

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



Medicaid Benefits and Health Programs Group

October 30, 2024

Elizabeth Matney, Medicaid Director
Iowa Department of Health and Human Services
1305 E Walnut Street
Des Moines, Iowa 50319

Dear Director Matney:

This letter and attached report are in reference to a site visit conducted by the Centers for Medicare & Medicaid Services (CMS) from August 12-15, 2024. CMS visited several settings in Iowa that were recommended by advocates and the state as benefiting from a site visit, including settings identified by the state and/or stakeholders as having the qualities of an institution as outlined at 42 CFR § 441.301(c)(5) and 42 CFR § 441.710. Other settings were selected to ensure the site visit itinerary reflected a diversity of setting and service types. CMS also met with state officials, case managers, people receiving Medicaid home and community-based services (HCBS) and service providers to hear directly about Iowa's strategy for implementing the regulatory criteria defining a home and community-based setting and how that strategy is carried out among the entities in the HCBS system.

CMS appreciates the efforts of the state to prepare for our visit to Iowa. We are asking the state to address the systemic findings described in this letter and the attached report and apply remediation strategies addressing the feedback contained in our report to the specific setting(s) as identified. We note that the HCBS settings criteria identified in the report that are followed by an asterisk require the state to go beyond ensuring that the individual setting has completed the necessary actions identified. Specifically, complying with person-centered planning requirements requires further direction to and collaboration with the entities responsible for developing and monitoring the person-centered service plans and with the HCBS provider community that is responsible for implementing services and achieving the objectives outlined in the plans. In addition, CMS notes that the state's remediation strategies must be applied to all remaining similarly situated settings you have identified as being presumptively institutional that were not included in CMS' site visit to ensure compliance with the settings criteria at 42 CFR § 441.301(c)(4) and §441.710(a)(1) by the timelines detailed in your approved Corrective Action Plan (CAP). Finally, the state should ensure issues identified in this report are addressed in the state's overall assessment process of all providers of HCBS in Iowa, to ensure that all providers are being assessed appropriately against the regulatory settings criteria and will implement the necessary remediation to achieve timely compliance.

As described more fully in the attached report, CMS notes below several areas where issues were found to exist across several setting locations, which raise systemic concerns that must be addressed by the state. Specifically, the following regulatory criteria located at 42 CFR 441.301(c)(4) were not found to be in practice:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. *
- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Individuals have the freedom to control their own schedules and activities and have access to food at any time.
- Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. *
- Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state.

Iowa's Statewide Transition Plan (STP) described strategies to ensure that all providers of Medicaid HCBS have been assessed to meet the regulatory criteria and any needed remediation has been identified. The state's practice for addressing the observations described in the attached report must align with the processes described in the STP and in the state's CAP.

CMS requests that the state provide a written response providing updated information describing how the state will remediate both the process for developing and implementing the person-centered service plans and the issues identified in individual settings to ensure compliance with all of the settings criteria. CMS also requests a written response on how the state will apply this feedback to the ongoing monitoring of person-centered planning functions and settings in the HCBS delivery system as noted above. CMS requests this information be submitted no later than December 2, 2024.

Upon review of this feedback, please contact Michele MacKenzie at (410) 786-5929 or michele.mackenzie@cms.hhs.gov if you would like to schedule a follow-up conference call with the CMS team to discuss next steps or request technical assistance.

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Thank you for your continued commitment to the state of Iowa's successful delivery of Medicaid-funded HCBS.

Sincerely,

Ryan Shannahan, Deputy Director
Division of Long Term Services and Supports
Medicaid Benefits and Health Programs Group

Enclosure

CMS Site Visit - Iowa
Summary Review by Setting
Visit Dates: August 12 – 15, 2024

Site Visit Team:

CMS Representatives: Ryan Shannahan, Shante Shaw
ACL Representative: Erica McFadden
New Editions: Devon Mayer, Trish Farnham, Kelly Eifert

Introduction:

Iowa has seven 1915(c) waivers and one 1915(i) State Plan Home and Community-Based Services (HCBS) benefit. The site visit team visited six HCBS settings in Iowa. One setting was recommended by stakeholders. One setting was requested by the state for the site visit team to visit. Two settings were identified by the state as presumptively institutional and submitted to the Centers for Medicare & Medicaid Services (CMS) for a heightened scrutiny review. The other settings were identified to ensure a diverse sampling of settings across programs. The site visit team also met with case managers, targeted case managers, and integrated health home coordinators, and met with state representatives from the Iowa Medicaid program.

The six site visits and the four subsequent meetings collectively informed the findings below.

Program Strengths:

The state has a comprehensive approach to documenting rights modifications in service plans. The team observed that plans in Iowa included more thorough documentation of rights modifications than in other states, most notably with regard to family member guardians' management of an individual's personal resources and a setting's practice related to medication administration. It was the first time the team members had seen these identified as modifications and noted their documentation approach as a key program strength.

The team was interested to see the remote delivery of Supported Community Living services by One Vision. This provider had been delivering in-person services before starting to provide remote services. They still provide in-person services but now also offer remote services to the individuals that they serve. They are using remote service delivery to serve more individuals. One of the individuals that the site visit team spoke to shared how much they liked the remote model because it means people (direct support professionals) are not in the house "all the time," and they now experience more independence.

