

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



## **Disabled & Elderly Health Programs Group**

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November 1, 2016

Ms. Maggie Anderson  
Executive Director  
Department of Human Services  
600 E. Boulevard Avenue, Dept. 325  
Bismarck, ND 58505

Dear Ms. Anderson:

This letter is to inform you that CMS is granting North Dakota **initial approval** of its Statewide Transition Plan (STP) to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). Approval is granted because the state has completed its systemic assessment; included the outcomes of this assessment in the STP; clearly outlined remediation strategies to rectify issues that the systemic assessment uncovered, such as legislative/regulatory changes and modifications to vendor agreements and provider applications; and is actively working on those remediation strategies. Additionally, the state submitted the September 29, 2016 draft of the STP for a 30-day public comment period, made sure information regarding the public comment period was widely disseminated, and responded to and summarized the comments in the STP submitted to CMS.

After reviewing the March 31, 2016 draft submitted by the state, CMS provided additional feedback on July 27, 2016 requesting that the state make several technical corrections in order to receive initial approval. The state subsequently addressed all issues, and resubmitted an updated version on October 28, 2016. These changes are summarized in Attachment I of this letter. The state's responsiveness in addressing CMS' remaining concerns related to the state's systemic assessment and remediation expedited the initial approval of its STP. CMS also completed a 50% spot-check of the state's systemic assessment for accuracy. Should any state standards be identified in the future as being in violation of the federal HCBS settings rule, the state will be required to take additional steps to remediate the areas of non-compliance.

In order to receive final approval of North Dakota's STP, the state will need to submit an updated STP based on the following actions:

- Complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP;

- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the home and community-based settings rule transition period (March 17, 2019);
- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny;
- Develop a process for communicating with beneficiaries that are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based settings rule by March 17, 2019; and
- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

While the state of North Dakota has made much progress toward completing each of these remaining components, there are several technical issues that have been outlined in Attachment II of this letter that must be resolved before the state can receive final approval of its STP. Additionally, prior to resubmitting an updated version of the STP for consideration of final approval, the state will need to issue the updated STP out for another minimum 30-day public comment period.

Upon review of this detailed feedback, CMS requests that the state please contact Susie Cummins (206-615-2078 or [Susan.Cummins@cms.hhs.gov](mailto:Susan.Cummins@cms.hhs.gov)) or Michele MacKenzie (410-786-5929 or [Michele.MacKenzie@cms.hhs.gov](mailto:Michele.MacKenzie@cms.hhs.gov)) at your earliest convenience to confirm the date that North Dakota plans to resubmit an updated STP for CMS review and consideration of final approval.

It is important to note that CMS' initial approval of an STP solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

I want to personally thank the state for its efforts thus far on the HCBS Statewide Transition Plan. CMS appreciates the state's completion of the systemic review and corresponding remediation plan with fidelity, and looks forward to the next iteration of the STP that addresses the remaining technical feedback provided in the attachment.

Sincerely,

Ralph F. Lollar, Director  
Division of Long Term Services and Supports

## ATTACHMENT I

### SUMMARY OF TECHNICAL CHANGES MADE BY STATE OF NORTH DAKOTA TO ITS SYSTEMIC ASSESSMENT & REMEDIATION STRATEGY AT REQUEST OF CMS IN UPDATED HCBS STATEWIDE TRANSITION PLAN DATED OCTOBER 28, 2016

**Public Notice and Comment:** CMS requested that the state provide more information on the state's public notice and comment process to ensure that it met all of the requirements. CMS asked for more detail on the state's process for sending the STP to tribal entities and other stakeholders, such as when this occurred and to what stakeholders the STP was distributed. CMS also requested clarification on whether the statement of public notice was issued (online and through a press release) on or before February 19, 2016 along with the revised STP, and what information was included in the statement. Finally, the state was asked to clarify whether a hard copy of the revised STP was available to the public during the comment period, and through what method the state notified the public of how to obtain a hard copy.

