Statewide Transition Plan for Home and Community-Based Settings

Approved 6/29/2018

Wyoming
Department
of Health
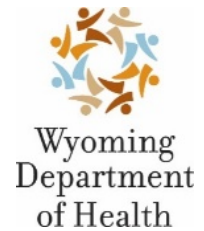
Introduction and Summary of Purpose

On March 17, 2014, the Centers for Medicaid and Medicare Services (CMS) promulgated new federal regulations 42 CFR 441.301(c)(4)-(5) for Home and Community-Based (HCB) settings requirements. CMS posted additional guidance to help states assess compliance and remediate areas that are not fully compliant. More information on the rules can be found on the CMS website at www.medicaid.gov/hcbs. The Wyoming Department of Health (Department) is the single state agency designated to administer the Wyoming Medicaid program, and submits this Statewide Transition Plan (STP) in accordance with the federal regulation. This document shall describe the Department's efforts in the following areas:

- Assessment of current HCB settings for compliance;
- Assessment of state policies and procedures to support HCB settings compliance
- Development of technical assistance tools and overall approach to transitioning providers and settings into HCB compliance; and
- Assuring ongoing compliance with federal and state regulatory requirements.

Overview of Transition Planning and Setting Assessment Process

The waiver settings that are included in this STP include settings covered by the Wyoming Community Choices Waiver (CCW), Supports, and Comprehensive Medicaid Home and Community-Based Services (HCBS) waiver programs. Under this new requirement, each state must include:

- An inventory and description of all HCB settings;
- A summary of how each setting meets or does not meet the federal HCB settings requirements;
- A list of any areas of non-compliance that need to be addressed to bring the setting into compliance; and
- A 30-day public comment period on the transition plan with a summary of comments received and responses offered.

Summary of the Children's Mental Health Waiver Settings Compliance

The settings for the Wyoming Children's Mental Health (CMH) waiver, demographics, and individualized plans of care (IPC) were reviewed by the Department. No CMH waiver participants reside in group homes or congregate facilities. No services may be offered in congregate facilities. All CMH waiver services are based in the family's residence, the provider's family residence, or in community locations that are not institutional in nature, such as parks, malls, stores, and other activity centers. Therefore, the CMH Waiver settings are presumed to be compliant.

Public Comment

The Department sought public comment prior to each STP submission to CMS. Specific approaches to collecting public comment are identified below.

Public Comment – October 3 2014 – November 3, 2014

Public comment on the Wyoming STP was taken from October 3, 2014 through November 3, 2014. The public was invited to submit comments through an email address (bhdmail@wyo.gov), telephone, or in writing by mail. Additionally, forums were held at six locations across the state (Laramie, Cheyenne, Jackson, Evanston, Sheridan and Casper). A presentation on the STP was conducted during the 2014 Mega Conference. A recording was posted using YouTube, and the link was posted on the Department's websites for people who could not attend in person. Two conference calls were held during the 30 day period, so people could call in with their comments. A newsletter with information on the STP was available on the Department websites (DD Section (old) and Healthcare Financing) for download or print. The public forum schedule was sent to all waiver participants or guardians. Notice of public comment on the STP was also posted in the Wyoming Tribune-Eagle and Casper Star-Tribune with directions on how to obtain a hard copy of the plan and submit comments in writing. Information was sent out to nearly 2,000 people on the Department's email lists.

Public comment overwhelmingly recommended that the Department focus on assuring services are supporting people to be integrated in the community instead of focusing on the location where services are delivered. From the initial provider survey, settings were flagged for concern due to location issues such as industrial or commercial zoning areas or a rural area. After more analysis, the state decided these flags were an unfair assumption. They are now considered an "indicator" of possible segregation or isolation where the state needs more information to ensure the person's in those settings have services provided in compliance with the new rules.

The flags were removed because providers and family made the case that the zoning characteristic was not an accurate indicator of segregation or isolation and not all industrial zones are created equal in a city. Some locations in these zones are close to other businesses that are safely and regularly visited. Some zones are further from businesses that can be frequented. Providers and family members in these locations mentioned that they still get to access the community and get out more often than other family members living at the family home, so if a provider can provide regular access to the community, the provider setting should not be eliminated from HCB by location alone. Additionally, towns and cities can change the zoning of different areas quickly and easily, but that zones are not always updated to ensure that they reflect the characteristics of an area. This renders the method of enforcing the new rules ineffective, because a provider would only need to have their building's zoning changed.

The Department's leadership team agreed with this analysis and to make these changes that we would not disqualify a setting based on this characteristic alone. In our additional analysis in 2015, providers of settings that may appear to isolate or segregate must give evidence on how people access the community, how often, and what they do so we can help them improve in this area or make modifications to their business model to meet the integration standards. Moreover, many people like to live in Wyoming due to its rural nature. Therefore, for residences that are not near other residences or near a community with businesses, the setting cannot be ruled as non-HCB by location alone. The provider must still provide evidence to the Department on how they help the person access the community, provide transportation, and integrate the person (as well as the other standards in the new rule.)

The transition taskforce, which had members from various roles within the waiver system, reviewed and discussed input collected to help make final changes to the STP. A revised STP was reposted to the Department websites in February 2015.

Public Comment – September 12, 2016 – October 14, 2016

After receiving feedback from CMS on Wyoming's STP, the Department incorporated changes to the plan and again posted the plan in its entirety for public input. Public input was accepted through October 14, 2016, and was accepted via mail, email, and phone. Public notice was provided through the following methods:

- Wyoming Department of Health's website (posted September 9, 2016)
- Wyoming Tribune-Eagle newspaper (posted September 12, 2016)
- Behavioral Health Division, Developmental Disability Listserv (delivered September 12, 2016)
- Division of Healthcare Financing Listserv (delivered September 12, 2016)

In addition, the Department provided notice through the tribal notification and consultation process as defined in the Wyoming Medicaid State Plan. The Department also partnered with the Governor's Council on Developmental Disabilities and was grateful that this organization posted the plan on its website and social media accounts. The Department hosted a statewide public forum via conference call on September 26, 2016. The public notice language was as follows:

HCBS Setting Statewide Transition Plan Public Comment

The Wyoming Department of Health, Behavioral Health Division and Division of Healthcare Financing seeks public input on its Statewide Transition Plan to comply with federal Medicaid Home and Community Based Settings (HCBS) requirements. In March 2014, the Centers for Medicare and Medicaid Services (CMS) passed new rules for provider setting requirements for HCBS. The new rule requires all states to evaluate their provider's settings where services are provided, and transition those settings to meet the new federal rules over five (5) years. This affects all provider controlled, owned, or operated settings in which individuals receive home and community based services through the Acquired Brain Injury, Comprehensive, Supports, Assisted Living Facility waiver programs. This plan was first posted for public input October 18, 2014 and has been revised at the request of CMS.

A copy of the revised Wyoming Statewide Transition Plan may be found online at https://health.wyo.gov/behavioralhealth/dd/waivers. A hard copy may be obtained by contacting the Department via phone at (307)777-6494 or by mail or in person at:

Wyoming Department of Health
Behavioral Health Division
6101 Yellowstone Road Suite 220
Cheyenne, WY 82009

A public forum will be conducted via phone conference on Monday, September 26th from 2:00pm-3:00pm. Callers should call in to 1-877-278-2734 access code 0488804.

Public comment will close on October 14, 2016. Comments can be sent via e-mail to bhdmail@wyo.gov or calling 307-777-6494. Written comments may be sent to:

Wyoming Department of Health
Behavioral Health Division
6101 Yellowstone Road, Suite 220

The Department received two primary points of feedback. The first point of public input was to clarify the administrative rule timeline found in Milestone 9 on page 27 of the plan, as there was concern that the rules would not be promulgated by the December 1, 2016 date indicated in the STP. This was clarified to an anticipated completion date of 7/1/17 in order to reflect the anticipated completion of rules promulgation. Secondly, the Department was asked to clarify if providers could re-enroll through an HCBS waiver program if they became compliant after they were de-certified. The Department clarified that providers could re-enroll if they were in compliance with the HCB settings regulation before re-enrollment. No further comment was received.

