticut's entire service delivery system has evolved over many years to become one that optimizes the ability of individuals to receive HCBS and remain in the community to the fullest extent possible. The State has made great strides in expanding the availability of HCBS services as well as non-disability specific housing options. The provision of services for all HCBS participants is based on the person-centered planning process, where individuals make informed choices about the type of care they receive, the providers from whom care is received and the settings in which care is provided.

Specifically, the State has undertaken a variety of activities to expand the availability of HCBS services as well as non-disability specific housing options including:

- Increased waiver slots across all target populations
- Implemented a 1915 (i) for individuals with disabilities and older adults who need HCBS but do not meet institutional level of care
- Implemented new 1915 (c) waivers for individuals with and acquired brain injury and children with autism
- Implemented an Employment First initiative that focuses on integrated employment opportunities for people with disabilities
- Adding services to DDS waivers that help support individuals in obtaining integrated. Competitive employment
- Increasing access to integrated, affordable housing:
 - Through participation in the Medicaid Innovative Accelerator Program Partnerships with the Connecticut Housing Finance Agency and the Department of Housing

Ongoing monitoring of the appropriateness of HCB settings also includes assessing to ensure that reverse integration does not occur. A provider setting periodically opening the doors to the broader community does not constitute community integration. If identified, measures will be put in place, such as CAPs, to remediate the practice.

As part of the ongoing monitoring process to measure and document that a provider setting is meeting the community integration requirements as outlined in the HCBS final rule, DSS will look at: how settings establish opportunities for individuals to participate in services and/or activities in the community, outside the walls of the setting; how settings ensure that participants are made aware of these opportunities; how settings ensure that individuals can freely choose from these services and/or activities; and how these services and/or activities are consistent with individual needs, as noted in the person-centered service plan. Non-compliant providers will be expected to remediate identified issues in a timely manner and document that all issues are addressed in order to continue to provide HCBS.

Case manager on-site touch point meetings will be used as the primary source to determine directly from members if they are residing in privately owned settings that are institutional in

nature. If identified, these providers will be held to the same processes noted below regarding identification and remediation of non-compliant issues.

B. 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 waiver participants whenever possible. **Additionally, DSS anticipates that based on feedback from waiver participants obtained through the use of the Universal Assessment tool, there may continue to be instances where participant feedback differs from the feedback from providers. These discrepancies will be addressed and resolved through discussions between the waiver participant and case manager. The case manager will follow up with the provider as appropriate. Discrepancies that cannot be resolved will be elevated to DSS for follow up and remediation by Community Options staff. The remediation may include increased monitoring as well as the development of a provider CAP.**

- **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 waiver participants 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 ongoing 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 waiver participants, 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 ongoing 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 ongoing 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 waiver participants will be noted.

C. How the State will Determine that DDS Providers have Satisfactorily Addressed all Issues Requiring Remediation (page 36)

DDS will continue to utilize the Quality Service Review (QSR) tool to assess compliance with the Settings requirements. The electronic QSR application generates Corrective Action Plans based on indicators within the tool. 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 Quality and Systems Improvement (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 of non-compliance. Overall performance is very high, with a large number of providers requiring minor modifications to fully comply.

D. 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. DDS conducted a structured cross-walk of the HCBS Final Rule settings requirements outcome areas and probing questions to the QSR tool indicators. The QSR tool was developed to show provider performance and individual experience and outcomes. The cross-walk entailed reviewing each settings requirement outcome area and the associated exploratory questions provided by CMS as an “optional tool provided to assist states in assessing whether the characteristics of Medicaid Home and Community-based Services, as required by regulation are present”. Once a solid foundational understanding of the characteristics expected to be present in settings where HCBS are being provided, the staff reviewed the QSR indicators to identify if there were matching indicators currently being rated. Where the QSI staff determined that there was a match additional reviewers were brought in to validate the assessment. The QSR tool utilizes a number of methods to capture information, including Observation, Consumer Interview, and Documentation reviews. The QSI staff advocated for the use of multiple methods of assessment to allow for the rating of compliance to be as closely representative of the individual’s voice as possible. The cross-walk yielded a framework for the use of the QSR tool to assess Settings requirement compliance. The following outcome areas were identified; Choice of Setting, Community Access, Choice in Living Space, Staff Interaction and Privacy, and Choice of Providers. Across the 5 outcome areas there were a total of 25 exploratory questions utilized to assess the characteristics of the setting. The QSR Indicators used to assess compliance include 7