**State's Response:** The state added information to the STP in "Section 5. Public Input Process" demonstrating that all requirements for the public notice and comment period were fulfilled. Public notice was issued through statewide distribution on 2/5/16, through a press release on 2/12/16, and online and through the tribal notification process on 2/19/16 (the STP was also posted online on 2/19/16). The public notice was sent by email to other stakeholders, which included providers, legislators, advocacy organizations, family groups and county directors. The notice included instructions on how to access the plan online or to receive a hard copy and stated the deadline (3/20/16) for the public to submit comments and the dates of the public meeting. Individuals could request a hard copy of the plan via phone, email, fax, written request, or in person.

**Responding to Public Comments:** CMS noted that according to the state's summary of the public comments received, two commenters disagreed with the state's determinations of setting compliance. The state's response to these comments was lacking in detail. In this situation, the state needed to include additional evidence for these compliance determinations and the rationale the state used to confirm the determination. Therefore, CMS requested that the state provide the evidence and rationale needed to fully address these comments.

**State's Response:** The state has added details to subsection "Revised Statewide Transition Plan Summary of Public Comment" explaining "Table 7, identifies the settings where remediation was needed to fully comply with HCBS characteristics, it includes adult foster care, adult residential care, residential habilitation, day supports and extended services. This table provides evidence and rationale on what changes will be made to come into compliance".

**Clarifications on Settings:** In the systemic assessment crosswalk, CMS asked the state to provide clarification by defining "individualized settings", and by providing more detail on respite care. Specifically, CMS asked the state to specify whether respite is time-limited and, if so, what the limit was, noting that respite is typically limited to 30 days.

**State's Response:** The state added that respite care for the Medicaid Waiver for HCBS is limited to 52.5 hours of in-home respite and 5 days per month of institutional respite. For the Autism Spectrum Disorder waiver, the state clarified that respite is limited to 20, 40, or 60 hours per month based on the level of support. For the Children's Hospice Waiver, respite is limited to 76 hours per year, and for the Medically Fragile Waiver, institutional respite is limited to two weeks per month. The state also added a clarification that "individualized setting is in reference to settings where the individual owns, rents, or shares the setting with a family member."

**Additional Details Regarding Systemic Assessment Findings:** In order to provide clarity on how the state's administrative code and policies and procedures are in alignment with federal regulations, CMS requested that the state include additional detail in the STP on how the state determined state standards are in support of the federal HCBS rule. CMS requested the state provide specific relevant text from the administrative rules and a rationale for why the state determined the rule is in support of the regulations.

**State's Response:** The state added significant detail throughout the crosswalk regarding how the state determined whether each of its standards is in support of the federal home and community-based settings requirements. The crosswalk now lists a summary and explanation for why the state determined each standard to be compliant, not compliant, or silent.

**Additional References for Crosswalk:** For the Autism Spectrum Disorder Waiver, CMS requested that the state:

- Add ND Century Code 50-24.1-20 as the code reference to row #2;
- Cross-reference the language within the ND Century Code that states: "(1) To help individuals or their families to achieve, maintain, or support the highest attainable level of personal independence and economic self-sufficiency," as an additional area where the state standards comply with this section of the federal rule; and
- Reference waiver application #842, which prohibits use of restraints.

**State's Response:**

- The state added ND Century Code 50-24.1-20 as the code reference to row #2 for the Autism Spectrum Waiver.
- The state added the ND Century Code provision that states "(1) To help individuals or their families to achieve, maintain, or support the highest attainable level of personal independence and economic self-sufficiency" (NDCC 50-06.2-01(1)) to its crosswalk.
- In row #3, the state added a reference to the waiver application #842.

**Concern with Systemic Assessment Results (Seclusion/Restraint):** For the Children's Hospice Medicaid Waiver and the Medicaid Waiver for Medically Fragile Children, CMS disagreed with the state's determination that row #3 is fully compliant. CMS suggested that at a minimum the state could add clarifying language consistent with the Children's Hospice and Medically Fragile Children's Waivers.