The current Statewide Transition Plan, which has received initial approval, can be found at: DD Section and Healthcare Financing.

Public Comment – January 14, 2018 – February 13, 2018

After receiving feedback from CMS, public comment for the STP was accepted from January 14, 2018 – February 13, 2018 via mail, email, and phone. Public notice was provided through the following methods:

- Wyoming Department of Health's website (posted January 12, 2018)
- Wyoming Tribune-Eagle and Casper Star Tribune newspapers (posted January 14, 2018)
- Behavioral Health Division, Developmental Disability Listserv (delivered January 12, 2018)
- Division of Healthcare Financing Listserv (delivered January 12, 2018)
- Behavioral Health Division, Developmental Disability Listserv (delivered February 5, 2018)
- Division of Healthcare Financing Listserv (delivered February 5, 2018)

In addition, the Department provided notice through the tribal notification and consultation process as defined in the Wyoming Medicaid State Plan. The Department also partnered with the Governor's Council on Developmental Disabilities and Parent Information Center to post the plan on their respective websites and social media accounts. The Department hosted a statewide public forum via conference call on February 6, 2018. The public notice language was as follows:

HCBS Setting Statewide Transition Plan Public Comment

The Wyoming Department of Health, Behavioral Health Division and Division of Healthcare Financing seeks public input on its initially approved Statewide Transition Plan to comply with federal regulatory requirements. In March 2014, the Centers for Medicare and Medicaid Services (CMS) passed new rules for provider setting requirements for Medicaid Home and Community-Based Services (HCBS). The new rule requires all states to evaluate their provider's settings where services are provided, and transition those settings to meet the new federal rules over eight (8) years. This affects all provider controlled, owned, or operated settings in which individuals receive HCBS through the Acquired Brain Injury, Comprehensive, Supports, or Community Choices waiver programs. This plan was first posted for public input October 18, 2014 and has been revised at the request of CMS.

A copy of the revised Wyoming Statewide Transition Plan may be found online at https://health.wyo.gov/behavioralhealth/dd/bhd-public-notices/ and

The Department did not receive any feedback on its STP. Six (6) phone numbers called into the public forum.

Wyoming Transition Planning Approach

The Divisions within the Department worked collaboratively to determine the best approach to determining provider compliance, implementing heightened scrutiny, and assuring ongoing conformity to federal regulations

Covered Settings

The following were identified as a HCB settings that must be in compliance with HCB federal regulation:

Residential
- Assisted living facilities
- Residential habilitation host homes (adults)
- Residential habilitation group home and apartments (adults)
- Special family host homes (children)
- Supported living sites

Non-residential
- Adult day care facilities
- Supported employment sites
- Group work centers
- Provider owned businesses
- Facility based day services
- Community integration settings

After careful consideration, supported employment and community integration sites were removed from the list of identified covered settings. Supported employment and community integration settings

are inherently community based, and therefore presumed in compliance. Provider owned businesses and facility based day services were determined to house any services that would need to demonstrate the requirements of the federal rule.

Initial Provider Assessment and Validation

The Department originally developed and distributed a 35-point self-assessment tool to determine provider compliance with the HCB settings rule. Providers indicated if they were compliant with each of the 35 areas. If compliant, they were required to submit evidence to demonstrate compliance. If not compliant, the area was to be addressed in a provider transition plan that included specific action steps and target dates to address the area(s) of non-compliance.

After the initial assessment was distributed and responses were received, the Department received feedback from providers and field staff regarding the effectiveness of the tool and accuracy of provider responses. Based on this feedback, the tool underwent several revisions until a final methodology and tool was adopted. This new tool was distributed to providers with a letter of explanation, and instructions to conduct a new self-assessment using the revised assessment tool.

Response Rate and Preliminary Results

The Department received provider responses that addressed 558 settings. Many of the responses did not include evidence to demonstrate self-identified compliance in the areas specified in the self-assessment tool. At the time of the initial self-assessment, the Department identified 1,038 settings at which waiver services were provided.   There were 388 settings presumed to be in compliance because they were participant family homes in which intensive services were not being received, or were the homes of participants who lived independently. Providers were not required to complete a self-assessment for these settings.

The total number of responses received, by type, were as follows:
- Assisted living facilities – 19
- Residential habilitation host homes (adults) – 157
- Residential habilitation group home and apartments (adults) – 148
- Special family host homes (children) – 2
- Supported living sites – 124
- Adult day care facilities – 4
- Supported employment sites – 6
- Group work centers – 9
- Provider owned businesses – 1
- Facility based day services – 58
- Community integration settings – 2
- Other – 28

The Department established four tier levels of compliance based on the results of the 35-point self-assessment. Below are the tiers and the number and proportion of settings in each tier.

Tier Level	# of Settings	% of Settings	Description
Tier 1:	30	4.62%	Provider submitted sufficient documentation for all 35 questions that proved not only past compliance, but that the policies and

Tier Level	# of Settings	% of Settings	Description
Full Compliance			standards in place ensured future compliance. Additionally, Department staff determined that there were no concerns with this setting that indicated non-compliance in any area.
Tier 2: Mostly Compliant	120	18.46%	Provider submitted sufficient documentation for a minimum of 15 questions that proved not only past compliance, but that the policies and standards in place ensured future compliance. Additionally, Department staff determined that there were no concerns with this setting that indicated non-compliance in at most 15 areas.
Tier 3: Somewhat Compliant	183	28.15%	Provider submitted sufficient documentation for at least 1 question that proved not only past compliance, but also that the policies and standards in place ensured future compliance. Additionally, Department staff determined that there were no concerns with this setting that indicated non-compliance in more than 15 areas.
Tier 4: Did not Respond	317	48.77%	Provider failed to submit an assessment or sufficient documentation of compliance in any area. Department staff determined that no provider setting had a litany of problems in all 35 areas of compliance as to bring into doubt the provider's ability to comply. It was determined that settings could come into compliance by October 1, 2018.
Tier 5: Non-Compliant	0	0%	Provider did not submit a setting survey or documentation. Department staff determined that provider settings had a litany of problems and past issues, such as complaints, that called into question the ability of the provider to transition settings into compliance.

Results of the initial assessment of providers can be found in Appendix A of this document.

Advocate Survey Results

The Department developed an HCB Compliance Advocacy Guide to educate participants and guardians on the federal regulation, state and provider requirements, and participant rights as they related to HCB settings. Case managers were asked to distribute and discuss the guide with participants and guardians. The guide included a survey for participants and guardians to complete. These surveys offered the Department another perspective for provider compliance with HCB standards. The Department received 420 responses to the survey.

The surveys were not linked to specific settings, or used to ensure compliance with federal regulations. Wyoming's small population and number of participants served per provider made anonymity of data difficult to ensure. The small sample size prevented statistical significance from being reached when assessing any quality metric stratified by provider. After discussions with the National Core Indicators (NCI) project and the Wyoming Institutional Review Board, the Department concluded that the current representative sample of participant interviews could not be linked to specific settings. However, the survey was used as a broader, systemic assessment of HCB services and supports statewide. Results of the survey are listed below.