Systemic Findings:

Person-centered service plans

While several service plans were comprehensive in scope, the team reviewed plans where there was no apparent follow-up or documentation of progress related to individuals' goals, most commonly to interests to work or volunteer. In addition, plans included goals that did not appear driven by or connected to the individual's own interests and support priorities but instead appeared to be driven by clinical determinations.

In addition, although the state was thorough in ensuring modifications were identified and documented in service plans, the site visit team found that the service plans did not include corresponding review timetables or strategies to end the modifications. The team also saw modifications in plans that omitted certain regulatory criteria for modifications (for example, documentation of less restrictive interventions that had been tried) or included restrictions based on physician orders, with no evidence of input from or agreement by the individual. The team saw provider plans with modifications that were not identified in the service plans. While the team recognizes that service plan templates include fields specific to the modifications, the team also noted requirements that were listed in the service plan template but were not consistently used by case managers.

Choice of Setting

The team found that while several plans reviewed indicated that the individual had selected the applicable setting, it was unclear how individuals choose the specific setting or what other settings were offered (non-disability or otherwise). This was not clearly documented in the service plans reviewed.

Limitations on optimizing individual independence

The site visit team learned of the concept known as "alone time" or "unsupervised time." It consists of an individual who is authorized for 24-hour services being allowed a predetermined number of hours of "alone/unsupervised" time. Several of the service plans reviewed would note an individual has one or two hours of unsupervised time, and it was documented as a rights restriction. Case managers interviewed indicated that generally, limited allowance for "unsupervised" time is a product of the assessment and level of care determination processes, and is influenced by social history, disability and family/guardian preference. Case managers noted this practice is typically revisited quarterly. The site visit team did not see evidence that this "alone time" allowance had been revisited or expanded for individuals in the settings visited. The assessment and service delivery models started from a presumption of incapacity, defaulting to a potentially restrictive practice instead of starting from a presumption of capacity that promotes independence, consistent with both the state's stated service delivery goals and with the HCBS Settings Rule.

Staff training

The site visit team noted uneven training practices related to the HCBS Settings Rule content. While the site visit team recognizes that HCBS Settings Rule content may be integrated into other staff and/or state training content, staff interviewed were often unable to clearly articulate messages about the how the Settings Rule was integrated into the setting's training process or reported having only recently been trained that day or week. Recent trainings did not consistently cover all Settings Rule criteria.

Summary of Findings:

Although a distinct review of each setting is included in this report, the table below summarizes the findings for the entirety of the visit to Iowa and identifies systemic issues noted through the review.

| Regulation Citation | Regulation Language | Setting Name |
|----------------------|---|---|
| 441.301(c)(4)(i) | The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. | Duncan Heights, Milestones Adult Day Care (ADC); MIW, Inc. |
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | Chatham Oaks Residential Care Facility (RCF); Duncan Heights; Milestones ADC; MIW, Inc.; Cardinal Grove |
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | Chatham Oaks RCF; Milestones ADC; MIW, Inc.; Cardinal Grove; One Vision |
| 441.301(c)(4)(iv) | The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. | Chatham Oaks RCF; Duncan Heights |
| 441.301(c)(4)(vi)(C) | Individuals have the freedom to control their own schedules and activities, and have access to food at any time. | Chatham Oaks RCF; Milestones ADC |
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | Chatham Oaks RCF; Duncan Heights; Milestones ADC; MIW, Inc.; One Vision |

| Additional Provision | Language | Setting Name |
|---|--|---|
| State Medicaid Director Letter #19-001 ¹ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | Chatham Oaks RCF; Duncan Heights; Milestones ADC; MIW, Inc.; Cardinal Grove; One Vision |

Chatham Oaks, Residential Care Facility (RCF) – Visit August 12, 2024

Facility Description:

The setting is a three-story brick building off a rural state highway in Iowa City. It is situated between a large, historic landmark farm and a low-income apartment complex. Bedrooms are on the top floor along two long, wide dimly lit hallways with sitting areas at either end. Each hallway has a set of commercial double doors that have deadlocks on them that would require keys to lock and unlock them. Staff said the locks are not used. Some of the bedrooms were spacious but minimally decorated or furnished aside from beds and the built-in lockers. One hallway of the rooms contains seven bedrooms with full bathrooms in each room, at least one bathroom was designed for shared use as it had two sinks, two toilet stalls, and a separate bathtub and shower. The other hallway has eight bedrooms with either half-baths in the room or a shared jack-and-jill toilet with a communal shower at the end of the hall. The communal showers are individual stalls and offer privacy. The rooms and hallways are painted cinder block. The wing with seven bedrooms has a room with a washer and dryer that people can use. The main floor includes a lobby, administrative offices, a large cafeteria-like dining area and commercial kitchen. The commercial kitchen is locked and is off-limits to residents. The bottom basement floor includes a large recreational area with games, lounge chairs and exercise equipment. There is also a kitchen on the bottom basement floor for resident use but per conversations with residents, they are reluctant to use it based on the kitchen’s smell and lack of cleanliness. The outside doors are locked from 11 PM-4 AM based on residents’ choice; it is not required by the setting. There are cameras outside and in some common areas. Provider staff indicate the cameras are only used to check on issues, not for monitoring or service provision. The setting’s handbook states the same thing.