**State's Response:** For the Children's Hospice Medicaid Waiver, the state amended the crosswalk, row #3, to add a reference to the waiver and to provide justifications for its determinations of compliance for the standards it cited. The state also included a plan to add

language to the Children’s Hospice policy stating the waiver “prohibits the use of restraints, coercion, abuse, neglect, and exploitation.” For the Medicaid Waiver for Medically Fragile Children, the state added a justification for how the two state standards cited address the federal requirement, and added a reference to the waiver. The state also proposed to add a statement to the waiver policy stating that “the waiver prohibits the use of restraints, coercion, abuse, neglect, and exploitation”.

**Clarification of Systemic Assessment Results (Individuals ages 18-21):** For the Children’s Hospice Medicaid Waiver (row #4), CMS suggested that the state’s language for individual choice should be updated to distinguish that individuals ages 18-21 are guiding the decision making process (not their parent/guardian).

**State’s Response:** In the crosswalk (Children’s Hospice Medicaid Waiver row #4), the state added language clarifying that this waiver “is a parent driven program and they have choice over services within the daily activities, physical environment and with whom they interact...it is parent choice to make decisions concerning their child’s services and care.” The state also added the remediation to “add to policy statement indication...18 – 21 year olds will have decision making authority of person centered plan unless a guardianship has been put in place legally”.

**Clarification of Proposed Changes to CH Policy & Procedure Manual:** For the CH Medicaid Waiver, the state determined that the existing state standards are compliant with rows 14 and 15, but then included within the STP that, “*Requirements will be added to CH Policy & Procedure manual 575-05 for clarification.*” CMS asked for additional information about what requirements will be added to the CH Policy & Procedure manual for clarification. CMS also requested that the state indicate whether all services are provided in the family home where the participant receiving services resides, or whether minor participants receiving services under this waiver may be residing in settings outside of the family home.

**State’s Response:** In the crosswalk rows 14 and 15 of the CH Medicaid Waiver, the state included the language that has been added to the CH policy & procedure manual, which states that waiver services cannot be provided in a nursing facility (except for institutional respite care), an institution for mental disease, an intermediate care facility for individuals with intellectual disabilities, or a hospital. The state also clarified that the waiver participant is a minor who resides “within the parental home”.

**Additional References for Person-Centered Plan Requirements:** For the Medicaid Waiver for Medically Fragile Children person-centered service plan requirements (row #13), CMS suggested that the state also add reference to Appendices D and E of the waiver, which outline the participant direction components.

**State’s Response:** In row 13 for the systemic assessment of the Medicaid Waiver for Medically Fragile Children, the state determined that the CMFW Policy & Procedure Manual is compliant with the federal requirement that modifications must be justified in the person-centered service plan. As validation, the following language from the CMFW Policy & Procedure Manual was added to the crosswalk: “the need for care plan to address need of modifications must be for

independence. Authorization of service must be signed by parent for modification as stated in care plan”.

**Clarification of Systemic Remediation Plans (Tenant Rights):** For the Traditional Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) Waiver (row #6), CMS asked the state to provide clarification that licensing procedures will be strengthened for all existing and new providers (not just new providers) and the materials must assure at a minimum the individual has the same rights from eviction as those under the landlord/tenant laws.

**State’s Response:** The state clarified that licensing procedures will be updated so that new providers for any provider-owned and controlled residential setting will be required to submit a lease or legally enforceable agreement that complies with ND landlord-tenant laws as well as a lease policy as part of their license application. For existing providers, the state explained that “lease policies and templates were submitted to the Department by July 2016 and were reviewed for compliance with Federal requirements and ND landlord/tenant laws. If any changes are made to the lease policy or lease template at any time, providers are required to submit the proposed changes to the Department for review. The Department will review the providers’ lease policy and lease templates for compliance with ND landlord/tenant law and the federal regulation. Providers that do not demonstrate compliance will be required to submit a Plan of Correction to the Department before any license will be issued”.

**Concern with Systemic Assessment Results (Freedom to Furnish/Decorate):** For the Traditional IID/DD Waiver, row #9, the state cites NDAC 75-04-01-20.(1)(a) and (d) as being in compliance with the federal requirement regarding the freedom to furnish and decorate an individual’s sleeping or living unit. However, CMS noted that neither item explicitly mentions the right to furnish or decorate a living area.