Survey Question	Yes	Some what	No	N/A
1. Did you have a choice in the services you receive?	24.5%	0.0%	66.4%	9.0%
2. If you are 18 or older, were you informed of other options of where you could live?	49.3%	0.0%	44.8%	6.0%
3. Did you have full choice in providers?	62.9%	0.0%	36.0%	1.2%
4. Have you visited other places you could live in the past year?	30.2%	0.7%	61.7%	7.4%
5. Do you want to do something else during the day than what you are currently doing?	31.4%	0.2%	24.8%	43.6%
6. Were you involved in developing your plan of care?	78.1%	0.5%	19.8%	1.7%
7. Do you feel that your providers listen to you?	86.4%	1.0%	12.4%	0.2%
8. Do you know how to request new providers or services?	39.5%	0.0%	12.1%	48.3%
9. Do you have input in choosing your daily schedule?	70.7%	0.0%	11.7%	17.6%
10. Do you have input in how your money is spent?	88.6%	0.7%	8.6%	2.1%
11. Do you have input in how you spend your free time?	87.1%	0.7%	8.1%	4.0%
12. Did you go out for entertainment in the last month?	90.0%	0.2%	8.1%	1.7%
13. Did you go to church or a cultural event in the past month?	91.7%	0.0%	7.4%	1.0%
14. Do you have a key to where you live and your room?	91.4%	0.5%	6.4%	1.7%
15. Do you have friends you hang out with other than paid staff or family?	74.0%	0.2%	4.3%	1.9%
16. Do providers drive you into the community, to stores, movies, or other places you like to go?	93.3%	0.5%	5.2%	1.0%
17. Do you get out as often as you want?	92.9%	0.0%	4.5%	2.6%
18. Do you have access to food when you want to eat?	96.0%	0.5%	2.9%	0.7%
19. If not working, do providers help you to find a job?	95.0%	1.7%	2.4%	1.0%
20. If you are working, do your providers help you be successful at work?	96.9%	0.2%	2.1%	0.7%
21. Are you satisfied with the waiver services you receive?	96.0%	1.0%	1.9%	1.2%

Analysis of the Provider Self-Assessment and Advocate Survey Results

The data from the provider self-assessments and advocate surveys were analyzed using principle components analysis. For the HCB provider self-assessment, additional structural equation modeling was used as confirmatory analysis. While the results and conclusions come with a number of limitations, overall the models were found to have adequate fit. The analysis found that questions from the advocate survey and provider self-assessment could be aggregated by four latent variables, which correspond well with themes found throughout the federal regulations. These latent variables are described below.

Identified Latent Variables and Indicators	Corresponding Self-Assessment Questions
Participant Autonomy	12. The setting includes opportunities for persons to control personal resources. 16. The setting ensures a person's rights of dignity and respect.
Control of Environment	27. Each person sharing a sleeping or living unit has a choice of roommates.

Identified Latent Variables and Indicators	Corresponding Self-Assessment Questions
	28. Each person has the freedom to furnish and decorate within the lease/agreement.
Daily Independence	29. People do not have to follow a regimented schedule during services in this setting. 31. Each person has the freedom and right to access food at any time. 32. Each person can decide when they want to eat.
Opportunities to Seek Employment	9. The setting includes opportunities to seek employment 10. Employment opportunities include competitive integrated work places.

Principle components analysis derived four principal components from the advocate survey that have some correspondence with the HCB Provider Assessment.

Identified Latent Variables and Indicators	Corresponding Advocate Survey Questions
Participant Choice	9. Do you have input in choosing your daily schedule? 10. Do you have input in how your money is spent?
Choice of Environment	2. If you are 18 or older, were you informed of other options of where you could live? 4. Have you visited other places you could live in the past year?
Participant Integration	12. Did you go out for entertainment in the last month? 13. Did you go to church or a cultural event in the last month?
Participant Input	6. Were you involved in developing your plan of care? 11. Do you have input in how you spend your free time?

These latent variables should be interpreted as qualities of a non-isolating and non-institutional setting. Personal autonomy, control of one's environment, daily independence, and employment are four factors that clearly distinguish an institutional setting from a non-institutional setting.

Personal Autonomy
*T*he ability to make decisions in an informed, un-coerced manner, is a critical aspect of American community life. Autonomy allows participants to form willing associations with other people and live their lives as they see fit. Some suggest that personal or 'innate' qualities, such as being born with a 'strong will', determine one's *Personal Autonomy*. However, some research suggests that, when controlled for personal characteristics, a participant's environment (ie: setting) was the most significant contributor to self-determination. Therefore, characteristics of settings, such opportunities for participants to demonstrate self-determination and respect of participants' decisions, contribute to a participant's personal autonomy[1].

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[1] Wehmeyer, M. L., & Bolding, N. (2001). Enhanced self-determination of adults with intellectual disability as an outcome of moving to community based work or living environments. *Journal of Intellectual Disability Research, 45, 371-383.*

Some researchers have also suggested that the quality of a setting, in particular the quality of supports, contributes to personal autonomy (the researchers state, however, that there has been no systematic study or research conducted in this area)[2]. Both studies show that the qualities of a setting matter in determining a participant's autonomy, rather than a participant's' autonomy shaping the characteristics of the setting. Therefore, a lack of personal autonomy must be attributed to the characteristic of the setting and not the participant. Per State of Wyoming and federal requirements, the participant has the freedom of choice in providers, which must include non-disability specific settings.

In transitioning to the new requirements, this analysis revealed some barriers. Residential host homes and supported living settings had lower rates of compliance with both indicators, with about half of all settings not in compliance. There were several possible reasons. First, the culture between participants, providers, and guardians is risk adverse. Guardians want providers to minimize potential harm, such as exploitation, to participants. This was evidenced in many of the plans of care that were reviewed during plan review, public comment on the STP, and on the Advocate Survey. These policies, while passed with the best of intentions, limited personal autonomy. Second, it was determined that statewide education on how an environment affects personal autonomy was needed. Advocate and provider survey comments indicated that settings were chosen on the basis of who a participant is, rather than who a participant wants to be. Statewide education would reframe this decision, and help all stakeholders align their decisions with the goals of the HCB Waivers.

Control of Environment
Control of one's environment is related to personal autonomy, and is another important aspect of American community life. This is a participant's ability to determine the appearance of their living space, and to exclude or have a choice of persons allowed in that living space, whether this is visitation or cohabitation. This concept is known as the *Castle Doctrine*; "A man's house is his castle, and each man's home is his safest refuge"[3]. According to William Blackstone, "for this reason no doors can in general be broken open to execute any civil process"[4]. Blackstone acknowledges the need for some exceptions, such as public safety. In the case of the HCB waivers, an exception should be made when a participant's health is at grave risk. When anyone regularly and routinely enters a participant's personal environment without that participant's knowledge or consent, however, that participant loses an important and fundamental aspect of American life.

Daily Independence
Independence includes a participant's ability to decide what s/he will do on a daily basis at specific times. This is distinguishable from personal autonomy insofar as time is a component, and it relates to day to day decisions as to what a participant wants to do, rather than who a participant wants to be. The analysis revealed two barriers to this component: access to food and the implementation of regimented schedules – two common flags found during the assessment. This area was a challenge for many providers because they provided services to many participants, and therefore had a challenge coordinating services while allowing participants liberty to do what they please when they pleased, or because those providers that had documentation of past compliance did not have policies to ensure future compliance. Establishing planning coordinators was identified as a possible solution to this

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[2] Nonnemacher, S. L., & Bambara L. M., Self-advocates' perspectives on self-determination. *Intellectual and Developmental Disabilities*, 49, 327-340.

[3] William Blackstone, Commentaries on the Laws of England, 4 vols. (Oxford 1765-1769).

[4] Ibid

problem, as well as allowing for more trust in the participant to exercise choice and control in every day little and big decisions.

The advocacy survey had an additional component, Participant Choice and Participant Input. While participant input indicators were positive overall, those for participant choice showed that a significant majority of participants did not have choice over daily and major events in their lives. These two components painted a mixed picture of participant feelings on their daily independence. This suggested that there was room to improve the areas of control of resources and respect for participant decision making.