This is a transitional setting with staff reporting the average length of stay is between six and twelve months, although there are people who have been there longer. Individuals are referred to the setting from hospitals, shelters, or lower levels of care as an alternative to hospitalization or are under a mental health committal based on a physician’s recommendation. Individuals transition out typically to private housing or to group home settings. The setting used to house 75 individuals but has downsized to a capacity of 16 and there are currently 13 individuals served there, all of whom are served under the IA 1915(i) program.

Site Visit Review Description:

At the setting, the team was joined by state Quality Improvement Organization (QIO) staff. The team met with the setting’s leadership team in a conference room and then toured the setting. The team broke up to visit with several individual residents, some of whom were in or returning to

¹ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

their rooms. Individuals interviewed reported how much they like the staff. The team reviewed service plans, with two team members leaving to meet with a long-time direct support staff person. Staff interviewed provided examples of spontaneous support to accessing the community, noting “we had three today” including arranging for a person to visit their mother in the ICU, supporting an individual to go to Walmart to purchase work clothes, and supporting an individual who wanted to go thrift shopping. During the visit individuals were observed moving freely throughout the setting and the setting’s grounds. An interview with an individual indicated their ability to individually access nearby community options as they chose. There is a bus stop approximately 0.5 miles from the setting that individuals will use, as confirmed by individuals and staff. The setting also has two vans, and a car used to assist individuals to access their community for errand-running, appointments and other needs.

While the site visit team recognizes the efforts made at the setting to comply with the individual requirements of the HCBS Settings Rule, the setting’s physical building, its historic use and current design compromise the setting’s ability to provide a home-like environment. Fourteen residents now live in the exact setting that previously housed 75 individuals with little apparent alteration to the setting’s original design. While Chatham Oaks’ *services* may provide an essential alternative to hospitalization, homelessness or incarceration, the physical facility has been largely unmodified since its original use.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---|---|
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | <p>Plans reviewed by the team did not document setting selection or settings options, including non-disability specific options presented to individuals.</p> <p>The site visit team interviewed individuals who conveyed they did not want to be there.</p> <p>The state Medicaid Agency and the entity that is responsible for ensuring the development of the person-centered service plan must ensure that individuals receiving Medicaid-funded HCBS are afforded a choice of setting, in compliance with regulatory requirements, including a choice of non-disability specific settings.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|--|---|
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <p>There are active cameras in the residential hallways and throughout the setting, but not in bedrooms. A resident reported that staff knock on the unit door but do not wait for a response before entering the resident's room. The team witnessed the same occurrence during the tour: the staff knocking, not waiting, and opening resident doors.</p> <p>Chatham Oaks must ensure their model of service delivery aligns with the regulatory criteria to support participants' right to privacy, dignity, respect and freedom from coercion and restraint.</p> <p>Additionally, remote monitoring, when allowed by a state in the delivery of HCBS, should only be used when necessary and ensure the privacy of all residents.</p> |
| 441.301(c)(4)(iv) | The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. | <p>The site visit team observed practices that do not optimize individual autonomy and life choices and limit the individual's ability to secure the skills and resources necessary to transition from this time-limited setting (e.g. restricting an individual's ability to self-administer medications, requiring residents to ask for assistance to use the landline instead of posting instructions, and not assisting individuals in exploring options for a cell phone, such as the Lifeline Assistance program, when requested).</p> <p>Chatham Oaks must ensure their model of service delivery aligns with the regulatory criteria to facilitate individual initiative, autonomy, independence and support participants' autonomy in making choices about daily activities.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|---|---|
| 441.301(c)(4)(vi)(A) | <p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p> | <p>A service agreement reviewed indicated that there was no formal lease and provided a list of eviction reasons, noting that the service provider must “Ensure due process and follow rules, policies and procedures for service provision.” The service agreement includes/requires an individual acknowledgement that there is no lease, but individuals can use the appeals and grievance policy to dispute a discharge plan that the individual does not agree with.</p> <p>Chatham Oaks should revise the existing service agreement to ensure it is a legally enforceable agreement that provides eviction protections and appeals comparable to those provided under landlord/tenant law.</p> |
| 441.301(c)(4)(vi)(B) | <p>Each individual has privacy in their sleeping or living unit.</p> | <p>The site visit team observed a unit which shared a jack-and-jill bathroom with another unit. The bathroom door did not have a lock on the inside. There was not a way for an individual to lock the door while using the bathroom, not affording privacy in the bathroom.</p> <p>Chatham Oaks should ensure bathroom doors are lockable from the inside by the individual.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|---|
| 441.301(c)(4)(vi)(C) | Individuals have the freedom to control their own schedules and activities, and have access to food at any time. | <p>The setting has fixed mealtimes, and the times are limited (lunch is one hour), but the setting staff indicate that individuals can keep food and have access to the kitchen in the basement. An individual interviewed noted feeling uncomfortable using the resident kitchen in the basement citing its smell and lack of cleanliness.</p> <p>Chatham Oaks must ensure their model of service delivery aligns with the regulatory criteria to support participants' ability to have access to food at any time. The resident kitchen should either be refurbished to be conducive to between-meal use, or the commercial kitchen should be modified to allow resident use.</p> |
| 441.301(c)(4)(vi)(D) | Individuals are able to have visitors of their choosing at any time. | <p>Staff indicated individuals could have visitors at any time, but a service plan reviewed indicated that an individual was on a visitor restriction because the setting had visiting hours.</p> <p>Chatham Oaks must ensure their model of service delivery aligns with the regulatory criteria that participants are able to have visitors of their choosing at any time.</p> |
| 441.301(c)(4)(vi)(E) | The setting is physically accessible to the individual. | <p>One individual interviewed has low vision and shared that it is hard to navigate the setting due to the poor lighting, caused in part by partially burned-out lights. One individual interviewed reported having difficulty using a walker in their room because the space was too small to accommodate it. The counter height in the laundry room was too high for people who use wheelchairs; it would be difficult for people to reach to sort, fold/unfold laundry. The laundry detergent was also locked up and it is unclear how people could access it without assistance.</p> <p>Chatham Oaks must ensure that its setting is physically accessible to all individuals residing there.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|---|
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | <p>The setting has blanket restrictions in the setting’s treatment plans that were not documented in the individuals’ service plans. The restrictions were setting specific and noted that the restriction would be removed once the individual left the setting. The reason for the restriction was consistently listed as the individual “chose this location as their home” and the plan for restoration was noted as “this right will be restored when the individual discharges from the RCF.” Restrictions included medication administration by staff and a blanket restriction on knives and sharp objects due to a restriction for one individual. One plan contained modifications that required weekly room searches because an individual tested positive for an illegal substance.</p> <p>The provider institutes safety checks for every individual, including those who do not require regular staff support or supervision.</p> <p>The state Medicaid Agency, and the entity that ensures the development of the person-centered service plan should ensure that person-centered service plans that comply with all regulatory requirements are in place for each individual receiving Medicaid-funded HCBS. The entity responsible for the person-centered service plan should ensure that all modifications for a specific individual are incorporated into the plan and Chatham Oaks must adhere to the plan.</p> <p>Chatham Oaks should ensure that any relevant modifications for a specific individual are incorporated into the plan, and that modifications to the settings criteria are limited only to a specific assessed need as opposed to a blanket modification.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|---|
| State Medicaid Director Letter #19-001 ² | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | <p>While Chatham Oaks had training for staff on the HCBS criteria, the training did not cover understanding and properly implementing modifications to the additional conditions as outlined in the HCBS rule.</p> <p>Chatham Oaks should ensure all employees have consistent and reinforced training on HCBS settings regulatory criteria, in particular training modifications to the additional conditions [441.301(c)(4)(vi)(F)]. In addition, this training should be incorporated into the daily activities and operations of the setting.</p> |

