

CONNECTICUT STATEWIDE TRANSITION PLAN FOR ALIGNMENT WITH THE HOME AND COMMUNITY BASED SERVICES (HCBS) FINAL REGULATION'S SETTING REQUIREMENTS

I. 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 has developed this Statewide Transition Plan to determine compliance with the HCB settings rule and describe how the State will comply with the new requirements. The federal regulation for the final rule can be found on the CMS website at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

Connecticut's HCBS programs are administered by the Department of Social Services (DSS) or the Department of Developmental Service (DDS).

The HCBS programs administered by DSS are:

- HCBS Waiver for Elders
- 1915(i) State Plan HCBS Option
- Acquired Brain Injury Waiver
- Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)
- Personal Care Assistance Waiver
- Katie Beckett Waiver

The HCBS programs administered by DDS are:

- Comprehensive Waiver
- Individual and Family Support Waiver
- Employment and Day Supports Waiver
- Home and Community Supports waiver for Persons with Autism
- Early Childhood Autism Waiver

Section II (Assessment of Compliance) describes Connecticut's assessment of compliance of its HCB settings with the HCB settings requirements. Section II.A addresses HCBS programs administered by DSS, and Section II.B provides information on HCBS programs administered by DDS. At the end of Section II.A and Section II.B is a chart of assessment milestones and timeframes. Section III (Remediation and Monitoring Activities) describes the State's actions to remedy any non-compliance and to ensure ongoing compliance. Similar to the structure of Section II, Section III.A addresses HCBS programs administered by DSS, and Section III.B provides information on HCBS programs administered by DDS. At the end of Section III.A and

Section III.B is a chart of remediation and monitoring milestones and timeframes. Section IV (Public Input Process) describes the public input process, including a summary of public comments and the State's response to comments. Section IV.A provides information on the HCBS programs administered by DSS, and Section IV.B provides information on those administered by DDS.

Reader's Note: Revisions and updates to the draft Statewide Transition Plan posted in November are in italics and preceded by "Updated Language."

II. ASSESSMENT OF COMPLIANCE

A. DSS Waivers

DSS reviewed the program regulations and service definitions for each of its HCBS programs to determine whether each service/setting complies with the new HCB settings requirements. DSS concluded that services provided in an individual's home (residence owned or leased by the participant/participant's family for personal use other than a home owned or leased by a HCBS provider), services provided in a practitioner's office (e.g., Mental Health Counseling), and transportation all comply with the HCB settings requirements. DSS conducted a further assessment of services/settings that do not meet the above criteria to determine whether the service/setting complies with the new HCB settings requirements. A discussion of DSS' further assessment is described below.

1. HCBS Waiver for Elders and 1915(i) State Plan HCBS Option

In preparing for the amendment to the Elders waiver, DSS reviewed the waiver services and residential settings and determined that three services and one residential setting in the Elders waiver and the 1915(i) State Plan HCBS Option required further review to assure compliance with the new HCB settings requirements. The three services are Assisted Living, Adult Family Living, and Adult Day Health. The residential setting requiring review is Residential Care Homes (RCH). The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting (Mental Health Counseling), or transportation.

a. *Assisted Living*

Based on several assessment activities, DSS has concluded that Assisted Living providers are in compliance with the new HCB settings requirements. DSS reviewed the Department of Public Health (DPH) regulation for Assisted Living Services and determined that the HCB settings requirements are specified in the DPH regulations, so DSS determined that the regulations comply with the new HCB settings requirements, and no changes need to be made to the regulations. This also indicates that the providers are aware of and in compliance with the HCB settings requirements. The regulations for assisted living are very clear that persons reside in individual units, with cooking facilities, and have the protection of a lease agreement. In addition to reviewing the regulations, DSS met with representatives of the Connecticut Assisted Living Association and confirmed that all communities are required to have leases with their tenants.

As part of DSS' ongoing quality assurance efforts, DSS staff complete audits of assisted living providers. Each year, DSS audits two to three different communities. The audit process includes interviews with HCBS participants. DSS staff have directly observed that settings are compliant with HCB setting requirements. Participants have privacy in their units, have access to food at any time, and can have visitors at any time, and the setting is physically accessible.

Although DSS has concluded that Assisted Living is fully compliant with the HCB settings requirements, DSS will implement remediation and monitoring activities to ensure ongoing compliance. See Section III.A.1.a below.

b. *Adult Family Living*

Upon further review of the program regulations and service definition, DSS determined that Adult Family Living complies with the HCB settings requirements. Adult Family Living is provided in the home of the participant or of the caregiver. This service comports with CMS requirements as:

- It is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The participant understands that selecting this service setting also means he/she is selecting this service provider for services included in the bundled rate.
- Additional home and community based services are selected by the participant from a range of qualified service providers to address additional needs identified in the person centered planning process.
- This setting is for a maximum of three people.

The rate for the service is a bundled rate, but the participant has free choice of qualified providers for any other HCBS provided in addition to Adult Family Living.

See Section III.A.1.b below for additional information on remediation and monitoring strategies.

c. *Adult Day Health*

Adult Day Health is a service that is provided in a group setting outside of the participant's home. By definition, the service is to reduce isolation and facilitate integration, socialization and access to activities. Additionally, the service:

- Is chosen by the participant as part of the person centered planning process from a range of available services and qualified providers;
- Facilitates integration to community activities and employment; and
- Facilitates interaction with non-Medicaid individuals.

In addition to reviewing the service definition, DSS conducted the following activities to assess the compliance of Adult Day Health with the new HCB settings requirements. First, DSS reviewed the certification standards for Adult Day Health providers established by the adult day

care (ADC) association. The standards indicate that the services provided by Adult Day Health providers are person-centered, support integration in the community, and offer a wide range of activities for participants to choose from. While the DSS standards appear to comply with the HCB settings requirements, when DSS met with the board of directors of the ADC association, they agreed to amend the certification standards to add language to more clearly reflect the HCB settings requirements (see Section III.A.1.c below).

DSS reviewed weekly and monthly calendars and schedules of activities for providers located adjacent to or on the grounds of a private nursing facility (no Adult Day Health providers are located on the grounds of or adjacent to a public facility). There are several programs located adjacent to a private facility and others that are on the grounds of communities that have a range of levels of care ranging from complete independent living to nursing facility. In all cases, the activities calendars indicated that the program serves to facilitate integration into the community and interaction with non-HCBS individuals. For example, one Adult Day Health provider had activities such as a trip to the Hartford Symphony, games, outdoor gardening, movies, religious services, bocce, an outing to a restaurant for lunch, shopping, reiki, manicures, a picnic at a local park as well as other club type activities. DSS staff have also visited a number of Adult Day Health providers and overall were quite impressed by the quality and range of programming and services offered.

To further review compliance of Adult Day Health providers located adjacent to or on the grounds of a private nursing facility, DSS developed and distributed a brief survey for care managers to complete to provide their perspective on the compliance of these Adult Day Health providers with the HCB settings requirements. Care managers were asked to assess nine statements that reflected the HCB settings requirements. For example, "Participants socialize with their peer, including non-HCBS participants, and engage in various interactive activities." The care managers were given a choice of five response options for each statement: Completely False; Partially False; Neither True nor False; Partially True; and Completely True. Each response option was assigned a score from 1 to 5 as follows: 1-Completely False; 2-Partially False, 3-Neither True nor False, 4-Partially True; and 5-Completely True.

Overall, care managers reported that these Adult Day Health centers comply with the HCB settings requirements reflected in the survey. Responses from all centers averaged an aggregate score of four or higher for each statement in the survey. The lowest aggregate response score was 4.19 for the statement "The center supports participant access to the surrounding community (not on the grounds of the nursing facility), e.g., through walking groups and/or field trips." One center received an average score of three for that statement, and another center received an average score of two. As described in Section III.A.1.c, below, DSS will follow up with these two centers. No other center received a score below a four on any of the statements.