A study conducted among 281 adults with intellectual disabilities receiving community-based services had similar findings. This study found that "participants had little or no opportunity to exercise self-determination over major life decisions (e.g., with whom and where to live)…even in more mundane areas, such as where and when to eat" and concluded that "variation in environmental opportunities to exercise self-determination was strongly related to a range of factors including participant ability, previous residential history, and structural and procedural aspects of the residential supports currently provided".[5]

Employment
Employment is an essential part of American community life. Employment is correlated with social capital[6] and allows Medicaid participants to rise out of poverty. Unfortunately, employment and labor force participation are low in the population of individuals with intellectual or developmental disabilities (ID/DD) in both the United States and Wyoming – despite strong economic conditions, high labor force participation, and low unemployment in Wyoming. A study conducted with 200 respondents with ID/DD, both employed and unemployed, found significant differences in the locus of control scores on the Nowicki-Strickland Internal-External Scale between the groups. The study found that individuals unemployed and employed in sheltered settings perceived themselves as having less control than individuals employed in competitive and integrated employment settings[7]. This study supported the findings here – that employment is an important part of American community life and distinguishes HCB settings from those settings that have qualities of an institution.

The State of Wyoming has adopted Employment First as the policy of the State, meaning that competitive and integrated employment shall be considered the first option when serving persons with disabilities who are of working age. The State identified that changing some policies, potentially some service rates, and working in conjunction with the Employment First Task Force, could potentially improve employment.

The results from the HCB Setting analysis illustrated the challenges that the state and providers faced when transitioning service delivery to conform to the new standards. The results also showed the many strengths of Wyoming's providers and the high level of satisfaction among participants and guardians in many areas. In the areas of physical accessibility, privacy, customization of living area, and visitation,

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[5] Robertson, Janet, et al. "Environmental opportunities and supports for exercising self-determination in community-based residential settings." *Research in Developmental Disabilities* 22.6 (2001): 487-502.
[6] A Rimmerman, T Araten-Bergman 2009 Journal of social work in disability & rehabilitation 8 (3-4), 132-145 Social participation of employed and unemployed Israelis with disabilities
[7] Wehmeyer, Michael L. "Employment status and perceptions of control of adults with cognitive and developmental disabilities." *Research in developmental disabilities* 15.2 (1994): 119-131.

Wyoming's settings excel, showing fewer than 35% of all settings as not compliant in any one of these areas. It is also important to keep in mind that Wyoming set a high bar for compliance – it was not enough for providers to demonstrate past compliance; future compliance had to be ensured. In many cases, providers said they were doing things in their organization that complied with the standard, but they lacked the necessary formal policies, procedures, or evidence that would ensure consistency and future compliance with the standards. By systematizing the provider's approach to implementing and delivering services in a way that demonstrated the new standards, the Department determined that providers could reach 100% compliance with each area in all settings by the extended timeline of October 1, 2021.

Department Validation of Provider Self-Assessments

The Department validated 100% of the settings that were identified as requiring compliance with the HCB Setting federal regulation. This validation process included a comparison of the provider self-assessment tool and evidence submitted by the provider, when available, and information from Department databases. Information contained within Department databases includes the following:

- Incident Reports. Initial incident report information is submitted by the case manager or provider who witnessed or was responsible during the time of the incident. Follow up information, including any corrective action necessary on the part of the provider, is entered by Department staff. This information is collected on an ongoing basis, but trends are monitored monthly.
- Provider Information (i.e., surveys and reports, corrective action). Information related to providers, including qualifications, certifications, and sanctions, is collected and submitted by Department staff assigned to the provider. Information is entered annually at the time of the survey, or as corrective action is needed. Trends are monitored on a quarterly basis.
- Representative Sample, NCI Data, and Case Review. Information surrounding participant cases and satisfaction data is collected and submitted by Department staff assigned to the participant's case. Information is entered as data is collected, and trends are monitored annually.
- Participant and guardian complaints. Complaints are entered into the database by the staff member who receives the complaint. All follow up and resolution measures are submitted by the appropriate Department Staff. Information is entered immediately upon receipt, and trends are reviewed on a monthly basis.

In addition to a comparison of documentation, Department staff conducted on-site visits between January 2016 and July 2017. These visits included a physical review of the setting, and a review of on-site documentation. In evaluating the compliance status of providers, Department staff looked for evidence of institutional characteristics, such as: cameras, standardized room décor, and indicators of seclusion such as empty rooms. They looked for evidence of regimented meal times, meals being eaten in a congregate area, lack of locks on doors or lack of keys for participants, and the geographic location of the setting. Department staff evaluated the geographic locations of settings to determine if the setting's location was isolating. Staff assessed the location of the setting relative to small businesses, such as restaurants, entertainment, and religious and cultural venues.

Staff also reviewed provider documentation and participant IPC. Staff looked for facility based procedures and policies, documentation of a participant's ability to choose from different settings, including non-disability specific settings. Freedom of choice for the individual's setting is a Wyoming

requirement and includes the choice of non-disability specific settings. Staff reviewed participant plans of care to ensure that they were person centered, and then reviewed provider documentation to find specific policies and procedures that ensured those IPCs were being executed properly. All providers were required to review and update policies to explain how they will ensure participant choice in these areas. Additionally, case managers were offered training on how to facilitate these discussions prior to plan of care meetings. The Department updated plan verification documents to include a space for participants and guardians to verify they have received choice in non-disability specific settings.

Providers that own or control property used as residential setting were required to present their lease agreements for state review. Upon this review, the state ensured that housing laws were being followed. The state laws considered during lease reviews are W.S. 1-21-1001 to -1016 (forcible entry and detainer), 1-21-1201 to -1211 (residential rental property), and 40-26-101 through -145 (fair housing act). For fair housing laws, which require cooperation with the State Department of Housing and Urban Development, the Department worked with a representative when HUD homes were involved. The Department also referred to HCBS legislation when reviewing lease agreements to ensure compliance. Providers received a final report detailing their compliance. All providers had to address each area of non-compliance by developing a detailed transition plan, including milestones and target dates.

Wyoming has an exceptionally large number of independent providers who provide services for a small number of participants. The capacity of these providers to develop extensive policies and procedures or other documents is limited. Therefore, Department staff worked closely with providers, offering template forms and draft policy language to assist them through the transition process. Survey team members provided education on the rule and compliance expectations, furnished individual and group technical assistance, and offered additional guidance if submissions did not meet the requirements. As of October 1, 2017, all HCB providers that were required to submit transition plans have submitted transition plans with approved milestones.

While all provider transition plans and corresponding milestones have been approved, fifty-six (56) settings are still not completely in compliance with the HCB regulations. These settings have been categorized as mostly compliant due to the approval of milestones and the overall progress made toward completing milestones, and are anticipated to be in full compliance by the March 17, 2022 deadline.

The settings considered mostly compliant include:
- Adult day care facilities – 4
- Facility based day services – 6
- Residential habilitation group home and apartments – 25
- Residential habilitation host homes – 1
- Supported living sites – 1
- Assisted living facilities – 17

Two (2) assisted living facilities have been determined to be somewhat compliant due to the location of the sites. These settings will undergo heightened scrutiny, as outlined on page sixteen (16).

Additional information on setting compliance, including settings that have been identified as in compliance, is available upon request.

State Review of Rules, Policies, and Processes

The Department completed a review of rules, policies and processes that required updates in order to comply with federal rules. Chapter 45 of the Department of Health's Medicaid Rules (Provider Standards, Certification and Sanctions) and Chapter 12 of the Department of Health's Aging Division Rules (Program Administration of Assisted Living Facilities) were identified as requiring substantial updates. The changes included updates to IPC requirements, conflict free case management, explanation of a participant's rights, standards for provider settings including acceptable locations, and specific standards on restricting a participant's rights to comport with the new HCB rules.