**State’s Response:** The state added to row #9 justification for the determination that NDAC 75-04-01-20.(1)(a) and (d) are in compliance, explaining that (a) addresses the freedom to furnish and decorate sleeping or living units through plan development, and that (d) “ensures providers have policies addressing the individual’s right to own and use personal property which includes the freedom to decorate and furnish their living unit”. The state also added that NDAC 75-04-01-29.(5) and NDAC 75-04-01-33.(1),(2) comply with the freedom to furnish and decorate sleeping and living units for group homes.

**Concern with Systemic Assessment Results (Physical Accessibility):** For the Traditional IID/DD Waiver, row #12, the state cites NDAC 75-04-01-20(1)(o) as being in compliance with the federal requirement that the setting be physically accessible to the individual. However, CMS noted that this item simply requires service providers to “assure that adaptive equipment, where appropriate for toilet training, toileting, mobility, or eating is provided in the service facility for use by individuals with multiple disabilities,” and does not explicitly require that settings as a whole are physically accessible to all individuals who reside in those settings.

**State’s Response:** In the crosswalk for this waiver, the state added to row #12 that it will “create policy to ensure settings are physically accessible according to the individual’s needs” and that “requirements will be added to NDAC-75-03-21 and AFC Policy & Procedure 660-05 to state

that the setting must be physically accessible to the individual”. These policies are expected to be in place by the end of 2016.

**Concern with Systemic Assessment Results (Seclusion/Restraint):** For the Aged and Disabled Waiver row #3, the state cites NDAC 50-06.2-01(2) and NDAC 50-10.2. However, CMS noted that this waiver expressly prohibits restraints, therefore the regulations around requirements for exceptions are in conflict with the waiver.

**State’s Response:** The state amended row #3 of the crosswalk for this waiver to clarify that per the NDAC, “any restraint must be authorized and documented by a physician for a limited period of time, if the restraint is chemical, it must be administered by a licensed nurse or physician. Restraints cannot be used for the purposes of punishment, for convenience of staff, for behavior conditioning, as a substitute for rehabilitation or treatment, or for any other purpose not part of an approved plan”. The remediation for this section has also been updated to explain that “The renewal application for the Medicaid waiver for Home & Community Based Services will include a provision for the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02 (1) (Page No 1)” and in compliance with the federal HCBS regulation. Additionally, a timeline for this change has been included in Timeline for Remediation column.

**Concern with Systemic Assessment Results (Privacy):** For the Medicaid Waiver for HCBS, row #3, the state cites NDAC 75-03-21-04(2) and (6) as being compliant with the federal requirement that each individual have privacy in their sleeping or living unit and lockable doors, with appropriate staff having the keys. However, CMS noted that these items only address bedrooms having walls that provide privacy, and require that no more than two residents are assigned to one bedroom. It appears that this chapter of NDAC neither addresses the need to make available doors lockable by the individual nor assures that only appropriate staff have keys to doors.

**State’s Response:** The state amended the crosswalk to indicate that these standards are partially compliant and silent. The state also added proposed remediation to address this gap. For Adult Foster Care, the state plans to add requirements to the ND Administrative Code and to the AFC Policy & Procedure “to state that providers must provide for privacy in the sleeping area, doors must be lockable with only the resident and appropriate staff having keys.” For Adult Residential Care, the state plans to “update regulatory documents to allow for privacy and lockable door requirements” (row #3).

**Systemic Remediation Timelines:** CMS asked the state to add a more detailed timeline for this process (both for the changes that will go through the Legislative Assembly, and those that will be made using the Administrative Rule process), including start dates, end dates, and timelines for intermediate steps such as drafting revised regulations and seeking public comment.

**State’s Response:** The state added a narrative description of the timeline for amending ND Century Code and ND Administrative Code at the beginning of the crosswalk for each waiver. The state also included specific timelines for proposed remediation steps throughout the

crosswalk. These timelines include steps such as public comment, public hearings, administrative rule hearings, and effective dates for new regulations and policies.