Based on DSS' review of the service definition and certification standards, direct observation, review of weekly and monthly schedules of activities, and analysis of survey data supplied by care managers, DSS has concluded that Adult Day Health fully comports with the HCB settings requirements.

See Section III.A.1.c below for monitoring strategies.

d. *Residential Care Homes*

To begin its assessment of Residential Care Homes (RCHs), DSS identified the number of participants residing in RCHs. Our analysis identified 254 participants residing in RCHs. RCHs vary widely in their appearance, size and home like qualities. DSS recognizes that some RCHs are fully compliant with the HCB settings requirements while others will need to make changes to become compliant. To determine whether RCHs are in compliance with the HCB settings requirements, DSS took a number of steps. First, all care managers were trained on the final rule and were introduced to a survey to be utilized from September 1, 2014 through February 28, 2015 when performing the annual or semi-annual reassessment of participant's residing in an RCH (assessments take place at the RCH). The survey asks participants questions about the RCH in the following five categories: choice of residence, community access and integration, living space (e.g., physical access, ability to control schedule, privacy, choice regarding meals, etc.), staff interactions and privacy, and services (the participant's experience with services). Care managers will evaluate if the setting was clearly chosen by the participant as part of the person centered plan. DSS also developed and distributed a survey to all RCHs to do a self-assessment of compliance. This survey includes questions similar to the participant survey in the same five categories. In addition, DSS developed a brief survey for care managers to provide their perspective on RCH's compliance with the HCB settings rule. Review of the findings from the various surveys will help DSS identify areas that changes will need to be made to bring RCHs into full compliance. See Section III.A.1.d below for remediation and monitoring strategies.

2. Acquired Brain Injury Waiver

DSS identified five services in the Acquired Brain Injury (ABI) waiver that are not provided in the participant's home (which, except for the setting described below, is not provider-owned or leased and is owned or leased by the participant/participant's family for personal use) and one additional setting this is provider-owned or controlled.

The five services that DSS identified for further review are:

- Prevocational Services;
- Supported Employment;
- ABI Group Day;
- Community Living Support Services; and
- Substance Abuse Programs.

DSS reviewed the operating program regulations and service definitions for Prevocational Services and determined that:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community and supports access to employment in competitive integrated settings.

- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- This service is provided either in the participant's home or in a fully integrated work setting.

Because Prevocational Services are sometimes provided in a congregate setting, DSS decided to survey social workers, who directly observe participants in these settings, to further assess compliance of this service with the new rule. This survey process is scheduled to be completed by January 31, 2015.

Based on review of the operating program regulations and service definitions, DSS has concluded that Supported Employment complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- The service is provided in a competitive work setting that employs persons both with and without disabilities.

Based on a review of the operating program regulations and the service definitions DSS has concluded that ABI Group Day complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- The service is not provided in a facility setting. It is provided in the participant's home or an agency based setting that might teach such skills as meal planning and preparation, mobility training, or relaxation techniques. Another example might be taking several participants out to a community activity such as shopping, the library, a movie, or lunch.

Based on a review of the operating program regulations and the service definitions DSS has concluded that Community Living Support Services complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.

- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- The service is provided in the participant's home, including a home owned or controlled by a provider.
- The service is not provided in a facility/congregate setting.

Upon review of the operating program regulations and the service definitions DSS has concluded that Substance Abuse Programs complies with the new HCB settings requirements because this service is provided in the community or clinic settings, not institutional settings.

Some ABI waiver participants reside in homes that are owned or controlled by provider agencies. DSS developed and distributed a participant survey to be administered by social workers to assess each ABI provider-owned/controlled home's compliance with the HCB settings requirements. Similar to the participant survey for RCHs, the participant survey for ABI provider-owned/controlled homes includes questions in the following five categories: choice of residence, community access and integration, living space, staff interactions and privacy, and services. DSS also developed and distributed a survey to all ABI provider-owned/controlled homes to do a self-assessment of compliance. This survey includes questions similar to the participant survey in the same five categories. Responses to the participant and provider surveys will be compared and assessed for compliance with the HCB settings requirements.

See Section III.A.2 below for remediation and monitoring strategies related to the ABI waivers.

3. Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)

DSS identified five services in the Mental Health Waiver that are not just provided in the participant's home (owned or leased by the participant/participant's family for personal use). These services are Adult Day Health, Supported Employment, Assisted Living, Brief Episode Stabilization, and Non-Medical Transportation. See III.A.1.c for DSS' assessment of Adult Day Health for the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option (the same providers serve participants in HCPE and the Mental Health Waiver). DSS determined that the assessment of Supported Employment for the ABI waiver (see III.A.2) applies to the Mental Health Waiver. Similarly, DSS' assessment of Assisted Living (see III.A.1.c) applies to the Mental Health Waiver. Brief Episode Stabilization services are provided in the participant's home or in another community (non-residential setting). This intervention typically takes place in four to eight hour blocks of time but might last up to 24 or 48 hours, If the participant cannot be stabilized within this time period, a more intensive intervention is usually needed. Thus, DSS determined it was in compliance with the HCB settings requirements. Given the nature of Non-Medical Transportation, DSS has concluded that it also is in compliance with the HCB settings requirements.

4. Personal Care Assistance Waiver

The three services currently provided through the Personal Care Assistance (PCA) waiver (Personal Care, Assistive Technology, and personal emergency response systems (PERS)) are

provided in the participant’s home (residences owned or leased by the participant/participant’s family for personal use) and presumed compliant with the HCB settings requirements.

DSS has added Adult Family Living to the PCA waiver. For a description of DSS’ assessment of Adult Family Living, please see Section III.A.1.b.

5. Katie Beckett Waiver

DSS has reviewed the settings in which Katie Beckett waiver participants reside and determined that all settings in the Katie Beckett waiver fully comply with HCB settings requirements. This waiver serves children through age 21 who live in family homes that are fully compliant with HCB settings requirements. The service available to participants is care management by a registered nurse. The care management evaluation is done in the waiver participant’s home, which is a family home owned or rented by the family.

Summary of Assessment Milestones and Timelines

The following chart summarizes DSS’ assessment activities, including milestones and start and end dates. Note that some of the dates have been slightly revised from the draft Statewide Transition Plan posted in November to reflect the actual start date and/or a new end date.

Assessment Activity	Start Date	End Date
Evaluate Assisted Living service for compliance via review of DHP regulations, meeting with the assisted living association, and DSS audits.	4/1/14	6/30/14
Evaluate Adult Day Health service for compliance via review of the certification process, meeting with the ADC association, and reviewing weekly and monthly activity schedules.	4/1/14	6/30/14
Survey care managers regarding Adult Day Health providers that are adjacent to or on the grounds of a private nursing facility.	10/1/14	10/17/14
Evaluate survey results to determine whether any Adult Day Health providers need to implement changes to comply with the HCB settings rule.	10/17/14	10/24/14
Issue surveys for care managers to complete with waiver and 1915(i) participants who reside in RCHs.	9/1/14	2/28/15
Issue surveys to RCH owners.	10/1/14	12/31/14
Survey care managers regarding RCHs.	10/1/14	12/31/14
Evaluate survey results to identify RCHs that need to implement changes to comply with the HCB settings rule.	1/1/15	3/31/15
Review DPH’s regulations regarding RCHs to determine if regulatory changes might be needed to ensure compliance with the HCB settings rule.	2/1/15	6/30/15
Issue surveys for social workers to complete with ABI waiver participants who reside in provider-owned/controlled residences.	9/1/14	2/1/15
Issue surveys to ABI provider-owned/controlled homes.	10/1/14	12/10/14
Evaluate survey results to determine whether any ABI provider-owned/controlled homes need to implement changes to comply with the HCB settings rule.	12/11/14	3/31/15