The changes to Chapter 45 were made and posted for a 30-day informal public comment period. They were then posted for public comment from November 15, 2016 – January 4, 2017 and were fully promulgated and in effect on June 21, 2017. Changes to Chapter 12 are anticipated to be in place by July 1, 2019.

Provider certification processes are being updated and will be formally adopted as rules are promulgated. As processes are adopted, a system will be in place for a provider to monitor its own compliance, for the Department to conduct a comprehensive quality check of compliance that ensures a provider is following the action steps outlined in its transition plan in order to meet the standards of the HCB rules. The Department will not allow new settings to be certified if they do not comply with the HCB federal rules. The current settings that are certified must still come into compliance according to the processes outlined in the STP, but will not be disallowed as a qualified setting unless the provider does not come into compliance with HCB standards in the specified timeframe.

The results of the internal review are included in an addendum to this plan. This addendum specifies the areas of state rule and policy that are presently compliant, silent, or in conflict with the federal regulation. For areas that are silent or in conflict with the regulation, the Department has included proposed language that will bring the state authorities into compliance with federal regulation. Each changed to administrative rule will undergo a separate public notice process, as required by the Wyoming Administrative Procedure Act. The Department intends to have all rules and policies in compliance with federal regulation by no later than July 1, 2021.

Heightened Scrutiny

CMS has given guidance to states regarding settings that appear to be institutional in nature and should not be approved for home and community-based services unless the provider can show that they meet the HCB standards despite the location or appearance of the setting. The following list describes the criteria used to determine if a setting should be subject to heightened scrutiny:

Criteria by which Settings are flagged for Heightened Scrutiny

In order for a setting to be flagged for heightened scrutiny, it must meet one of the following criteria:

1. Be located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
2. Be located in a building that is on the grounds of, or immediately adjacent to a public institution;
3. Have the effect of isolating individuals receiving Medicaid HCB services from the broader community of individuals not receiving HCB services.

These items were evaluated and compared to the evidence of the individual's experiences in the settings in order to make final determinations of compliance and submit the request to CMS for heightened scrutiny.

In 2014, the Department used an initial provider survey process to ask questions about the location of provider settings in relation to other areas of the community. The State also used a Geographical Information System (GIS) to map the locations of provider settings that may make a setting seem institutional in nature because it could meet Criterion #3 listed above. After a review of provider evidence on each setting, and evaluating other evidence of individual experiences in those settings, the Department developed a list of setting locations that was to be subject to heightened scrutiny once the provider was deemed by the Department to have come into compliance with the federal regulations. While the Department did not use GIS to locate private facilities, this question was included on the initial self-assessments and responses were verified as part of the annual site-survey process. Additionally, Department staff are very familiar with waiver providers, and know which settings are associated with or located on the grounds of or adjacent to a facility.

Initially, over 100 settings were identified as requiring heightened scrutiny. However, after a review of the guidance provided by CMS, the Department determined that these settings were incorrectly identified. The initial identification was based on practice rather than setting location. Since areas of non-compliance could be rectified through the provider transition plan, the number of settings which required heightened scrutiny was reduced to five (5).

Heightened Scrutiny Project Plan

The Department developed a heightened scrutiny project plan to provide a step by step outline to implement the heightened scrutiny process. As part of this project plan, the Department developed specific tools including an on-site assessment guide and a documentation review guide. A specific timeline was determined in which providers must be assessed, provide documentation examples, and participate in a public forum. The simple timeline is as follows:

- July 2018 – All identified sites receive a letter of notification that they fall under heightened scrutiny. Letter will indicate:
    - When the on-site visit will occur
    - What evidence will be reviewed
- July 2018 – Request participant care plans and documentation for all participants receiving services in identified settings
    - This documentation will be reviewed prior to the site visit
- October 2018 – Site visits and interviews conducted
    - Interviews of participants, guardians, and case managers, scheduled prior to the on-site interview
    - Public meeting scheduled during on-site visit to collect public input on provider services
- December 2018 – On-site team generates a Heightened Scrutiny Report and publishes to Department website
- January 2019 – Public forums to receive input on Heightened Scrutiny Report
- February 2019 – If site does not meet heightened scrutiny standards, on-site team will meet with internal HCBS team to review evidence and standards. Based on decision from the internal HCBS team, one of the following actions will occur:

- o Letter to provider indicating failure to meet heightened scrutiny. Due to the extension of the HCB deadline, State will provide additional time for settings to come into compliance with HCB standards. or
        - o Heightened Scrutiny Report is sent to CMS for consideration.
    - March 2019 – Reports sent to CMS
        - o A letter to the provider will be sent at time report is sent, indicating that their case has been submitted for heightened scrutiny
    - January 2021 – Reassessment of providers that don't meet heightened scrutiny requirements.
    - July 2021 – Notification to all participants, guardians, case managers that setting will be decertified due to failure to come into compliance with HCB standards.

The Department worked with the leadership of one provider organization with three (3) settings identified as potentially requiring heightened scrutiny due to isolation of individuals receiving HCB services from the broader community. The Department gathered participant documentation and schedules, scheduled interviews and a public meeting, and outlined the details of the on-site visit. The documentation and schedules were uploaded onto a secure website for the Department to review prior to the site visit. Prior to documentation review, the Department reviewed the Home and Community-based Setting Requirements FAQ dated June 26, 2015; specifically question #6 which reads "How can a state demonstrate that a setting does not have the effect of isolating individuals receiving home and community-based services (HCBS) from the broader community of individuals not receiving HCBS?" In reviewing the answer, referring to the additional Settings that Isolate guidance, and consulting with the Provider Support Specialist who works closely with the provider, the Department determined that these settings did not fit into the criteria of a setting that isolates. A preliminary review of submitted documentation supported this decision.

As of October 1, 2017, the Department has determined that all but two (2) assisted living settings can address areas of non-compliance through transition plans. The two (2) assisted living settings will be required to undergo the heightened scrutiny process.

Facility Name	Facility Address	Prong under which setting will be submitted for heightened scrutiny
Veterans' Home of Wyoming	700 Veterans' Lane Buffalo, WY 82834	Setting that is in a building on the grounds of, or immediately adjacent to, a public institution
Mission at the Villa Assisted Living Facility	1445 Uinta Drive Green River, WY 82935	Setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment

The on-site heightened scrutiny team will utilize the Heightened Scrutiny – HCB Settings Protocol Guidelines tool to determine if the criteria to move a setting forward to CMS for consideration of heightened scrutiny is met. This tool outlines specific ways in which each criteria should be demonstrated, and includes clear guidance on when an area is or is not met. This tool is available to CMS upon request.

The Department's on-site heightened scrutiny team will be comprised of Department staff members familiar with the waiver services provided in the setting. This team will review plans of care, service documentation, and the company's policies and procedures to further evaluate compliance and gather evidence. This team will also conduct interviews and public meetings associated with the heightened scrutiny process. The team received training through HCBS/SOTA webinars and conferences.

The Department's internal HCBS team consists of representatives from the Wyoming Department of Health, the Wyoming Governor's Council on Developmental Disabilities, Wyoming Guardianship Corporation, the Attorney General's office, and Wyoming Community Service Providers. This team approved the policy, procedures, and assessment questions to be used for the on-site review. Additionally, this team will be responsible to make a final recommendation on any setting that is deemed to not meet heightened scrutiny standards and is slated for decertification.

No participant receiving funding through a HCBS waiver is currently receiving services in a setting that is anticipated to be decertified due to non-compliance. All new providers must be in compliance prior to new provider certification. As provider settings are closely evaluated for compliance on an ongoing basis by the Department, additional settings may need to be added to this list due to other evidence or information gathered by the state or the heightened scrutiny team.