Duncan Heights, 1915(c) Supported Community Living/1915(i) Habilitation – Visit August 13, 2024

Facility Description:

The setting is located on a corner lot of an in-town, residential street across from a municipal park and a five-minute walk from the downtown of a small rural community. The setting is a former single story residential triplex (three homes connected) and now functions as one group living setting for four individuals who use two of the homes and the third home is an apartment for two individuals. The four individuals living in the group setting receive 24-hour Supported Community Living services, while the two individuals in the adjoining apartment receive intermittent Supported Community Living services. The setting collectively serves six individuals, all of whom receive HCBS waiver or 1915(i) services.

The portion of the setting serving four individuals uses two of the three residences as the group setting. One side of the group setting has two individuals living there with a common living room, kitchen with eat-in area, and a laundry room. There is a hallway to the side of the common living areas with a bedroom on each end of the hallway and a bathroom in the middle shared by the two individuals on that side. The other side of the group setting has the same layout. The sides are connected through the two laundry rooms, with an enclosed smoking area for those residents connected to the back of the setting. The apartment portion of the setting consists of a living room, an adjoining kitchen, two bedrooms, a shared bathroom and an attached garage. The shared property includes a large front yard, a side yard which includes a fire pit, and a back yard.

Site Visit Review Description:

The site visit team arrived and was greeted by the setting administrators and a representative from the state’s QIO. The team split up to visit both residential units and review service plans. The team interviewed individuals, received a tour, spoke with a direct support professional (DSP), and reviewed service plans. In conversations with an individual in the apartment, the team learned they have two different jobs, one of which they obtained in the community on their own and the other is their own business, they are active in a community bowling league, and they have a