Assessment Activity	Start Date	End Date
Survey social workers regarding Prevocational Services to further evaluate compliance with the new rule and evaluate survey results.	11/1/14	2/28/15
Hold public hearing on draft transition plan (statewide and HCBS program-specific).	10/22/14	10/22/14

B. DDS Waivers

DDS reviewed the services and settings for each of its HCBS programs to determine whether each service/setting complies with the new HCB settings requirements. DDS concluded that services provided in a participant's home (residence owned or leased by the participant/participant's family for personal use other than a home owned or leased by a HCBS provider), services provided in a practitioner's office (e.g., Behavioral Support), and transportation all comply with the HCB settings requirements. Furthermore, DDS determined that services provided in a community setting (e.g., Individualized Day, Individual Supported Employment) comply with the new HCB settings requirements. DDS conducted a further assessment of services/settings that do not meet the above criteria to determine whether the service/setting complies with the new HCB settings requirements. A discussion of DDS' further assessment is described below. Two service settings that DDS did not review are Assisted Living and Adult Day Health. Both these services are the same as those in the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option, and therefore DSS' assessment of these services (see Sections II.A.1.a (Assisted Living) and II.A.1.c (Adult Day Health)) applies to DDS' waivers.

1. Comprehensive Waiver

In preparation for the draft transition plan posted in July, DDS reviewed the current waiver services and identified three residential services that required further review to assure compliance with the new HCB settings requirements and three employment or day support services that require further review to assure compliance with the new HCB settings requirements. The services requiring further review are Community Living Arrangements (CLA), Community Companion Homes (CCH), Continuous Residential Supports (CRS), Prevocational Supports, Group Supported Employment and Group Day Support Options. The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

a. *Residential Habilitation: Community Living Arrangements (CLA) and Community Companion Homes (CCH)*

Residential habilitation assists participants with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal outcomes that enhance a participant's ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day.

Community Living Arrangements (CLA) are licensed settings operated by DDS regions or private agencies and offer participants opportunities to live in typical community housing. Homes are small in size and generally serve six or fewer participants.

Community Companion Homes (CCH) are privately owned or leased homes licensed by DDS. The CCH model offers a family setting to people with intellectual disabilities. Families of diverse cultures, backgrounds and composition are sought for the best possible match. CCH regulations provide the authority for homes to be licensed for up to three participants. However, to assure initial success, homes are initially licensed for only one participant. After a successful one year period with a participant living in the home, the region will consider requests for increased capacity based on strict guidelines to assure the best outcomes for the participant already living in the home. All regional recommendations for increases in capacity are reviewed and must be approved by Central Office Quality Management Services unit.

Both CLAs and CCHs provide participants living in these settings individual support for lifelong planning and to join with others to create and promote meaningful opportunities for them to fully participate as valued members of their communities, as well as maintaining contact with people important in their lives, and support them in working toward their personal goals.

All providers of CLA services are required to enter into a Purchase of Service Contract with DDS. The contract states that CLAs enable participants to reside in non-institutional settings where they can live, learn, work and enjoy life in their community in places where they can use their personal strengths, talents and passions. Participants develop safe, meaningful and empowering relationships with people other than service providers, have the opportunity to develop skills through lifelong learning and as participants gain skills and competencies. They know their rights and responsibilities, make informed choices, take responsibility for their lives, and experience the dignity of risk, and/or earn money and pursue opportunities to live the life they choose.

DDS reviewed the waiver service definition, contract language, and service regulations, and concluded that these are in compliance with the HCB settings requirements. In addition, DDS conducted a survey of CLA and CCH providers and participants and family members of participants receiving CLA and CCH services. Although verification of results using National Core Indicators (NCI) survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in CLA and CCH settings. Where modification to the HCB settings requirements are necessary based upon a participants programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Based on these assessment activities DDS has determined that CLA and CCH settings are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

b. *Continuous Residential Supports (CRS)*

Continuous Residential Supports (CRS) provide assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitation

outcomes that enhance a participant's ability to live in his/her community as specified in the Individual Plan. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day.

CRS must take place in a setting other than a family home and have the following characteristics:

- Three or fewer participants living together in the same apartment, condominium or single family dwelling.
- Participants have their own rooms.
- Participants have a lease or legally binding agreement.
- Participants can choose to self-direct their services by utilizing an Agency with Choice.

DDS reviewed the waiver service definition of CRS and determined that the HCB settings requirements are specified in the definition, so no changes need to be made to the waiver service definition. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

All providers of CRS services are required to enter into a Purchase of Service Contract with DDS. The contract states that CRS is a non-licensed setting for no more than three participants that provides the necessary support to achieve personal outcomes that enhance a participant's ability to live in their community. The language is clear that participants will hold the lease to their home, that paid staff support should not replace non-paid supports provided by family, friends, and the community, and that participants should have a choice regarding with whom they live and where they live. Therefore, DDS has determined that the CRS contract is in compliance with the HCB settings requirements.

In addition to reviewing the waiver service definition and contract language, DDS conducted a survey of CRS providers. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in CRS settings. Participants have privacy in their homes, have access to food at any time, and can have visitors at any time, and the setting is physically accessible. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Based on these assessment activities DDS has determined that CRS settings are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

c. Prevocational Services

Prevocational Services provide learning and work experiences and training to assist the participant to prepare for employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety that contribute to the participant's

employability in paid and integrated employment. This may include teaching, training, supporting work activities, career assessment and career planning. Services are not job-task oriented, but instead aimed at a generalized result. Services are reflected in the participant's Individual Plan with outcomes and timelines towards individualized competitive employment. An annual community based assessment is completed for each participant and reviewed by DDS.

DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition and the contract is in compliance with the HCB settings requirements, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

In addition, DDS conducted a survey of providers of Prevocational Services and participants and family members of participants receiving Prevocational Services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in prevocational settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Based on these assessment activities DDS has determined that Prevocational Services are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

d. Group Supported Employment

Group Supported Employment provides ongoing supports that enable participants in a structured environment focused towards work. This service is provided to participants for whom individualized competitive employment at or above the minimum wage is currently unattainable but are on the path to competitive employment with some ongoing supports and need supports to perform in a regular work setting. Group Supported Employment may include assisting the participant with assessments, career planning, locating a job or developing a job on behalf of the participant. Group Supported Employment occurs in a variety of settings, particularly work sites where persons without disabilities are employed. Group Supported Employment includes activities needed to obtain and sustain paid work by participants, including career planning, assistive technology, job development, supervision and training.

DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition, and the contract is in compliance with the HCB settings requirements, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

In addition, DDS conducted a survey of Group Supported Employment providers and participants and family members of participants receiving Group Supported Employment services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in Group Supported Employment settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Based on these assessment activities DDS has determined that Group Supported Employment is substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

e. Group Day Support Options

Groups Day Support Options are services and supports leading to the acquisition, improvement and/or retention of skills and abilities to prepare a participant for work and/or community participation, or support meaningful socialization, leisure and retirement activities.

DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition, and the contract is in compliance with the HCB settings requirement, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements. DDS conducted a survey of Group Day Support Option providers and participants and family members of participants receiving Group Day Support Options services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in Group Day Support Options settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Based on these assessment activities DDS has determined that Group Day Support Options is substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

2. Individual and Family Support Waiver

In preparing for the amendment to the Individual and Family Support Waiver, DDS reviewed the waiver services and determined that two settings and three services in the Individual and Family Support Waiver required further review to assure compliance with the new HCB settings requirements. The two settings are Community Companion Homes (CCH) and Continuous

Residential Supports (CRS), the three services are Pre-Vocational Services, Group Supported Employment and Group Day Supports Options. The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

a. *Community Companion Homes (CCH)*

The Community Companion Homes (CCH) service covered in the Individual and Family Support Waiver is the same as CCH in the Comprehensive Waiver. Thus, the assessment of CCH for the Comprehensive Waiver applies to CCH in the Individual and Family Support Waiver. Please see Section II.B.1.a for DDS' assessment of CCH.

b. *Continuous Residential Supports*

Continuous Residential Supports (CRS) provided in the Individual and Family Support Waiver is the same as CRS provided in the Comprehensive Waiver. Therefore, the assessment of CRS for the Comprehensive Waiver applies to CRS in the Individual and Family Support Waiver. Please see Section II.B.1.b for DDS' assessment of CRS.

c. *Prevocational Services*

Prevocational Services covered by the Individual and Family Support Waiver is the same as Prevocational Services provided in the Comprehensive Waiver. Thus, the assessment of Prevocational Services for the Comprehensive Waiver applies to Prevocational Services in the Individual and Family Support Waiver. Please see Section II.B.1.c for DDS' assessment of Prevocational Services.

d. *Group Supported Employment*

Group Supported Employment provided in the Individual and Family Support Waiver is the same as Group Supported Employment provided in the Comprehensive Waiver. Therefore, the assessment of Group Supported Employment for the Comprehensive Waiver applies to Group Supported Employment in the Individual and Family Support Waiver. Please see Section II.B.1.d for DDS' assessment of Group Supported Employment.

e. *Group Day Support Options*

Group Day Support Options provided in the Individual and Family Support Waiver is the same as Group Day Support Options provided in the Comprehensive Waiver. Therefore, the assessment of Group Day Support Options for the Comprehensive Waiver applies to Group Day Support Options in the Individual and Family Support Waiver. Please see Section II.B.1.e for DDS' assessment of Group Day Support Options.

3. Employment and Day Supports Waiver

DDS has reviewed the settings in which Employment and Day Supports Waiver participants receive their HCB services. All participants of this waiver reside in their family home or their own home (owned or rented by the family or participant), which is compliant with the HCB settings requirements. In preparation for the draft transition plan posted in July, DDS reviewed the current waiver services and identified two services that required further review to assure compliance with the new HCB settings requirements. The services requiring review are Group Supported Employment and Group Day Support Options. The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

a. Group Supported Employment

Group Supported Employment provided in the Employment and Day Supports Waiver is the same as Group Supported Employment provided in the Comprehensive Waiver. Therefore, the assessment of Group Supported Employment for the Comprehensive Waiver applies to Group Supported Employment in the Employment and Day Supports Waiver. Please see Section II.B.1.d for DDS' assessment of Group Supported Employment.

b. Group Day Support Options

Group Day Support Options provided in the Employment and Day Supports Waiver is the same as Group Day Support Options provided in the Comprehensive Waiver. Therefore, the assessment of Group Day Support Options for the Comprehensive Waiver applies to Group Day Support Options in the Employment and Day Supports Waiver. Please see Section II.B.1.e for DDS' assessment of Group Day Support Options.

4. Home and Community Supports Waiver for Persons with Autism

The Home and Community Supports Waiver for Persons with Autism serves children as young as eight and across the lifespan who are diagnosed with Autism Spectrum Disorder. Waiver participants receive services in their family home or their own home (home owned or leased by the participant, the participants' parents or legal guardians). This is fully compliant with the HCB settings requirements.

In preparation for the draft transition plan posted in July, DDS reviewed the current waiver services in the Home and Community Supports Waiver for Persons with Autism and identified one service/setting that required further review to assure compliance with the new HCB settings requirements. The setting/service requiring review is Community Companion Homes (CCH). Currently no participants served by this waiver reside in this setting. The Community Companion Homes (CCH) service covered in the Home and Community Supports Waiver for Persons with Autism is the same as CCH in the Comprehensive Waiver. Thus, the assessment of CCH for the Comprehensive Waiver applies to CCH in the Home and Community Supports Waiver for Persons with Autism. Please see Section II.B.1.a for DDS' assessment of CCH.

All other services covered in the Home and Community Supports Waiver for Persons with Autism are provided in the participant’s home, provided in the provider’s office or other non-congregate community setting, or transportation.

5. Early Childhood Autism Waiver

The Early Childhood Autism Waiver serves young children ages three and four who are diagnosed with Autism Spectrum Disorder and who have significant deficits in adaptive behaviors. Children receive behavioral consultation through the use of Applied Behavior Analysis and Functional Behavior Assessments. Services are provided in the child’s home (home owned or leased by the child’s parents or legal guardians). This is fully compliant with the new HCB settings requirements.

Summary of Assessment Milestones and Timelines

The following chart summarizes DDS’ assessment activities, including milestones and start and end dates.

Assessment Activity	Start Date	End Date
Provider breakdown by site. State identifies settings for review and associated providers.	7/1/14	7/30/14
Stakeholder Transition Work Group. Interdisciplinary team formed to direct assessment and remediation process and transition plan development.	7/1/14	12/31/14
Review of all DDS waiver service definitions, contracts and regulations as applicable.	7/1/14	9/30/14
Development of provider self-assessment. Online survey developed based on the CMS probing questions.	7/1/14	8/31/14
Test/refine self-assessment tool. Test tool for functionality/content.	8/1/14	8/31/14
Engage providers to complete self-assessment tool. Roll-out tool using centralized distribution methodology, simultaneous posting on DDS’ website.	8/1/14	9/15/14
Development of participant and family survey (developed using questions from NCI and CMS’s exploratory questions).	9/1/14	10/1/14
Engage participants and families to complete survey. Develop fact sheet for participants and families, load survey into survey tool, deliver tool.	11/15/14	12/31/14
System barrier identification. Transition Work Group engages in identifying and prioritizing system policy, procedures, and regulations that present barriers to HCB settings requirements.	7/15/14	9/15/14
Validation of provider self-assessment. Compare provider self-assessment data to data from NCI survey completed by 400 participants and family members.	11/1/14	12/31/14
Case management and quality management staff validate a representative sample of provider self-assessments.	11/1/14	12/15/14

Assessment Activity	Start Date	End Date
Revise Statewide Transition Plan based on assessment analysis, outreach and public comments.	11/1/14	12/20/14

III. REMEDIATION AND MONITORING ACTIVITIES

A. DSS Waivers

While DSS has not completed its assessment of the services and settings for each of its HCBS programs, DSS has identified potential remediation activities as well as activities to ensure ongoing compliance. These activities are described in more detail below.

1. HCBS Waiver for Elders and 1915(i) State Plan HCBS Option

As noted in Section II.A.1, DSS identified three services and one setting in the HCBS Waiver for Elders and the 1915(i) State Plan HCBS Option that required further review to assure compliance with the new HCB requirements. The three services are Assisted Living, Adult Family Living, and Adult Day Health. The setting requiring review is Residential Care Homes. In addition to the remediation and monitoring activities described below for each service/setting, as part of its ongoing quality reviews of the DSS' care management entities, DSS will audit a sample of HCBS providers, including conducting onsite visits of providers. The onsite visit will include a review of compliance with the HCB settings requirements.

a. *Assisted Living*

Although DSS has concluded that Assisted Living complies with the HCB settings requirements, DSS will strengthen the language in its program regulations to specifically reflect the HCB settings requirements. In addition, DSS has incorporated review for compliance with HCB settings requirements in its regular quality assurance audits of assisted living providers. Each year DSS audits two to three different communities. The audit includes interviews with HCBS participants.

b. *Adult Family Living*

DSS has determined that Adult Family Living complies with the HCB settings requirements. DSS will undertake activities to ensure ongoing compliance. This includes meeting with the providers of Adult Family Living and emphasizing the importance of compliance with the HCB settings requirements. In addition, by June 30, 2015, 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.

c. *Adult Day Health*

While DSS has determined that Adult Day Health complies with the HCB settings requirements, DSS will follow up with the two centers that received a score below a four on a statement on the

Adult Day Health survey described above and work with them on a quality improvement plan. Also, DSS will work with the certification committee of the ADC association to include, by June 30, 2015, language in their certification standards to more clearly reflect the HCB settings requirements. DSS will also revise its own program regulations to reflect the HCB settings requirements. This will be accomplished by December 31, 2015. In order to ensure ongoing compliance, visits to Adult Day Health providers will be integrated into DSS' ongoing quality assurance activities.

d. *Residential Care Homes*

On November 19, 2014 DSS conducted a training for the RCH association to ensure understanding of the HCB settings requirements. DSS will also work with DPH, which licenses RCHs, to update regulatory documents to assure compliance with the HCB settings requirements. This will be accomplished by December 31, 2015. DSS will also add language to its program regulations to reflect the HCB settings requirements by December 31, 2015.