Building Provider Capacity

Wyoming is a frontier state with many small, rural communities. Building provider capacity, in the traditional sense, is challenging. Wyoming has approximately 775 providers. Most of these providers work with one or two individuals, so individualized services are inherent to the Wyoming service delivery system. Large providers are still considered small, relatively speaking; Wyoming's largest provider offers services to fewer than 130 individuals.

Wyoming recently completed a rebasing of provider rates for the Comprehensive and Supports Waivers, which will be implemented, upon CMS approval, on or around July 1, 2018. Rates have been developed to encourage more individualized service delivery, and will more appropriately fund individualized services that are currently being provided.

Assuring Ongoing Provider Compliance

The Department oversees the provider certification processes and ongoing oversight of provider compliance with all state standards. Through provider certification visits and ongoing incident and complaint management systems described in Appendix G of the approved waivers, the Department will assess providers for ongoing compliance with the HCB settings. On-site provider surveys include the review of policies and procedures, employee file review, participant file review, and internal and external inspections of all locations where services are provided to ensure providers are in compliance with federal and state regulations.

Provider Support Specialists (PVS), Program Managers (PM), or other PM designees are responsible for conducting provider site surveys for Comprehensive and Supports waiver providers. The PVS team is comprised of individuals located throughout Wyoming. All surveyors must meet specific job qualifications, which include holding a bachelor's degree and one to three years of experience in human services or another related field, or an equivalent. Team composition for the on-site survey is determined by the size of the provider and the scope of the services provided. Size will vary from one (1) to four (4) team members. The team members for a specific survey are determined by the geographic

location of the providers and the team member experience with the provider. Each survey team has a lead surveyor who assigns responsibilities to team members before the survey, and approves all information released to the provider.

PVS receive comprehensive training on state and federal rules and regulations, and receive instruction on how to use onsite survey forms and checklists, how to review documentation, and how to write the final report. Training also includes identification and implementation of corrective action and sanctioning concerns.

The Behavioral Health Division has developed a survey tool which incorporates a review of the specific HCB setting components of Medicaid Chapter 45 and 42 CFR 441.301(c)(4)-(5). This is a departure from the 35 criterion used to determine initial compliance, but will more accurately represent the components specifically outlined in rule. The development of this tool has involved the team members who will apply the tool in the field. Team members tested this tool from October – December 2017 to identify any lingering problems with design. Training on the survey tool occurred during the testing period. Training and instruction on the purpose of the tool will be provided for new PVS during on-the-job training, which will be conducted during surveys as new team members work closely with a seasoned team member to apply the tool.

An annual survey of all settings in which waiver services are provided, including the services delivered in the private homes of providers, is required in Chapter 45 of the Wyoming Medicaid rules. These surveys, during which the new survey tool will be utilized, will be conducted during Calendar Year 2018 and 2019 as part of the Department's site survey process. The team member applying the tool will score each provider on compliance areas (i.e., 0 – not in compliance, 1 – partially complaint, 2 – compliant), and an aggregate score for the provider will be calculated. The final score will determine a one (1), two (2), or three (3) year certification period.

Because private homes of participants are presumed to be home and community based in nature, they are not subject to a scheduled site visit. However, services in these settings are subject to review through the provider certification or licensure renewal process. Additionally, case managers must conduct service observations at the service delivery site, with the participant present, at least quarterly.

The Division of Healthcare Financing will monitor the ongoing compliance of Community Choices Waiver providers through the assisted living and adult day care facility licensure surveys conducted by the Aging Division and routine assessments conducted by case managers. Case managers will be trained on the purpose and administration of the assessments. The assessment will include an evaluation of the environmental standards and character of service delivery in accordance with the HCB settings regulations. Assessment results will be used to assist in the identification of non-compliant settings and/or those settings subject to heightened scrutiny review.

Certification requirements will be adjusted to ensure service settings for this waiver remain in settings that are not institutional or isolating in nature. Any areas of concern will be addressed through the Department's corrective action and sanctioning processes pursuant to Chapter 16 of Wyoming Medicaid Rules.

Notice and Assistance to Participants Relocating Due to Provider Non-Compliance

By July 1, 2021, if it is apparent that a setting will not come into compliance with HCB federal regulation, a setting is found to be out of compliance with HCB federal regulation through the certification renewal process, or if the heightened scrutiny process determines a setting is institutional in nature, the Department will notify providers of the setting(s) that will be disenrolled due to noncompliance. At that time, the Department will also issue notification, via certified letter, to participant's receiving services in those settings, as well as their case manager and legally authorized representative. The notification will detail that funding for services in the identified settings will be discontinued effective March 1, 2018, and provide information on public meetings at which a review of the decision and other options and choices will be discussed.

The Department will have staff available for personal meetings with participants and legally authorized representatives. The case manager will offer participants choice of other setting options, and help facilitate visits or interviews with other providers. When transitioning to a new setting, critical services will be maintained for each participant. The case manager will be responsible for facilitating a transition that seamlessly maintains services for the participant, which will be coordinated with the participant, their family members, and their legally authorized representatives. Waiver participants must complete the transition to a new setting by March 1, 2022.

If a participant chooses to remain in a setting that is noncompliant, HCB waiver funding will not be available. A disenrolled setting will be considered for HCB services only if it is fully compliant with HCB standards prior to re-enrollment.

Resources

- [Full text of the federal regulation and all of the associated guidance:](#)
- [ASAN. (2014) Defining Community: Implementing the new Medicaid Home and Community-Based Services rule.](#)
- [Behavioral Health Division-DD Section Home page](#)
- [Healthcare Financing-Community-Based Services page](#)
- [Additional guides and resources for participants and guardians](#)

To receive this information in an alternative format, please contact the Behavioral Health Division.

Statewide Waiver Milestones and Plan for Full Compliance

YEAR 1 MILESTONES – March 17, 2014 – March 16, 2015	Target Date	Completion Status
Milestone 1: By September 2014, the State will develop and implement a communication strategy to inform and educate participants, guardians, providers, legislators on the new standards and requirements. This strategy includes updates during provider support calls, regular email blasts, ongoing technical assistance, and legislative committee updates.	9/30/2014	*Strategy developed and ongoing communication occurring*

YEAR 1 MILESTONES – March 17, 2014 – March 16, 2015	Target Date	Completion Status
Milestone 2: In October 2014, the State will conduct Public Forums to review transition plan and gather public input, as required by CMS.	10/30/2014	*Public Forums completed*
Milestone 3: In November 2014, the State will develop waiver and a statewide transition plan to submit to CMS.	11/30/2014	*Initial STP submitted 11/24/2014*

YEAR 2 MILESTONES – March 17, 2015 – March 16, 2016	Target Date	Completion Status
Milestone 4: Starting in November 2014, the State will inventory provider settings and conduct an assessment of compliance with HCB standards in federal rules. Settings must be evaluated to see if they meet the standards and are required to fix the areas of non-compliance in order to remain HCB providers according to the State's approved transition plan. Settings will be considered one of the following: **A) In Compliance** (fully align with the Federal requirements) **B) Does not comply with the Federal requirements and will require modifications** **C) Cannot meet the Federal requirements and require removal from the program and/or the relocation of individuals** **D) Presumptively non-home and community-based** but for which the State will provide justification / evidence to show that those settings do not have the characteristics of an institution and do have the qualities of HCBS (to be evaluated by CMS through heightened scrutiny process).	12/30/15	*Initial Inventory completed 4/1/15*
Milestone 5: By June 2014 and ongoing until 2016, a Transition Stakeholder team has been established and meets monthly. This stakeholder team, which represents a cross section of the waiver providers, participants, and agency staff, will meet to discuss and set standards and complete self-assessments for Wyoming and help with ongoing issues.	1/1/2016	*Team Sunset*