² [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

significant other whom they see regularly. One individual in the group home also noted having a significant other with whom they spend time. Individuals in both settings have pets, do their own cooking, and have decorated their homes and bedrooms in their own tastes. Staff provide individual supports to access the community for things like shopping. In an interview, staff shared that five of the six individuals receiving services are under court orders.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---|---|
| 441.301(c)(4)(i) | The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. | A resident indicated their ability to access the community without staff supervision was restricted. One resident shared they have a significant other and they see each other but mentioned that due to their lack of independent transportation, they do not get to go to very many places in the community. Duncan Heights must ensure their model of service delivery aligns with the regulatory criteria to support participants' full access to the greater community. |
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | Plans reviewed included a statement that the individual had settings options to choose from. For example, it said, "I had the choice to live in a non-disability specific setting or to have a private unit in a residential setting," but it did not note what the setting options were. The state Medicaid Agency and the entity that is responsible for ensuring the development of the person-centered service plan must ensure that individuals receiving Medicaid-funded HCBS are afforded a choice of setting, in compliance with regulatory requirements, including a choice of non-disability specific settings. These setting options must be identified and documented in individuals' person-centered service plans. |
| 441.301(c)(4)(iv) | The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. | For the group setting, the site visit team observed that the concept of unsupervised "alone time" limits individual autonomy and independence in selecting the activities individuals may do without staff support. Alone time was documented in the service plans as a rights restriction, |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
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| | | <p>instead of as a goal towards independence and autonomy, and individuals were required to “earn” back the time they are able to be unsupervised.</p> <p>Duncan Heights must ensure their model of service delivery aligns with the regulatory criteria to facilitate individual initiative, autonomy, independence and support participants’ autonomy in making choices about daily activities.</p> |
| 441.301(c)(4)(vi)(B)(1) | Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. | <p>For the group setting, one resident noted they can lock their room from the inside but not the outside. On the other side of the group setting, the Administrator noted that one of the residents “chose to have a key” to their room.</p> <p>Duncan Heights must ensure that units have entrance doors lockable by the individual, with only appropriate staff having keys to doors, and bedroom doors should be lockable from the outside by the individual.</p> |
| 441.301(c)(4)(vi)(B)(2) | Individuals sharing units have a choice of roommates in that setting. | <p>For the group setting, an individual interviewed conveyed they were not given a choice in roommate before the roommate moved into the house.</p> <p>Duncan Heights must revise its model of service delivery to ensure that individuals sharing units have a choice of roommates.</p> |
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | <p>For the group setting, the four individuals’ plans were all updated on the Friday prior to the visit, all noting the individuals requested a meeting to update their plan information and to update rights restrictions. This was across different case management entities. Plans indicated restrictions such as limitations on nicotine and caffeine; the reason for the restriction listed as “doctor wants it.” The past interventions tried but not successful were listed as not applicable (N/A). The plan to restore the rights is</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---------------------|--|
| | | <p>for the individuals to address it with their doctors. Other restrictions included a restriction on soft drinks as ordered by the doctor, one-hour of alone time per day, locking up cigarettes, random drug screening, and room checks.</p> <p>For the group setting, at least one lease agreement referenced house rules as an addendum. When asked, the provider said there were no house rules and the lease was a general template that they used.</p> <p>The state Medicaid Agency, and the entity responsible for the development of the person-centered service plan should ensure that person-centered service plans that comply with all regulatory requirements are in place for each individual receiving Medicaid-funded HCBS. The entity responsible for the person-centered service plan should ensure that all modifications for a specific individual are incorporated into the plan and Duncan Heights must adhere to the plan.</p> <p>Duncan Heights should ensure that any relevant modifications for a specific individual are incorporated into the plan, and that modifications to the settings criteria are limited only to a specific assessed need as opposed to a blanket modification.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|--|
| State Medicaid Director Letter #19-001 ³ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | <p>The training materials reviewed contained a reference to HCBS Settings Rule requirements but no evidence that the training had been provided or to whom. Staff noted that training is done annually.</p> <p>Duncan Heights should ensure all employees have consistent and reinforced training on all the HCBS settings regulatory criteria. In addition, this training should be incorporated into the daily activities and operations of the setting.</p> |

Milestones, Adult Day Care and Day Habilitation – Visit August 12, 2024

Facility Description:

The setting is located in Cedar Rapids in a largely residential area. The setting is single-story. The primary entrance opens to a large, vaulted ceiling lobby. The setting has a partially open floor plan, with some areas open to the main lobby and others are separate rooms. There is an eating area containing several tables where individuals were having breakfast. The main activity room was straight ahead from the main entrance, and a smaller activity room and kitchen were down the hall to the right. To the left of the main activity room was a smaller room for quiet space and another separate room for arts and crafts. The setting also includes an enclosed courtyard with flower beds and porch swings. The setting serves individuals 18 years old and older, and their oldest current participant is 96 years old. It currently serves approximately 55 individuals using Medicaid HCBS.

Site Visit Review Description:

The team was joined by staff from the state’s quality improvement organization (QIO). The team reviewed service plans by IA Total Care, Wellpoint, and Molina managed care organizations (MCOs), with several plans drafted on behalf of the MCO by the individual’s integrated health home case manager. The team then split up, with one group meeting with direct support staff and the other receiving a tour of the setting, talking with individuals and staff at various points on the tour. During the tour, the team observed individuals moving freely around the setting, some choosing to participate in a smaller group activity of making cookies, others choosing to participate in the large group activity, and a few other individuals spending time alone in smaller spaces at the setting, including going outside. Conversations with individuals highlighted the various activities they engage in at the setting and in the community, with provider staff noting that a participant council advises on preferred community activities, with approximately two-three outings per week. The site visit team met an individual who was leaving early to go to a hair appointment

³ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

at their preferred salon. At the end of the visit, the team observed the individuals getting ready for lunch, sitting where they preferred in the dining room and staff serving them.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|--|--|
| 441.301(c)(4)(i) | The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. | <p>While the review of multiple individuals’ service plans indicated the importance of community socialization and activities to the particular individual based on a review of resulting service plan goals, treatment plan documentation and individual interviews, it is not clear if all individuals are accessing their community to the degree they choose to do so. Some plans reviewed indicated that attending the Adult Day Center was the “primary community integration” for the individual with no other indication of community integration. In addition, there was inconsistent documentation of opportunities to seek employment.</p> <p>Milestones must ensure their model of service delivery aligns with the regulatory criteria to support participants’ full access to the greater community. Establishing partnerships with community resources and leveraging existing community transportation options should be explored. Milestones should develop policies, practices and resources to ensure that individuals have full access to the greater community.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---|--|
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | <p>While some service plans included “yes/no” response options to a statement indicating the individual had a choice of setting options, it was not clear how the individual selected this setting or what other options were provided, including options for non-disability-specific settings.</p> <p>The state Medicaid Agency and the entity that is responsible for ensuring the development of the person-centered service plan must ensure that individuals receiving Medicaid-funded HCBS are afforded a choice of setting, in compliance with regulatory requirements, including a choice of non-disability specific settings.</p> |
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <p>While the site visit team largely observed individuals being treated respectfully by staff, the team also observed staff using childlike voices when communicating with certain individuals.</p> <p>Milestones must ensure their model of service delivery aligns with the regulatory criteria to support participants' right to privacy, dignity, respect and freedom from coercion and restraint.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|---|
| 441.301(c)(4)(vi)(C) | Individuals have the freedom to control their own schedules and activities, and have access to food at any time. | <p>The team reviewed staff notes for an individual served that indicated the individual requested lunch and staff declined to provide it because it was close to the time the individual would be returning home.</p> <p>In interviews, staff indicated that they try to redirect people who ask for something off schedule (examples included a meal and smoking cigarettes when staff support is required).</p> <p>Milestones should revise their method of service delivery to ensure that individuals can control their schedules and activities and have access to food at any time, including outside of scheduled mealtimes.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|---|
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | <p>The team observed dietary restrictions in one individual’s treatment plan established by the setting that were not reflected as restrictions in the service plan.</p> <p>The team saw that there was a blanket rule for the provider to hold people’s cigarettes that was not documented in the service plans. The team observed that there was no clear documentation in the service plan of why the modification is needed, if it is according to an assessed need, and the strategy for revisiting and/or lifting them.</p> <p>The state Medicaid Agency, and the entity that ensures the development of the person-centered service plan should ensure that person-centered service plans that comply with all regulatory requirements are in place for each individual receiving Medicaid-funded HCBS. The entity responsible for the person-centered service plan should ensure that all modifications for a specific individual are incorporated into the plan and Milestones must adhere to the plan.</p> <p>Milestones should ensure that any relevant modifications for a specific individual are incorporated into the plan, and that modifications to the settings criteria are limited only to a specific assessed need as opposed to a blanket modification.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|--|
| State Medicaid Director Letter #19-001 ⁴ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | Staff reported receiving training on the Settings criteria the week before the visit. Milestones should ensure all employees have consistent and reinforced training on HCBS settings regulatory criteria. In addition, this training should be incorporated into the daily activities and operations of the setting. |

MIW, Inc. (formerly known as Mid Iowa Workshop), Supported Employment – Visit August 13, 2024

Facility Description:

The setting is located in a rural area, in a mixed-use section of Marshalltown. The setting is a large building, with a lobby, administrative offices and large conference room/kitchenette in the front and a large warehouse in the back divided into various work areas with adjoining restrooms. There are three breakrooms available to individuals, one of which connects to a gazebo outside for individuals to use, primarily for smoking. The setting serves approximately 52 Medicaid HCBS beneficiaries, along with approximately 30 additional individuals without disabilities who come to the setting to participate in contract work activity performed at the setting. The setting reports that approximately 40 individuals participate in contract work at the warehouse, while approximately ten individuals participate in competitive integrated employment in the community.

The setting has been in a decade-long transition from pre-vocational training and 14(c) activity and in March 2023 transitioned to only providing competitive wage employment, although much of the setting’s supported employment activity remains tied to warehouse-based contracts. There is no piece-rate payment; staff indicated that all individuals receive at least minimum wage, with higher wages provided based on skill and/or full-time status.

Site Visit Review Description:

The site visit team arrived and met in a large conference room where setting staff provided an overview of their program and answered questions from the site visit team about their program. The setting provides both facility-based and competitive integrated employment support. Individuals working on assembly contracts at the setting are paid either \$7.25 or \$12.50 an hour depending on skill level and/or full-time status. There are no piece rates payments. The setting employs both people with and without disabilities on the assembly contracts. Individuals who work in competitive, integrated employment work in a variety of settings based on an individual’s preference and local availability. Staff indicated that they have no pre-determined work sites in the community; all individuals employed in the community chose where they wanted to pursue employment. Staff report that staff provide job coaching and ongoing support to the extent the person requires. For individuals who work at the setting, staff noted they accommodate individuals’ various arrival times to start working resulting from bus use, as their setting is on the bus route. The staff then provided the team with a tour of the setting during which team members spoke with individuals working. An individual interviewed