Observation, 8 Consumer Interview, 3 Support Person Interview, and 4 Document Review. While DDS is confident that the QSR tool is a valid way to assess settings requirements compliance, it does not have an indicator to rate if the individual has a lease or lease protections. DDS identified this in the structured cross-walk review of the QSR tool and is poised to add this to the QSR tool as soon as DDS has a tenancy/residency rights agreement that is supported by regulatory, statutory, or procedural authority. Although the QSR tool helps DDS identify the performance and any issues requiring remediation, it is the use of the Quality Improvement Process which utilizes the QSR system and data that will ensure compliance across the system.

E. *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.

1. DSS

- a) **Assisted Living** - Community Options (DSS) will utilize data taken from initial assessments and annual reassessments as completed by contracted Access Agency Care Managers.

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted. The Department will receive data reports summarizing the responses to the settings questions and will have the ability to drill down to both the provider and individual level. Individualized remediation will take place as the concern is identified through the assessment process.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via an electronic or hard copy notice of the identified issue and the providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

- b) **Adult Family Living** - Community Options (DSS) will utilize data taken from annual assessments as completed by contracted Access Agency Care Managers.

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted. The Department will receive data reports summarizing the responses to the settings questions and will have the ability to drill down to both the provider and

individual level. Individualized remediation will take place as the concern is identified through the assessment process.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via a mailed notice of the identified issue and the providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

- c) **Adult Day Health - Community Options (DSS) staff will utilize data taken from annual assessments as completed by contracted Access Agency Care Managers.**

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via a mailed notice of the identified issue and the providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

- d) **Residential Care Homes (RCH) - Community Options (DSS) staff will utilize data taken from annual assessments as completed by contracted Access Agency Care Managers.**

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted. The Department will receive data reports summarizing the responses to the settings questions and will have the ability to drill down to both the provider and individual level. Individualized remediation will take place as the concern is identified through the assessment process.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via a mailed notice of the identified issue and the

providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

Additionally, to ensure that all waiver participants 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. Use of setting visits, participant surveys, and monitoring of HCBS settings requirements compliance may be employed as needed. telephone satisfaction surveys.

- e) **Prevocational Services** - Community Options (DSS) staff will utilize data taken from annual assessments as completed by contracted Access Agency Care Managers.

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via a mailed notice of the identified issue and the providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

Additionally, DSS will monitor the length of time participants participate in this service, with emphasis on the 2-year mark. Provider networks will ensure that a 1:1 ratio (staff: participant) effectively meets identified goals and objectives that serve the participant. For those participants who reach the 2-year mark without sustained employment success, such networks will work to identify causes why and look to strengthen both Group Day and Supported Employment components along with Prevocational Services.

- f) **Group Day** - Community Options (DSS) staff will utilize data taken from annual assessments as completed by contracted Access Agency Care Managers.

Remediation Strategy: Community Options (DSS) staff will review annual assessments in an amount not to exceed 10% of the total completed monthly. The focus will be on questions/responses that directly address settings requirements. When concerns arise, providers will be contacted via email and given 45 days to fully respond to the concern noted.

Quality Assurance and Monitoring: Contacted providers will be instructed to respond to the remediation email with the action taken and initial outcomes within 45 days of the receipt of the email. Community Options (DSS) will review each response, note the action taken initiate follow-up monitoring as needed. Waiver participants and their applicable caregivers will be notified via a mailed notice of the identified issue and the

providers remediation to resolve issue. This notice will be sent within 14 days of issue resolution.

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.

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

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** –

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

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**

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 Manger 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

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**

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

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**

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.