YEAR 3 MILESTONES – March 17, 2016 – March 16, 2017	Target Date	Completion Status
Milestone 6: In April 2016, the State will complete a document of changes needed to address Chapter 45, Provider Certification Rules, Chapter 43, Rules for the Acquired Brain Injury Waiver, Chapter 44, Rules for Specialized Equipment, Environmental Modifications, and Self Directed Goods and Services, service definitions, requirements, policies, new Chapter 46, Rules for the Supports and Comprehensive Waivers, and compliance for each settings, remediation improvements needed, and changes to processes, provider or facility requirements.	4/30/2016	*Completed*

YEAR 4 MILESTONES – March 17, 2017 – March 16, 2018	Target Date	Completion Status
Milestone 7: By May 1, 2017, providers will continue to implement transition plans and report progress to the State during recertification processes. Any business changes and policy changes should be evaluated regularly and adjusted as appropriate.	5/1/2017	*Completed*
Milestone 8: By October 1, 2017, any provider HCB settings that are fully assessed by the State and found to meet one of the following qualities will be presumed institutional in nature: • The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities. • People served in the setting have limited, if any, interaction with the broader community. • Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion). If notified of this status, the provider may ask the State to request approval from CMS to be considered HCB because of the other HCB qualities and individual experiences that meet the federal standards.	10/1/2017	*Completed*
Milestone 9: By October 1, 2017, and after, the State will complete another year of monitoring and provider certification renewals, if the State determines any provider settings are non-HCB, the provider will be notified that it must come into full compliance with the HCB standards by October 1, 2021. If requested by the provider, the State will determine by October 31, 2017 if the setting should be submitted to CMS for heightened scrutiny. If the State determines any provider settings are non-HCB, the provider will be notified that it must change or repurpose the setting that does not comply with the HCB standards.	10/1/2017	*Completed*
Milestone 10: By January 1, 2018, the State will have developed a process for monitoring and enforcing ongoing compliance with the new standards and provider requirements. The State will implement this process through initial and annual provider certification. States must ensure that providers meet the milestones in the transition plan and continue to meet the standards on an ongoing basis.	1/1/2018	*Completed*
Milestone 11: By January 1, 2018, the State will implement changes to provider monitoring practices to oversee the provider compliance to their own transition plans and milestones. CMS requires the State to ensure the provider is meeting State standards and must address areas of noncompliance through technical assistance, corrective action or other sanctions.	1/1/2018	*Completed*
Milestone 12: By December 31, 2017, any provider found out of compliance with an HCB standard in any setting must develop and implement a transition plan to make changes in order to meet the standards. The provider must ensure the policies and practices of their organization are changed where appropriate and that board members,	12/31/2017	*Completed*

YEAR 4 MILESTONES – March 17, 2017 – March 16, 2018	Target Date	Completion Status
staff, participants and guardians are aware of the systemic changes. Providers will be able to uniquely adjust or restructure their business to meet the standards within the years left in the transition period, but must report at time of milestone completion identified in the transition plan.		
Milestone 13: By January 1, 2018, each provider with an HCB setting that has areas of noncompliance with the new standards found by State staff will receive technical assistance to develop provider specific transition plans that address areas of non-compliance. Areas could include: ● A lease or written residency agreement with each participant ● Each individual has privacy in their sleeping or living unit ● Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed ● Individuals sharing units have a choice of roommates ● Individuals have freedom to furnish and decorate within the lease/agreement ● Individuals have freedom and support to control their schedules and activities and have access to food any time ● Individuals may have visitors at any time ● The setting is physically accessible to the individual	1/1/2018	*Completed*
Milestone 14: By March 1, 2018, the State will develop and monitor a plan to address provider capacity and setting capacity if issues with capacity arise. The State must ensure that participants on the waivers and the number of providers and settings available are equitable.	3/1/2018	N/A

YEAR 5 MILESTONES – March 17, 2018 – March 16, 2019	Target Date	Completion Status
Milestone 15: By March 2018, providers continue to implement transition plans and report progress to the State during recertification processes.	3/31/2018	3/31/2018
Milestone 16: By October 1, 2018, participants who need a modification to a right specified in the new standards must have the modification or restriction identified and documented in a signed plan of care approved by the State according to the requirements listed in § 441.301(c)(4)(vi)(A) through (D). Participants must have their rights protected. Any modification to their rights must be fully documented and explored by the State's Case Manager, Provider, Guardian, and Participant team according to the new HCB standards.	10/1/2018	
Milestones 17: By December 31, 2018, the participant's team documents in the plan of care, which is signed by the participant or guardian, how the HCB setting(s) chosen in the plan: a) Is integrated in and supports full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.	12/31/2018	

b) Is selected by the individual from options, including non-disability specific settings.
c) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
d) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including daily activities, physical environment, and with whom to interact.
e) Facilitates individual choice regarding services and supports, and who provides them.

The plan of care is developed using person-centered practices to ensure the providers know how to support the person in an individualized fashion. The plan approval process ensures the participant and guardian signs and approves the how services will be delivered.

YEAR 6 MILESTONES – March 17, 2019 – March 16, 2020	Target Date	Completion Status
Milestone 18: By March 31, 2018, any setting determined to meet the requirements for heightened scrutiny, shall be approved by the State Internal HCBS Team and submitted for CMS for consideration.	3/31/2019	
Milestone 19: By March 2019, providers continue to implement transition plans and report progress to the State during recertification processes.	3/31/2019	
Milestone 20: By July 1, 2019, the State will update administrative rules, policies and laws required to meet new standards. The State needs to ensure the rules and laws do not conflict with the federal regulations.	7/1/2019	
Milestone 21: By December 31, 2019, the State will utilize the survey tool to conduct site visits for all settings in which waiver services are provided.	12/31/2019	

YEAR 7 MILESTONES – March 17, 2020 – March 16, 2021	Target Date	Completion Status
Milestone 22: By March 2020, providers continue to implement transition plans and report progress to the State during recertification processes.	3/31/2020	

YEAR 8 MILESTONES – March 17, 2021 – March 16, 2022	Target Date	Completion Status
Milestone 23: By March 2021, providers continue to implement transition plans and report progress to the State during recertification processes.	3/31/2021	
Milestone 24: By June 1, 2021, the State will notify providers of any settings that will be disenrolled from waiver funding due to noncompliance.	6/1/2021	

YEAR 8 MILESTONES – March 17, 2021 – March 16, 2022	Target Date	Completion Status
Milestone 25: By July 1, 2021, the State will notify participants of any setting that will be disenrolled from waiver funding due to noncompliance. This is intended to allow participants and their family members ample time to plan for transitioning of services, if needed.	7/1/2021	
Milestone 26: By October 1, 2021, Providers make final adjustments to meet and maintain compliance with all HCB setting standards.	10/1/2021	
Milestone 27: By October 1, 2021, the State will conduct follow-up visits of provider settings with participant, guardian, case manager, and State staff respondents ensuring that milestones are being met.	10/1/2021	
Milestone 28: Pending CMS approval, the approved Statewide Transition plan will be fully implemented.	12/31/2021	
Milestone 29: By March 1, 2022, waiver participants must have completed the transition to new settings, if needed.	3/1/2022	
Milestone 30: Continued provider compliance with HCB rule will be ensured through ongoing provider surveys.	Ongoing after 3/17/2022	

Appendix A – Preliminary Results of Initial Provider Assessment of Compliance

Please note that Appendix A is included for historical purposes. The information contained in the table entitled HCB Compliance by Tier Level and Waiver is outdated.