DSS will review the results of the RCH surveys to identify homes that might not be fully compliant with the HCB settings requirements. DSS anticipates that some RCHs are not fully compliant with the HCB settings requirements. Therefore, in addition to the general remediation and monitoring activities listed above, DSS will work with individual providers identified as potentially not compliant to address any non-compliance. DSS will inform individual RCHs of non-compliance items and request the RCH to submit a corrective action plan (CAP) that identifies the steps the RCH will take to remediate the identified issues and the timelines for each step and anticipated compliance. DSS will require the RCH to provide periodic updates on its progress. DSS is working with a stakeholder group that includes the United States Department of Housing and Urban Development (HUD) to assist housing providers, including RCHs, comply with the HCB settings requirements. One of the planned initiatives is to provide a competitive grant to RCHs that are affiliated with nursing facilities to help them comply with the HCB settings requirements.

If an RCH is unable or unwilling to comply with the HCB settings requirements, DSS will notify the care manager(s) for the affected participant(s), and the care manager will help the participant select and then transition to a setting that meets the HCB settings requirements. DSS assures that it will provide reasonable notice and due process to any participant that needs to transition to another setting. DSS anticipates that the relocation process will take approximately six months. Through the person centered planning process the care manager will ensure that the participant is provided information about alternative settings that comply with HCB settings requirements and makes an informed choice of an alternative setting. The care manager will ensure that all services are in place in advance of a participant's transition and will monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's service plan as needed, and tracking the success of the transition. While care managers will provide information on options and encourage participants to transition to a setting that complies with the HCB settings requirements, some participants may choose to remain in their current setting and disenroll from the waiver.

If DSS determines that an RCH has the effect of isolating participants from the broader community but otherwise has the qualities of HCB settings, DSS will submit information to CMS for heightened scrutiny review.

Updated Language: To ensure ongoing compliance, as part of the initial assessment of participants for enrollment in the HCBS Waiver for Elders/the 1915(i) State Plan HCBS Option, care managers (who have been trained on the new rule) will evaluate the RCH's compliance with the HCB settings requirements using a checklist that ensures the setting meets the HCB settings requirements, including:

- *The participant has a lease;*
- *The participant has privacy including lockable doors;*
- *The participant has a choice of roommates;*
- *The participant has freedom to control his/her own schedule;*
- *The participant is free to have visitors; and*
- *The setting is integrated into the community and facilitates access to community activities such as movies, shopping, and recreational activities.*

Similar to the evaluation at initial assessment, if a participant chooses to move into an RCH, the care manager will use the checklist to ensure the setting meets the HCB settings requirements. Also, on an ongoing basis, as part of their home visits, care managers will evaluate the RCH's compliance with the HCB settings requirements. This will ensure that all settings where individuals receive services will continue to meet the HCB settings requirements on an ongoing basis. If at any time (during initial assessment, when a participant moves to a RCH, or during a home visit) the care manager determines that an RCH is not compliant with the HCB settings requirements, the care manager will discuss this with the participant and offer the participant alternative settings that are compliant. If the applicant/participant chooses to reside in the non-compliant setting, he/she would not be eligible for the HCBS program.

2. Acquired Brain Injury Waiver

DSS will review the results of the Prevocational Services survey to identify providers that received a score below a four on one or more statements included in the survey. DSS will follow up with individual providers that receive a score below a four on one or more statements to address any non-compliance and/or improve compliance. If a Prevocational Services provider is unable or unwilling to comply with the HCB settings requirements, that provider will be terminated, and the social workers will help affected participants select and then transition to a Prevocational Services provider that meets the HCB settings requirements.

On December 3, 2014, DSS conducted a training for ABI providers, including providers who have participants residing in homes that the provider either owns or leases. By December 31, 2015, DSS will add language to its program regulations to reflect the HCB settings requirements. This will include ensuring that waiver participants residing in ABI provider owned or controlled homes have a lease.

If DSS determines, based on the survey results or otherwise, that an ABI provider owned/controlled home is not fully compliant with the HCB settings requirements, DSS will work with the provider to address any non-compliance. DSS will inform individual providers of non-compliance items and request the provider to submit a CAP that identifies the steps the provider will take to remediate the identified issues and the timelines for each step and anticipated compliance. DSS will require the provider to provide periodic updates on its progress.

If an ABI provider owned/controlled home is unable or unwilling to comply with the HCB settings requirements, DSS will notify the social worker(s) for the affected participant(s), and the social worker will help the participant select and then transition to a residential setting that meets the HCB settings requirements. DSS assures that it will provide reasonable notice and due process to any participant that needs to transition to another setting. DSS anticipates that relocations will take six months to a year. Through the person centered planning process, social workers will ensure that the participant makes an informed choice from alternative settings that comply with the HCB settings requirements. The social worker will also ensure that all services are in place in advance of the participant's transition and then monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's service plan as needed, and tracking the success of the transition.

To ensure ongoing compliance of ABI provider owned/controlled homes, as part of the initial assessment of participants for enrollment in the ABI waiver, social workers (who have been trained on the new rule) will evaluate the ABI provider owned/controlled home's compliance with the HCB settings requirements using a checklist that ensures the setting meets the HCB settings requirements. This checklist will be similar to the one used by care managers for RCHs, as described in Section III.1.A.d above.

Similar to the evaluation at initial assessment, if a participant chooses to move into a ABI provider owned/controlled home, the social worker will use the checklist to ensure the setting meets the HCB settings requirements. Also, on an ongoing basis, at reassessments and team meetings, social workers will evaluate the ABI provider owned/controlled home's compliance with the HCB settings requirements. This will ensure that all settings where individuals receive services will continue to meet the HCB settings requirements on an ongoing basis. If at any time (during initial assessment, when a participant moves to a ABI provider owned/controlled home, or during a home visit) the social worker determines that a ABI provider owned/controlled home is not compliant with the HCB settings requirements, the social worker will discuss this with the participant and offer the participant alternative settings that are compliant. If the applicant/participant chooses to reside in the non-compliant setting, he/she would not be eligible for the ABI waiver.

In addition to the individual review of the setting done by the social worker, the State will verify compliance with the HCB settings requirements during the provider credentialing and re-credentialing process. This will include reviewing the service definitions with new providers to

ensure that only those providers who meet HCB settings requirements can enroll and provide services under this waiver.

3. Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)

No remediation required.

4. Personal Care Assistance Waiver

While DSS has determined that all services currently provided through the PCA waiver comply with the HCB settings requirements, DSS will revise its PCA waiver program regulations to reflect the HCB settings requirements. This will occur by December 31, 2015.

As noted in Section II.A.4, DSS added Adult Family Living to the PCA waiver. For a description of DSS' remediation and ongoing monitoring strategies for Adult Family Living, please see III.A.1.b above.

5. Katie Beckett Waiver

No remediation or ongoing monitoring required.