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**

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

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) staff 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) staff 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 ongoing 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 waiver participants 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 waiver participants 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 waiver participants 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. As described herein, the Adult Care Centers have been documented and forwarded to CMS. Continued surveys and site visits are planned throughout 2019-2022 to ensure compliance. **DSS will submit packets for the Residential Care Homes identified as requiring heightened scrutiny.**
2. **DDS** – Based upon our on-site assessments, we did not identify any settings that:
 - a) Have the effect of isolation waiver participants from the larger community, any survey feedback that might be characterized as isolation that was also identified as a result of personal choice; meaning waiver participants 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 12/31/19 we will submit any Residential Care Homes meeting Heightened Scrutiny criteria.
2. **DDS has not and does anticipate the need to submit any specific settings to CMS for heightened scrutiny. However, if through its oversight and monitoring activities, DDS discovers a setting that requires submission for heightened scrutiny they will follow the heightened scrutiny milestones and dates as specified in the Milestones chart.**

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 Waiver participants by March 2022 and Estimated Number of Beneficiaries that May Need to be Transitioned

1. **DSS** - Notification will begin 12/31/2020 and be complete by 9/30/2021, with 25% of those waiver participants being notified each quarter as detailed in the milestone chart. At this time, no waiver participants have been identified as requiring relocation to another setting. For the settings presumed to be institutional, the number of waiver participants being served by the setting will be included in the heightened scrutiny packages submitted to CMS. While DSS does not anticipate having to move waiver participants if this is necessary, relocation would begin 5/1/21 and end 2/1/22, with 25% of identified waiver participants relocating each quarter as detailed in the milestone chart.

DDS - Notification will begin 12/31/2020 and be complete by 9/30/2021 with 25% of those waiver participants being notified each quarter as detailed in the milestone chart. At this time, no waiver participants have been identified as requiring relocation to another setting. While DDS does not anticipate having to move waiver participants if this is necessary, relocation would begin 5/1/21 and end 2/1/22, with 25% of identified waiver participants relocating each quarter as detailed in the milestone chart.

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 waiver participants who will be impacted and need to have transition alternatives explained to them. The state will communicate directly with the participants via letter beginning 12/31/20 and ending 9/30/21 consistent with the milestone chart and then the care manager will follow up within 30 days of the mailing of the letter 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 waiver participants who will be impacted and need to have transition alternatives explained to them. The state will communicate directly with the participants via letter beginning 12/31/20 and ending 9/31/21 consistent with the milestone chart and then the care manager will follow up within 30 days of the mailing of the letter 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. In the rare circumstance, where a waiver participant would choose to remain in a non-compliant setting that is unable and

unwilling to become complaint even with individual remediation support from DSS, the waiver participant will be disenrolled from the waiver and afforded their hearing rights.

2. **DDS** - This will be identified through the person centered planning process with the care manager responsible for having the services in place. **In the rare circumstance, where a waiver participant would choose to remain in a non-complaint setting that is unable and unwilling to become complaint even with individual remediation support from DDS, the waiver participant will be disenrolled from the waiver and afforded their hearing rights.**

Milestones Chart

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

Milestone	Description	Proposed End Date	STP Page No.
Systemic Assessment and Remediation			
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	(11/6/15)	23
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	ABI: Revise the Acquired Brain Injury Waiver Program regulations to reflect the HCB settings requirements.	12/31/16	40, 43
	All waivers: Draft guidance that requires provider owned or controlled residences to ensure waiver participants rights are protected by a lease or comparable legally binding agreement. All waivers: 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
	All waivers: 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. Residential Care Homes: 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	06/30/20	22, 34, 37, 43, 44

Milestone	Description	Proposed End Date	STP Page No.
	<p>Personal Care Assistance Services for Adults regulations to reflect the HCB settings requirements.</p> <p>Adult Family Living: 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>Assisted Living: Regulations are already compliant with the settings requirements</p> <p>Adult Day Health: 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>		12/31/19	
<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>	12/31/21	34, 40