⁴ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

indicated that they like the variety of work and while they prefer one contract specifically, they go "where [they are] needed." Individuals can and do leave the property during work breaks and lunch. Some of the team split off to review service plans while the rest of the team received a tour of the full setting. The team reviewing plans also had conversations with staff, and then the full team convened in the conference room to close out the visit.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---|---|
| 441.301(c)(4)(i) | The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. | <p>Based on service plan review, the setting characterizes workshop-based employment, specifically employment at their location, as “community-based” employment. One individual shared with a team member that they have repeatedly expressed that they want to work offsite, and yet the setting continues to have them employed in the warehouse, where they have been for years, with no change in goals.</p> <p>MIW, Inc. should ensure that individuals are informed of their choices for competitive, integrated employment and are supported to seek employment and work in competitive, integrated settings.</p> |
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | <p>While choice of this setting is documented in the service setting or what other non-disability settings are offered.</p> <p>The provider stated that “truly informed choice” was a challenge as some families request their family members work onsite at MIW, Inc.</p> <p>The state Medicaid Agency and the entity that is responsible for ensuring the development of the person-centered service plan must ensure that individuals receiving Medicaid-funded HCBS are afforded a choice of setting, in compliance with regulatory requirements, including a choice of non-disability specific settings.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|--|--|
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <p>The site visit team saw a posting of birthdays with individual names, pictures and dates. It is not clear if individuals consented to this.</p> <p>MIW, Inc. should ensure that individuals are afforded privacy by asking individuals for their consent prior to posting personal information.</p> |
| 441.301(c)(4)(v) | The setting facilitates individual choice regarding services and supports and who provides them. | <p>The provider stated that they assess whether individuals need extended supports anymore with the team, but it is unclear if the individual has that choice.</p> <p>MIW, Inc. must ensure their model of service delivery aligns with the regulatory criteria that individuals have access to services and supports that the individual has been assessed to need, and that the individuals have the ability to choose from whom they receive those services and supports.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|--|
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | <p>Modifications do not appear to be tied to the assessed need of the individual, nor is there a documented process to revisit or remove them.</p> <p>The state Medicaid Agency, and the entity that ensures the development of the person-centered service plan should ensure that person-centered service plans that comply with all regulatory requirements are in place for each individual receiving Medicaid-funded HCBS. The entity responsible for the person-centered service plan should ensure that all modifications for a specific individual are incorporated into the plan and MIW, Inc. must adhere to the plan.</p> <p>MIW, Inc. should ensure that any relevant modifications for a specific individual are incorporated into the plan, and that modifications to the settings criteria are limited only to a specific assessed need as opposed to a blanket modification.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|---|
| State Medicaid Director Letter #19-001 ⁵ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | <p>Staff noted that training on the HCBS Settings Rule is included in direct support staff training, but it is not clear if the training covered all the Settings criteria.</p> <p>MIW, Inc. should ensure all employees have consistent and reinforced training on all the HCBS settings regulatory criteria. In addition, this training should be incorporated into the daily activities and operations of the setting.</p> |

⁵ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

Cardinal Grove, Assisted Living – Visit August 14, 2024

Facility Description:

The setting is located in a small, rural town. The setting is connected to a nursing facility, referred to as a “care center”, by a locked door but has a separate entrance. Upon entering the setting, there is a small foyer which opens to an eating area and a staff office, living room and conference room. Residents have individual units along a long corridor, with garage space also available if needed. Individual units range from a studio apartment to 1-bedroom units with a separate den. Units visited by the site team included a kitchenette with full size appliances, living area, bathroom, separate bedroom and glass doors opening onto an individual patio. Individuals can access the care center to visit nursing facility residents or to participate in care center activities. Individuals have a code to open the door between the two settings and the code is also posted on the wall. The setting is staffed during the morning, afternoon and evening. It is not staffed at night. Care center (nursing facility) staff are available after hours for emergency support, if needed. The setting currently serves 15 residents in 14 units (the setting serves one couple who live together) and four of the 15 residents receive HCBS waiver services.

Site Visit Review Description:

Three members of the site visit team visited this setting along with a state staff member. Upon arrival, site team members were greeted by two setting administrators. The site visit began with a discussion with setting staff, followed by a review of service plans and finished with a tour of the setting and meeting with two residents. During the review of service plans and provider plans, the team noted that modifications were well documented across both plans, included all previous, less restrictive steps taken before implementing the modifications, and documentation of the individual’s inclusion and input throughout the process. The plans also noted regular review intervals to see if the modifications would still be needed or could be adjusted to be less restrictive. During the team’s discussion with staff, the staff indicated individuals regularly accessed the community on their own initiative either individually or in groups and have access to public transportation and transportation provided by the setting. A review of an individual’s service plan indicated the individual enjoyed going to town on their scooter. A site visit team member observed the public transportation bus had arrived at the setting during the tour, and one individual interviewed noted they use the public transportation to do their shopping. An individual interviewed shared they volunteer at the local food bank weekly. Interviews with individuals indicated they choose the activities in which they desire to participate, and staff confirmed, noting the most popular activity scheduled is the social hour on Saturdays which includes both alcoholic and non-alcoholic options. The two units observed by the site visit team were decorated with the individual’s belongings and in their taste. Personal effects were noted in the apartments, and one individual had a pet. The setting was largely quiet, but the team observed individuals moving freely throughout the setting and meeting each other for conversation in the dining area.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|---|--|
| 441.301(c)(4)(ii) | The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. | <p>The plans reviewed did not clearly indicate how the setting was chosen or what other non-disability specific options were available.</p> <p>The state Medicaid Agency and the entity that is responsible for ensuring the development of the person-centered service plan must ensure that individuals receiving Medicaid-funded HCBS are afforded a choice of setting, in compliance with regulatory requirements, including a choice of non-disability specific settings.</p> |
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <p>Units had nameplates with the individual's full name in the hallway next to the unit's entrance door.</p> <p>Cardinal Grove must ensure that individuals are afforded privacy by securing consent before posting individual names or otherwise removing the nameplate.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|---|
| State Medicaid Director Letter #19-001 ⁶ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | <p>Staff shared the HCBS training topics they cover with their staff upon hire and will be incorporated annually. However, the topics listed did not cover the all the requirements. The team did not receive information about training the care center staff (nursing facility staff who provide after-hours staffing support) might receive on the HCBS Settings Rule.</p> <p>Cardinal Grove should ensure all employees, including any Care Center staff who may provide coverage to the AL, have consistent and reinforced training on all the HCBS settings regulatory criteria. In addition, this training should be incorporated into the daily activities and operations of the setting.</p> |