Summary of Remediation and Monitoring Milestones and Timelines

The following chart summarizes DSS' remediation and monitoring activities, including milestones and start and end dates. Note that some of the dates have been slightly revised from the draft Statewide Transition Plan posted in November in order to reflect the actual start date and/or a new end date.

Remediation or Monitoring Activity	Start Date	End Date
Add language to DSS' program regulations for the (1) HCBS Waiver for Elders and the 1915(i) State Plan HCBS Option, (2) ABI waivers, and (3) PCA Waiver to reflect the HCB settings requirements.	4/1/15	10/1/16
Incorporate assessment of compliance with the HCB settings requirements into DSS' ongoing audits of Assisted Living providers.	7/1/14	N/A (Ongoing)
Incorporate evaluation of compliance with the HCB settings requirements into care manager's home visits to Adult Family Living and initial assessment and ongoing home visits for participants in Residential Care Homes.	7/1/14	N/A (Ongoing)
Meet with Adult Family Living providers and emphasize the importance of compliance with HCB settings requirements.	10/15/14	12/31/14
Follow up with two Adult Day Health centers that received a score below a four on a statement on the Adult Day Health survey to work with them on a quality improvement plan.	11/1/14	3/31/15
Work with the ADC association to include language in the ADC's certification standards for Adult Day Health providers that reflects the HCB settings requirements.	11/1/14	6/30/15
Conduct training for the RCH association.	11/19/14	11/19/14

Remediation or Monitoring Activity	Start Date	End Date
Participate in a stakeholder group to advance housing solutions in the state and assist housing providers with compliance with the HCB settings rule.	6/1/14	3/1/15
Work with DPH to update regulatory documents to assure compliance with the HCB settings requirements.	6/30/15	12/31/15
Work with RCHs to address compliance issues.	4/1/15	3/31/16
If necessary, transition participants residing in a non-compliant RCH to a compliant setting.	4/1/15	3/31/16
Follow up with any Prevocational Services providers that received a score below a four on one or more statements on the Prevocational Services survey.	3/1/15	8/31/15
Incorporate evaluation of compliance with the HCB settings requirements into social worker's initial assessment and ongoing home visits to ABI provider-owned/controlled homes.	1/1/15	N/A (Ongoing)
If necessary, work with individual ABI provider owned/controlled homes to address compliance issues.	4/1/15	6/30/15
If necessary, transition participants residing in a non-compliant ABI provider owned/controlled home to a compliant setting.	4/1/15	6/30/15
Ongoing monitoring to identify and address instances of non-compliance.	1/1/15	N/A (Ongoing)
Revise Statewide Transition Plan based on analysis of survey results, remediation activities, ongoing monitoring, and public comments/feedback.	12/20/14	N/A (Ongoing)

B. DDS Waivers

DDS reviewed the waiver service definitions, contract language, provider agreements, and state service regulations and conducted a survey of providers and participants and family members of waiver participants. Although DDS has completed its assessment of the services and settings for each of its HCBS programs, DDS will be using 400 recently completed NCI surveys to validate the system assessment. DDS' initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in all DDS settings. Although DDS has concluded that the services and settings reviewed are compliant with the HCB settings requirements, DDS has identified potential remediation and monitoring activities as well as activities to ensure ongoing compliance. These activities are described in more detail below.

Note that since Assisted Living and Adult Day Health are the same as those in the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option, DSS' remediation and ongoing monitoring of these services (see Sections III.A.1.a (Assisted Living) and III.A.1.c (Adult Day Health)) applies to DDS' waivers. DDS will collaborate with DSS in the implementation of remediation and ongoing monitoring activities for these services.

1. Comprehensive Waiver

As noted in Section II.B.1, DDS identified three residential based services in the Comprehensive Waiver that required further review to assure compliance with the new HCB settings

requirements and three employment or day support services that required further review to assure compliance with the new HCB settings requirements.

a. Residential Habilitation: Community Living Arrangements (CLA) and Community Companion Homes (CCH)

Although DDS has concluded that Community Living Arrangements (CLA) and Community Companion Homes (CCH) comply with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. DDS will strengthen the language in its program regulations to specifically reflect the HCB settings requirements regarding leasing or legally binding document and all HCB setting requirements by September 30, 2015. By June 15, 2015 DDS will develop a policy regarding dignity of risk that promotes informed choice as well as an overarching policy on HCB setting requirements that takes precedence over all other policies and procedures.

By June 30, 2015 DDS will review the Quality System (quality service reviews) to ensure compliance with HCB setting requirements. This will also include ongoing monitoring for compliance. DDS quality management staff and case management staff complete reviews, called quality service reviews, of residential and non-residential settings where participants are supported. DDS reviews a representative sample of all waiver participants using the guidelines from CMS for reliability and validity. The review process includes interviews with HCBS participants, the staff who support the participants, onsite observations, and record and documentation reviews. Non-compliance is identified and remediated within the quality service review application, and data is aggregated in an electronic recording system. DDS meets with each provider annually to review performance against statewide benchmarks that includes areas of non-compliance, and providers develop a continuous quality improvement plan to address systemic improvements.

DDS will also conduct a structured review of current policies, procedures and contracts and identify changes needed or areas to strengthen language regarding compliance with the HCB settings requirements and develop a strategy going forward by June 30, 2015. Moreover, starting January 15, 2015, as part of ongoing education, participants, family members, qualified providers, DDS case managers, and DDS staff will have received training on the final rule by July 1, 2015. DDS has developed numerous fact sheets for participants, families, providers and staff, and these will be widely distributed. Self-advocates in collaboration with DDS and other stakeholders will develop a public service announcement by April 1, 2015.

If any DDS provider of service is unable or unwilling to comply with the HCB settings requirements, after DDS has implemented and fully exhausted the current DDS Enhanced Monitoring Procedure: I.G.PR.003 (Enhanced Monitoring: An increased level of monitoring, beyond the regular monitoring, which is one component of the quality assurance and improvement system. Such increased monitoring may include, but is not limited to: frequency of site visits, provider meetings, and documentation requirements deemed necessary by the department to assess progress of the agency toward meeting identified goals and outcomes established in response to assessments of unsatisfactory performance in accordance with this procedure), DDS will notify the participant, provider, guardian or family and DDS case

manager(s) for the affected participant(s), and the case manager will help the participant select and then transition to a service or setting that meets the HCB settings requirements. DDS assures that it will provide reasonable notice and due process (as outlined in DDS policy and procedure including DSS Medicaid Fair Hearing) to any participant that needs to transition to another setting. DDS anticipates that the relocation process will take approximately six months depending on the service or setting. Through the Individual Plan process the case manager will ensure that the participant is provided information about alternative settings that comply with HCB settings requirements and makes an informed choice of an alternative service or setting. The case manager will ensure that all services are in place in advance of a participant's transition and will monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's Individual Plan as needed, and tracking the success of the transition. While case managers will provide information on options and encourage participants to transition to a setting that complies with the HCB settings requirements, some participants may choose to remain in their current setting and disenroll from the waiver.

DDS participants also can chose to exercise Portability of their funding for any reason and at any time. The DDS Portability Procedure: I.G.PR.001 empowers participants to direct their futures; have control over how they live their lives, where, and with whom; and have authority over the resources that support them.

b. Continuous Residential Supports

Although DDS has concluded that Continuous Residential Supports (CRS) complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to CRS.

c. Prevocational Services

Although DDS has concluded that Prevocational Services complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Prevocational Services.

d. Group Supported Employment

Although DDS has concluded that Group Supported Employment complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Group Supported Employment.

e. Group Day Support Options

Although DDS has concluded that Group Day Support Options complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Group Day Support Options.