**Descriptions of Systemic Remediation Strategies:** CMS requested that the state include as much detail as possible in the remediation strategy for each area that requires remediation, including, where applicable and appropriate, draft language changes or detailed information as to what the draft language will include.

*State's Response:* The state added substantial detail to each remediation strategy in the systemic assessment crosswalk, including detailed information as to what requirements will be added or amended language will be included.

**Nonresidential Settings:** CMS requested that the state assure the inclusion of language within its state standards clarifying that the experience of individuals receiving HCBS in nonresidential settings, such as access to food, should be consistent with how those settings would be experienced by individuals who are not HCBS recipients.

*State's Response:* The state added language to the narrative of "Section 4. Ongoing Monitoring and Compliance" indicating that the experience of individuals receiving HCBS in nonresidential settings will be consistent with how those settings would be experienced by individuals who are not HCBS recipients. This provision will be enforced through appropriate state policies and procedures.

## ATTACHMENT II

### ISSUES THAT CMS IS REQUESTING THE STATE OF NORTH DAKOTA ADDRESS BEFORE RESUBMITTING ITS STP FOR FINAL REVIEW & APPROVAL

***PLEASE NOTE: It is anticipated that the state will need to go out for public comment again once these changes are made and prior to resubmitting to CMS for final approval. The state is requested to provide a timeline and anticipated date for resubmission for final approval as soon as possible.***

#### Site-Specific Assessments

The following information regarding the state's site-specific assessment process is requested.

- ***Compliance of Settings:*** Per CMS' suggestion, the state should add to an existing table or add a new table that includes all of the settings that were assessed through the site-specific assessment process and deemed fully compliant (include name of the service and applicable waiver, total number of settings fully compliant, and plans for ongoing monitoring).
- ***Training of Personnel Involved in Site-Specific Assessment & Validation Processes:*** Please provide more detail on how staff from external entities and within state operating entities involved in the site-specific assessment and validation processes were trained on the federal HCBS rule so that they have the knowledge, skills and abilities to successfully complete the assessments and validation activities.
- ***Validation of Provider Self-Assessments:*** Please provide details regarding the process for review and validation of the provider self-assessments including:
  - who will be responsible for the review and validation, and
  - when the review and validation will be completed.

States must provide a validity check for provider self-assessments. States that chose to initiate a provider self-assessment are encouraged to conduct a beneficiary/guardian assessment (or other method for collecting data on beneficiary experience) that mirrors or is similar to the provider assessment in order to have a comparable set of data from the beneficiary perspective. States are responsible for assuring that all HCBS settings comply with the final HCBS rule. Quality thresholds should not be used to reduce the state's requirement to ensure compliance across all settings. States may deploy a number of validation strategies including, but not limited to, onsite visits, consumer feedback, external stakeholder engagement, case manager surveys, licensure/certification reviews, and/or state review of data from operational entities (like MCOs or regional boards/entities).

- ***Group Settings:*** As a reminder, all settings that group or cluster individuals for the purposes of receiving HCBS must be assessed by the state for compliance with the rule. This includes all group residential and non-residential settings, including but not limited

to prevocational services, group supported employment and group day habilitation activities.