⁶ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

One Vision, Supported Community Living with Remote Supports – Visit August 14, 2024

Facility Description:

This single-family home is located in a cul-de-sac in a neighborhood of a small, rural town. It is a one-story home with a finished basement. There are three individuals who live at the home and receive remote delivery of Supported Community Living (SCL) through Medicaid HCBS waivers. There are two bedrooms and a bathroom on the first floor, along with the kitchen, dining room, living room, and guest room. In the basement there is another bedroom and bathroom, laundry room, large open area, and another spare room used for storage.

Site Visit Review Description:

Three site visit team members visited the home. The site visit team was met by one state staff member and a provider staff member. The team spoke with the provider staff member and the staff who provides remote delivery of supported community living services at the time of the visit, and reviewed provider plans, noting there were no PCSPs on site. The team also spoke to one of the individuals who lives there who also provided a tour. The other two individuals were at home but stayed in their rooms during the visit. Two of the three individuals are related and the third individual met one of them years ago and they decided to live together. The team learned that all three individuals have jobs in the community; they are able to walk and bike places and staff can also provide transportation. The individuals have pets in the home. The individual who spoke with the team shared that they prefer the remote supports service because staff are not in the home all day. Additionally, this home is a privately-owned home and is not managed or controlled by the provider.

The remote staff shared they provide support to six homes during a shift. On a typical day the staff will call to check in on each home to see if anyone needs reminders or cueing for morning routines such as assisting with reading a recipe for breakfast or medication reminders. The staff member cannot toggle between calls so they need to complete a call with one home before answering a call that comes in. If someone calls and needs in-person assistance, staff can be there within 30 minutes. If the person cannot wait that long, they are instructed to call 911.

The provider initially conducts an assessment related to the technology that individuals need, with the goal of ensuring that they are as independent as possible. The waiver pays for the technology and the equipment, and the supports are set up according to the identified needs in the service plan. This home has multiple sensors on the ceiling, doors and windows. There are no cameras at this residence aside from the tablet in the kitchen they use to speak with remote staff. The individuals can call the remote staff on the tablet that is in the kitchen. The remote staff calls in the morning to remind individuals of daily routines, and individuals can decline the call. The sensors are programmed based on individual needs.

The site visit team did not see service plans, but the provider plan goals were mostly related to cleanliness, doing tasks around the house, and becoming more independent. One plan noted the individual would like to live in their own apartment in the future.

Findings of Site Visit:

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|---------------------|--|---|
| 441.301(c)(4)(iii) | The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <p>The team did not see any informed consent documentation regarding the program's remote service delivery as it was not included in the plans the team saw. Specifically, the sensors, including door sensors, are programmed to send alerts to the provider based on people's movements.</p> <p>One Vision must ensure their model of service delivery aligns with the regulatory criteria to support participants' right to privacy, dignity, respect and freedom from coercion and restraint, including documentation of informed consent of the program's remote service delivery.</p> |

| Regulation Citation | Regulation Language | Violation Finding Based on Site Visit |
|----------------------|--|--|
| 441.301(c)(4)(vi)(F) | Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. | <p>The team reviewed the service plans provided by the state and noted that the modifications listed did not include documentation of other less restrictive interventions tried but not successful. All plans noted the reasons for the modifications were to keep the individuals safe due to their disabilities.</p> <p>The state Medicaid Agency, and the entity responsible for the development of the person-centered service plan should ensure that person-centered service plans that comply with all regulatory requirements are in place for each individual receiving Medicaid-funded HCBS. The entity responsible for the person-centered service plan should ensure that all modifications for a specific individual are incorporated into the plan and One Vision must adhere to the plan.</p> <p>One Vision should ensure that any relevant modifications for a specific individual are incorporated into the plan, and that modifications to the settings criteria are limited only to a specific assessed need as opposed to a blanket modification.</p> |

| Additional Provision | Language | Violation Finding Based on Site Visit |
|---|--|---|
| State Medicaid Director Letter #19-001 ⁷ | Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state. | <p>Staff reported receiving recent training on the HCBS Settings Rule. The director said that they reviewed the requirements with staff the day before the team’s visit.</p> <p>One Vision should ensure all employees have consistent and reinforced training on HCBS settings regulatory criteria. In addition, this training should be incorporated into the daily activities and operations of the setting.</p> |

⁷ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)