2. Individual and Family Support Waiver

As noted in Section II.B.2, DDS determined that two settings and three services in the Individual and Family Support Waiver required further review to assure compliance with the new HCB settings requirements.

a. Community Companion Homes (CCH)

The Community Companion Homes (CCH) service covered in the Individual and Family Support Waiver is the same as CCH in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CCH for the Comprehensive Waiver apply to CCH in the Individual and Family Support Waiver. Please see Section III.B.1.a for DDS' remediation and monitoring activities for CCH.

b. Continuous Residential Supports (CRS)

The Continuous Residential Supports (CRS) service covered in the Individual and Family Support Waiver is the same as CRS in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CRS for the Comprehensive Waiver apply to CRS in the Individual and Family Support Waiver. Please see Section III.B.1.b for DDS' remediation and monitoring activities for CRS.

c. Prevocational Services

Prevocational Services covered in the Individual and Family Support Waiver is the same as Prevocational Services in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Prevocational Services for the Comprehensive Waiver apply to Prevocational Services in the Individual and Family Support Waiver. Please see Section III.B.1.c for DDS' remediation and monitoring activities for Prevocational Services.

d. Group Supported Employment

The Group Supported Employment service covered in the Individual and Family Support Waiver is the same as Group Supported Employment in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Comprehensive Waiver apply to Group Supported Employment in the Individual and Family Support Waiver.

Please see Section III.B.1.d for DDS' remediation and monitoring activities for Group Supported Employment.

e. Group Day Support Options

Group Day Support Options covered in the Individual and Family Support Waiver is the same as Group Day Support Options in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Day Support Options for the Comprehensive Waiver apply to Group Day Support Options in the Individual and Family Support Waiver. Please see Section III.B.1.e for DDS' remediation and monitoring activities for Group Day Support Options.

3. Employment and Day Supports Waiver

As noted in Section II.B.3, DDS identified two services in the Employment and Day Supports Waiver that required further review to assure compliance with the new HCB settings requirements.

a. Group Supported Employment

The Group Supported Employment service covered in the Employment and Day Supports Waiver is the same as Group Supported Employment in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Employment and Day Supports Waiver apply to Group Supported Employment in the Individual and Family Support Waiver. Please see Section III.B.1.d for DDS' remediation and monitoring activities for Group Supported Employment.

b. Group Day Support Options

Group Day Support Options covered in the Employment and Day Supports Waiver is the same as Group Day Support Options in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Employment and Day Supports Waiver apply to Group Day Support Options in the Individual and Family Support Waiver. Please see Section III.B.1.e for DDS' remediation and monitoring activities for Group Day Support Options.

4. Home and Community Supports Waiver for Persons with Autism

a. Community Companion Homes (CCH)

The Community Companion Homes (CCH) service covered in the Home and Community Supports Waiver for Persons with Autism is the same as CCH in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CCH for the Comprehensive Waiver apply to CCH in the Home and Community Supports Waiver for Persons with Autism. Please see Section III.B.1.a for DDS' remediation and monitoring activities for CCH.

5. Early Childhood Autism Waiver

No remediation or ongoing monitoring required.

Summary of Remediation and Monitoring Milestones and Timelines

The following chart summarizes DDS' remediation activities, including milestones and start and end dates.

Remediation or Monitoring Activity	Start Date	End Date
Dignity of risk policy (risk mitigation). Develop policy that enables informed choice of participant.	11/1/14	6/15/15
Overall DDS policy on HCB setting requirements. Create overarching policy that takes precedence over all other policies & procedures that may inhibit HCB settings requirements.	12/1/14	6/15/15
Review of Quality System (quality service reviews) to ensure compliance with HCB settings requirements.	9/1/14	6/30/15
Work with providers regarding ongoing monitoring and compliance. Monitor compliance and address instances of non-compliance. (Continuous Improvement Plan and Enhanced Monitoring Procedure).	1/1/15	ongoing
Policy, procedure and contract review. Structured review of P&Ps to identify scope of changes needed and develop go forward strategy.	2/1/15	6/30/15
Self-advocate training. Training on HCB settings requirements for self-advocacy community and development of PSA.	11/1/14	4/1/15
Family training. Training on HCB settings requirements for families.	11/1/14	7/1/15
Provider training. Training on HCB settings requirements for providers.	11/1/14	7/1/15
Case management training. Training on HCB settings requirements for case managers.	11/1/14	7/1/15
DDS staff training. Training on HCB settings requirements for all DDS staff.	11/1/14	7/1/15

Prior to the release of the HCB settings rule in January 2014 DDS had embarked on a journey that continues to incorporate many activities and initiatives that reinforce the HCB settings rule. A new Commissioner was appointed in 2011, and he instituted a "People and Families First" focus for DDS. The first step in the process was the development of a new Five Year Plan that outlined the future of DDS by defining our 25 goals for the future incorporating the focus of "People and Families First." The next step was the development of a new Mission and Vision statement released in 2012 that challenged DDS and the citizens of Connecticut to not only accept the presence of the people we support in Connecticut's communities but to "promote opportunities for individuals to fully participate as valued members of their communities." Through the development of the Five Year Plan a practice of full stakeholder involvement was adopted. This practice has been fully implemented and is evidenced in the new endeavors DDS has focused on, such as applying for and receiving the Community of Practice grant and in the development of the current Mentor Project. These are a few of the initiatives that DDS believes

have helped ready individuals and families, our staff, providers and the greater stakeholder community to embrace the HCB setting requirements as an opportunity to ensure that DDS is fully in compliance in all current and development of future services under the HCBS waiver system.

IV. PUBLIC INPUT PROCESS

The State sought input from the public on the State's draft transition plan (statewide and HCBS program-specific) and provided a 30-day period for input. The State also conducted tribal notification in accordance with State plan requirements.

Notice regarding the draft transition plan posted in July was published in the Connecticut Law Journal and the State's website, and the State provided a 30-day comment period for each. The draft transition plan was posted on the State's website from July 23, 2014 through August 25, 2014. Comments could be submitted by email, mail, or fax.

The State had a public hearing on October 22 on both the amendments to the DSS waivers and the draft transition plan. The State did not receive any comments at the hearing on the draft transition plan.

In addition, since the State made substantive changes to the draft transition plan, it sought public input on a draft Statewide Transition Plan. The draft Statewide Transition Plan was posted on the State's website from November 10 with a request for comments by December 15, 2014. Comments could be submitted by email, mail, or fax.

The State assures that the Statewide Transition Plan, with modifications from the draft Statewide Transition Plan posted in November, will be posted for public information no later than the date of submission to CMS, and that all public comments on the draft transition plan posted in July and the draft Statewide Transition Plan posted in November will be retained and made available for CMS review for the duration of the transition period or approved waiver, whichever is longer.

The Statewide Transition Plan can be found at:
<http://www.ct.gov/dss/cwp/view.asp?Q=548634&A=4125>

The State will ensure ongoing transparency and input from stakeholders by posting updates to the Statewide Transition Plan on its website and accepting comments on any updates.

A. DSS Waivers

1. Summary of Comments

DSS did not receive comments on its draft Statewide Transition Plan posted in November. DSS received comments on its draft transition plan posted in July from four stakeholders – two area agencies on aging, a care management organization, and an advocacy organization. The comments were generally supportive of DSS' process and of RCHs and Adult Day Health

providers. For example, one stakeholder said: “The assessment activity outlined in the plan appears quite comprehensive.” According to another stakeholder, “RCHs and [Adult Day Health services] are vital to our community and the elderly population we serve through our programs.”

Three of the stakeholders provided comments regarding Adult Day Health providers. One stakeholder agreed with DSS’ plan to review State regulations and consult with the ADC association. Another stakeholder noted that “possibly the review of Adult Day Health services will also render some creative solutions designed to support the adult day centers, many of whom struggle financially.” The third stakeholder submitted a testimonial regarding the benefits of Adult Day Health facilities.