Milestone	Description	Proposed End Date	STP Page No.
Site-specific Assessments			
Completion of site-specific assessment <i>[The date when the overall completion of the site-specific assessment, including review of all settings and the validation of assessment results.]</i>	Conduct interviews of a representative sample of participants of all Assisted Living communities.	9/30/16	22-23
	Complete assessments of all Adult Day settings and interview waiver participants to evaluate compliance with the final rule.	02/01/18	13-14 (Amendment)
	Conduct site-specific assessments of RCHs.	12/31/18	15-17 (Amendment)
	Conduct site-specific assessments of Prevocational Services	07/01/18	18-19 (Amendment)
	Conduct site-specific assessments of all ABI Group Day providers.	12/31/19	20-21, 26 (Amendment)
	New assessment tool implemented across waiver programs and 1915i has specific settings questions embedded to be asked at each reassessment	7/01/18	6, 12 (Amendment)
Incorporate results of settings analysis into final version of the STP and release for public comment	All waivers: Revise STP based on analysis of survey results, remediation activities, ongoing monitoring, and public comments/feedback.	10/31/18	36, 44, 50
Submit final STP to CMS		07/31/19	
Site-specific Remediation¹			
Completion of residential provider remediation: 25% <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>	All Settings: Following setting surveys in 2018, Community Options' staff will engage with each RCH to address any necessary remediation.	12/31/19	
Completion of residential provider remediation: 50% <i>[The date when approximately 50% of residential providers have completed the</i>	All Settings: Community Options will continue remediation activities with	03/31/20	

Milestone	Description	Proposed End Date	STP Page No.
<i>necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	providers as identified and as necessary.		
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>	All Settings: Community Options will continue remediation activities with providers as identified and as necessary.	08/30/20	
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>	All Settings: All providers to be advised that this is an ongoing process and not simply a one-time objective. Field activities will be built in to ensure that follow-up and check-in activities continue.	12/31/20	
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>	ABI Prevocational Services, ABI Group Day (as applies) Supported Employment: 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.	06/30/19	
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>	ABI Prevocational Services, ABI Group Day (as applies) Supported Employment: All Settings: Community Options will continue remediation activities with providers as identified and as necessary.	03/31/20	
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>	ABI Prevocational Services, ABI Group Day (as applies) Supported Employment: Community Options will continue remediation activities with providers as identified and as necessary.	08/30/20	

Milestone	Description	Proposed End Date	STP Page No.
Completion of nonresidential provider remediation: 100% <i>[The date when all nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	All Providers & Settings: To be advised that this is an ongoing process and not simply a one-time objective. Field activities will be built in to ensure that follow-up and check-in activities continue.	12/31/20	
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>	All Providers & Settings: 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 waiver participants interested in the community.	12/31/21	
Heightened Scrutiny²			
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider		10/31/18	
Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS		12/31/18	
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.	12/31/18	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
Relocation			
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%	RCH: 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	12/31/20	51-52 (Amendment)

Milestone	Description	Proposed End Date	STP Page No.
<p><i>[The date when waiver participants, 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></p>	<p>participant select and then transition to a setting that meets the HCB settings requirements.</p>		
	<p>DSS: 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).</p>	12/31/20	51-52 (Amendment)
	<p>DDS: 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).</p>	12/31/20	51-52 (Amendment)
<p>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%</p> <p><i>[The date when waiver participants, 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></p>		3/30/21	51-52 (Amendment)
<p>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%</p> <p><i>[The date when waiver participants, guardians, case managers, etc. in</i></p>		6/31/21	51-52 (Amendment)

Milestone	Description	Proposed End Date	STP Page No.
<i>approximately 75% of providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>			
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 waiver participants, guardians, case managers, etc. in all providers have been notified that relocation is required. Please provide additional details on settings in the description.]</i>		9/30/21	51-52 (Amendment)
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>		5/1/21	51-52 (Amendment)
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>		8/01/21	51-52 (Amendment)
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>		11/01/21	51-52 (Amendment)
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>	RCH: If necessary, transition participants residing in a non-compliant RCH to a compliant setting	2/01/22	51-52 (Amendment)