- Please include the Supported Employment Settings and the number of that type of setting, in a category titled “fully compliant” in a row separate from settings labeled “presumed to be compliant” and provide the rationale (already included in the 3/31/16 STP) for that label. The only settings that should be listed as “presumed to be compliant” are those that provide services in recipients’ own private home or family’s private home, or non-residential services that are completely individualized. The state may not presume that group supported employment settings are compliant without assessing and validating these settings.
- **Family Care Options Settings:** The state confirms that it assessed all Family Care Options settings for compliance (p. 6) and that all seven settings are compliant. The STP indicates that the Family Care Option participant is in a family home meeting the licensing standards for Family or Adult Foster Care on a part-time or full-time basis (p. 14). However, adult foster care is listed as requiring changes to fully comply (p. 15). With this in mind, please clarify how the Family Care Option fully complies with the rule.
- **Group Residential Homes:** It has been brought to CMS’ attention that specific group home residential settings may be enacting policies and practices that do not comport with the HCBS settings rule and have institutional characteristics. To follow up on these concerns, CMS requests the state provide further information as to how settings are being assessed and validated with respect to ensuring HCBS beneficiaries’ right to dignity, respect and freedom of coercion; optimizing individual autonomy and independence in making life choices; or supporting individuals to control their own resources. CMS requests that the state take steps during its setting-specific assessment and validation process of residential settings to determine whether group home providers in the state:
  - are limiting access to a beneficiary’s personal money, dietary preferences, or desired changes to the daily schedule;
  - provide only limited access to the community, placing parameters around visitors and requiring that visits be scheduled in advance, and prohibiting the use of music on headphones during outings.
  - rely on the inclusion of a “contingency admission plan” in several beneficiaries’ person-centered service plans that allow the provider to temporarily admit an individual beneficiary to an intermediate care facility for non-compliance with the behavior plan.
- **Individual, Private Homes:** The state may make the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, please outline what the state will do to monitor compliance of this category of settings with the federal home and community-based settings requirements over time. Also, as with all settings, if the

setting in question meets any of the scenarios in which there is a presumption of being institutional in nature and the state determines that presumption is overcome, the state should submit to CMS necessary information for CMS to conduct a heightened scrutiny review to determine if the setting overcomes that presumption. In the context of private residences, this is most likely to involve a determination of whether a setting is isolating to individuals receiving HCBS (for example, a setting purchased by a group of families solely for their family members with disabilities using HCBS services).

- Also note, settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual), are considered provider owned or controlled settings and should be evaluated as such.

### **Site-Specific Remediation & Ongoing Monitoring of Settings**

***Training & Remediation:*** Please provide the following information regarding training and remediation.

- The state should include how it is taking steps to ensure the various personnel responsible for case management, service coordination, and assessing/validating settings to assure they are compliant with the federal HCBS rule are being trained on the federal HCBS requirements. The state should also include its strategy for implementing quality assurance checks in the process to make sure that verification of setting compliance is being conducted consistently throughout the state.
- The state should also include information as to how it is educating providers on any changes in state standards that will require providers to make specific adjustments or system-wide remediation in order to comply with the federal HCBS rule. For example, the STP does not document whether it provided or plans to provide education to the providers of services to individuals with developmental disabilities (DD) regarding the lease requirements and lockable doors for provider-owned or controlled settings. Please add this information to the STP.

***Ongoing Monitoring for Compliance:*** The state outlines an ongoing monitoring process for each HCBS program; however, the state does not indicate when the process will begin under each program. Please provide a timeline for the monitoring and a description of the tool(s) the state will use to assess compliance.

***Non-Disability Specific Settings:*** The STP should indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services. Please provide additional clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services.

### **Status of Existing Heightened Scrutiny**

The state's timely submission of evidence for heightened scrutiny is greatly appreciated. CMS will follow up with a separate communication to the state regarding assessment of the evidence packages submitted by the state for settings that will undergo the heightened scrutiny process.

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

CMS requests that the state include additional information in the STP about the information and assistance provided to beneficiaries to locate and transition to compliant settings.

- The STP includes a description of the plan that individual providers will follow to transition participants, but it does not include a timeline for when the state will notify beneficiaries and begin this process to ensure transition of all members by March 2019. The state should provide a timeline for when it will begin the process to ensure that all beneficiaries are in compliant settings or receiving services funded by non-HCBS authorities by March 2019.
- Provide more detail about the steps the state will take to communicate with beneficiaries, and who will be responsible for executing each step of this process.
- Describe how the state will ensure that all critical services and supports are in place in advance of each individual's transition.
- Report the estimated number of beneficiaries that may need to be transitioned in a future revised STP, and update and tailor the state's plan and timeline accordingly.

### **Milestones**

CMS requests that the state resubmit an updated milestone chart reflecting anticipated milestones for completing systemic remediation, site-specific assessment and remediation, heightened scrutiny, communication with beneficiaries, and ongoing monitoring of compliance. The milestone chart should be modeled on the most recent template supplied by CMS and also include timelines that address the feedback provided.