Three of the stakeholders had comments regarding RCHs. One stakeholder agreed with the survey process but noted that some of the questions might be covered in residential assessments so it might be possible to shorten the survey. Another stakeholder stated: “We believe the survey process will offer a wonderful opportunity to obtain a comprehensive understanding from both residents and the administrators regarding their perceptions of residential life in the particular facility.” Another commentator submitted a testimonial regarding the benefits of RCHs.

The fourth stakeholder expressed its support for the implementation of the transition plan to achieve compliance with the CMS final rule.

The comments included the following suggestions:

1. Some of the questions in the RCH survey are covered in resident assessments so it might be possible to shorten the survey.
2. Regarding the stakeholder group to advance housing solutions, DSS should convene multiple regionally based groups “in order to fully consider the very diverse challenges faced throughout the state, most importantly the review of urban versus rural settings.”
3. A sample of Assisted Living residents should complete a survey similar to the RCH survey.
4. The transition plan should include bringing in consultants from the Connecticut Culture Change Coalition to consult with Adult Day Health providers (and Assisted Living facilities) regarding “how to create a more person-centered environment.”

2. Response to Public Comments

DSS appreciates the comments and suggestions from stakeholders. Regarding suggestion (1) above, while a couple of the questions in the survey are similar to those in the resident assessment, they are asked for a different purpose. For example, the RCH survey asks whether the participant needs help dressing, but the response is not used to determine functional level. Instead, responses will trigger follow up questions related to the HCB settings requirements, such as whether the participant is dressed appropriate to time of day. DSS was sensitive to the length of the surveys but wanted to ensure that the survey was of sufficient in length to collect all relevant information needed to determine compliance with the HCB settings requirements. Regarding suggestion (2), while DSS appreciates the benefits of having regionally based groups, DSS intends to keep it as a statewide group since it includes federal partners such as HUD.

Regarding suggestion (3), since DSS has determined that Assisted Living providers comply with the HCB settings requirements, and DSS will monitor compliance on an ongoing basis through DSS' quality assurance audits, DSS does not believe that a survey of Assisted Living residents is necessary at this time. Regarding suggestion (4), DSS will contact the Connecticut Culture Change Coalition for additional information.

B. DDS Waivers

1. Summary of Comments and Response to Comments

Updated Language: All of the text in this section was added based on comments to the draft Statewide Transition Plan posted in November.

DDS did not receive comments on the draft transition plan posted in July but received comments on the draft Statewide Transition Plan posted in November. DDS appreciates the comments and suggestions from stakeholders.

All comments reference were received via DDS.HCBSTransition@ct.gov email account set up specifically for the HCB Setting Rule Transition activities.

Public Comment #1

Stakeholder comment specific to the make-up of a current survey referenced in the plan that was developed using DDS current self-advocates and NCI documents for Individuals and Families. DDS reviewed the comments and will consider for future surveys. Link to current survey information: <http://www.ct.gov/dds/cwp/view.asp?a=2645&Q=556868>

Public Comment #2

Specific questions regarding access to the results of the data validation and self-assessment referenced in the plan.

DDS does plan to share the results of the data validation and self-assessment with all stakeholders upon completion of the analysis. DDS will publish results on the DDS website.

Public Comment #3

Stakeholder had not received a factsheet mentioned in the plan.

Originally the factsheet was mailed to case managers to share with individuals and families 5-22-2014. The information was resent 12-16-2014 with additional information to all case managers requesting to share with families. We have also heard feedback from families that they did receive the information. Additionally, DDS in partnership with family advocacy groups provided three information sessions in December 2014. These sessions provided individuals and families an opportunity to ask DDS staff questions. DDS self-advocates have committed to sharing the information with over 60 self-advocacy groups, and DDS has reached out to leaders within the

Family Support Network and other family groups. Providers have also been very committed in sharing information with the individuals and families they support. DDS will continue to use every avenue possible to make sure individuals and families receive this information.

Public Comment #4

Stakeholder comments that their family member(s) living in a setting that may not be in compliance because their family member does not have a lease (CLA) or that their family member has a lease but the apartment or home is owned by the provider and they are leasing from the provider.

Through the activities of the Transition Work Group DDS has identified that there are providers who currently have strategies in place to protect the residency rights of participants in licensed and provider owned settings. The work group will seek to develop a set of options for assisting providers with complying with this requirement of the HCB setting rule. DDS will continue to engage with individuals and families to ensure their concerns are addressed and that they have input into the implementation of these strategies.

Public Comment #5

Stakeholder comment “regarding DDS’ inclusion of a plan to create a “dignity of risk” policy” the stakeholder agrees with the importance of this policy but is concerned that the provider community is included in the development of the policy and that the liability of the provider is taken into consideration.

The plan to create the policy has been discussed in numerous venues but was identified by provider representatives as one of the barriers to implementing the HCB setting rule. DDS is committed to developing a policy that ensures all stakeholders input is solicited and represented.

Public Comment #6

Stakeholder comments in regards to unbundling specific service types in CLAs and CRSs that currently has a day rate to ensure “that state services offer individuals choice and a person-centered approach, so that they are truly receiving the services that they want and need.”

DDS will review this comment and concern with the business unit responsible for developing the rate structure and other state agencies responsible for budgetary oversight.

Public Comment #7

Stakeholder comments regarding Section II-B that “DDS will utilize its current remediation methodology to ensure compliance,” subsequent sections do not specifically indicate that remediation methodology will be limited to DDS processes already in existence. The stakeholder recommended “that it is specified in each section that remediation methodology will be limited to existing DDS processes for quality and compliance monitoring.”

While DDS believes the current quality oversight processes are sufficient to manage the necessary remediation activities. DDS reserve the right to modify the process as recommended by the Transition Work Group.

Public Comment #8

Stakeholder request to incorporate provider wealth of knowledge in the development of any program regulations referenced in Section III-B-1-a (and subsequent matching sections) makes reference to a change in program regulations to “reflect the HCB settings requirements regarding leasing or legally binding document” and in the area outlined in Section III-B-1-a.

DDS is committed to working with all stakeholders to develop program regulations that meet the HCB setting rule.

2. Additional Outreach & Engagement Activities

In an effort to further engage stakeholders DDS conducted or is planning to conduct a number of activities. In May 2014 DDS developed a fact sheet for Families, Providers, DDS staff and the public in conjunction with the Transition Work Group. The purpose of the fact sheet was to assist stakeholders in understanding the impacts of the HCB settings requirements, and the transition planning and implementation process.

A self-advocate workgroup was engaged in July 2014 to identify ways that the advocacy community could support compliance with the HCB settings requirements. As a result of this engagement a participant and family survey was developed to assist in benchmarking compliance. Additional outcomes include a public service announcement (PSA), development of Individual Plan Buddies (participants can request a self-advocate to assist in their planning process), a Healthy Relationships Policy protecting the rights of participants to engage in safe and loving relationships of their choosing, and the identification of the need for a dignity of risk policy. Following this engagement a self-advocate fact sheet was developed to ensure self-advocates have knowledge of HCB settings requirements, can speak on the impacts of requirements to supported participants and families, and can provide critical feedback to the Transition Work Group.

In August 2014 DDS presented at Trades Organization meetings representing the private provider community. Messaging was reinforced by Trades members’ participating on the Transition Work Group. In September 2014 HCB settings requirements were incorporated into new case manager training. A roadshow schedule was developed in November 2014 outlining a series of forums in the various DDS regions so that a cross-section of DDS staff, providers and participants get information in one place, information is consistent and comprehensive, the transition plan is communicated, roles are defined, and responsibilities are identified.

In November 2014 the Individual and Family Survey was launched and widely distributed. Three public comment forums hosted by family advocacy groups held in December 2014. The purpose is to increase involvement and participation by key stakeholders in planning and developing system change outcomes. Feedback will be reviewed by the Transition Work Group and incorporated into the ongoing plan where applicable.