HCB Compliance by Tier Level and Waiver

Topic	Supports Waiver	Comprehensive Waiver	ABI Waiver	CCW Waiver
Tier 1 compliance level (# of Settings)	1	8	8	0
Tier 2 compliance level (# of Settings)	9	126	8	0
Tier 3 compliance level (# of Settings)	18	157	27	22
Tier 4 compliance level (# of Settings)	5	78	24	1
Tier 5 compliance level (# of Settings)	0	0	0	0
# of Participants affected in these settings	27	1353	90	167
Providers who provide services only to participants living in family homes or living independently, and presumed to be in compliance.	50	472	30	0
# of Participants in settings family home or living independently assumed to be compliant or not affected.	197	791	52	0
Total # of Settings evaluated for waiver *NOTE: Some settings serve people from more than one waiver, so numbers include duplicates*	33	365	159	19
Settings Located in an inpatient treatment facility	0	0	0	0
Setting located on the same campus or adjacent too an intermediate care facility	0	4*	0	0
Settings that will be submitted for heightened scrutiny in 2015 (as of December 17, 2015)	0	0	0	0
Settings that may be submitted for heightened scrutiny in 2016, 2017 or 2018 once the provider is in compliance with HCB regulations These addresses are listed on page 17	0	67	5 (duplicate #s, settings serve both ABI and Comp participants)	1

* Information contained in this cell is incorrect. These settings were not located on the same campus or adjacent to an ICF.

Top Flags by Setting Type

Some HCB setting types received higher numbers of flags than other setting types. The Department determines if any particular setting type would have a difficult time transitioning to the new HCB requirements. In this analysis, the Department excluded the 189 sites that did not send an assessment or documentation from both the nominator and denominator not to skew the results.

Facility Based Day Services

943 participants affected
38 providers affected
14 average flags per setting

%	Top Flags for Facility Based Day Services
56.8%	of settings do not provide people with disabilities multiple types of services and activities on-site.
52.3%	of participants in this setting interact with members of the community whenever they please.
72.7%	of participants in this setting have safe physical access to the community.
84.1%	of participants in this setting have transportation options that result in the ability to access the community when they please.
68.2%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
59.1%	of settings integrate non-disabled persons who are not paid staff.
65.9%	of settings support full access to the greater community.
63.6%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
36.4%	of settings include opportunities to seek employment.
40.9%	of employment opportunities include competitive integrated work places.
52.3%	of settings include opportunities for persons to engage in community life.
61.4%	of settings include opportunities for persons to control personal resources.
81.8%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
40.9%	of settings are selected by the person from options including non-disability specific settings.
77.3%	of settings ensure a person's rights of privacy.
75.0%	of settings ensure a person's rights of dignity and respect.
65.9%	of settings ensure a person's rights of freedom from coercion and restraint.
43.2%	of settings optimize a person's independence in choosing daily activities.
61.4%	of settings optimize a person's independence in choosing his or her physical environment.
56.8%	of settings optimize a person's independence in customizing their physical environment.
75.0%	of settings optimize a person's ability to choose with whom to interact.
68.2%	of settings facilitate personal choice regarding services and supports.
63.6%	of settings facilitate personal choice regarding which provider provides services.
29.5%	of people do not have to follow a regimented schedule during services in this setting.
40.9%	of settings give people the freedom and right to support and control his/her own schedule and activities.
31.8%	of settings give people the freedom and right to support to access food at any time.
38.6%	of settings allow people to decide when they want to eat.
43.2%	of settings allow people to decide whom to eat with.

%	Top Flags for Facility Based Day Services
59.1%	of settings allow people to have visitors at any time.
70.5%	of settings are physically accessible to each person in it.

Day settings had higher rates of compliance than Residential and Supported Living settings. Day settings share many common challenges with these other settings. In particular, day settings struggle with providing freedom to choose and schedule daily activities. Some compliant day settings employ a planning coordinator, who helps participants determine their goals, desires, and wishes, and then designs customized schedules, helping the provider plan for staff time and transportation ahead of time.

Residential Habilitation Group Homes

733 participants affected
28 providers affected
17 average flags per setting.

%	Top Flags for Residential Habilitation Group Homes
46.1%	of settings do not provide people with disabilities multiple types of services and activities on-site.
39.3%	of participants in this setting interact with members of the community whenever they please.
76.4%	of participants in this setting have safe physical access to the community.
79.8%	of participants in this setting have transportation options that result in the ability to access the community when they please.
62.9%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
47.2%	of settings integrate non-disabled persons who are not paid staff.
56.2%	of settings support full access to the greater community.
55.1%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
33.7%	of settings include opportunities to seek employment.
37.1%	of employment opportunities include competitive integrated work places.
46.1%	of settings include opportunities for persons to engage in community life.
61.8%	of settings include opportunities for persons to control personal resources.
76.4%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
13.5%	of settings are selected by the person from options including non-disability specific settings.
73.0%	of settings ensure a person's rights of privacy.
68.5%	of settings ensure a person's rights of dignity and respect.
64.0%	of settings ensure a person's rights of freedom from coercion and restraint.
43.8%	of settings optimize a person's independence in choosing daily activities.
58.4%	of settings optimize a person's independence in choosing his or her physical environment.
69.7%	of settings optimize a person's independence in customizing their physical environment.
65.2%	of settings optimize a person's ability to choose with whom to interact.
53.9%	of settings facilitate personal choice regarding services and supports.
57.3%	of settings facilitate personal choice regarding which provider provides services.
61.8%	of people in residential settings have a signed lease or written residency agreement.
62.9%	of people have privacy in their sleeping or living unit

%	Top Flags for Residential Habilitation Group Homes
5.6%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
48.3%	of settings allow people sharing a sleeping or living unit have a choice of roommates
43.8%	of settings allow people to have the freedom to furnish and decorate within the setting.
25.8%	of people do not have to follow a regimented schedule during services in this setting.
38.2%	of settings give people the freedom and right to support and control his/her own schedule and activities.
19.1%	of settings give people the freedom and right to support to access food at any time.
13.5%	of settings allow people to decide when they want to eat.
29.2%	of settings allow people to decide whom to eat with.
56.2%	of settings allow people to have visitors at any time.
74.2%	of settings are physically accessible to each person in it.

Group homes struggled with 4 out 5 of the top-flagged areas the most. Group homes providers may need to change their business model and capital structure to provide non-disability specific settings. Transitioning to compliance with regards to keys will be easier and much less expensive, partially because many larger providers not in compliance have already drafted and enacted transition plans in these areas. With regards to access to food, most settings will need to formalize their practices by way of policies and procedures to ensure ongoing compliance, as the participant survey indicates most providers have compliant practices. It is important to note that while group homes struggled most in these areas, in many other areas there were very high rates of compliance.

Residential Habilitation Host Homes

144 participants affected
120 providers affected
17 average flags per setting.

63.8%	Top Flags for Residential Habilitation Host Homes
63.8%	of settings do not provide people with disabilities multiple types of services and activities on-site.
40.4%	of participants in this setting interact with members of the community whenever they please.
76.6%	of participants in this setting have safe physical access to the community.
50.0%	of participants in this setting have transportation options that result in the ability to access the community when they please.
64.9%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
47.9%	of settings integrate non-disabled persons who are not paid staff.
29.8%	of settings support full access to the greater community.
45.7%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
42.6%	of settings include opportunities to seek employment.
42.6%	of employment opportunities include competitive integrated work places.
36.2%	of settings include opportunities for persons to engage in community life.
42.6%	of settings include opportunities for persons to control personal resources.

63.8%	Top Flags for Residential Habilitation Host Homes
50.0%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
37.2%	of settings are selected by the person from options including non-disability specific settings.
48.9%	of settings ensure a person's rights of privacy.
46.8%	of settings ensure a person's rights of dignity and respect.
48.9%	of settings ensure a person's rights of freedom from coercion and restraint.
31.9%	of settings optimize a person's independence in choosing daily activities.
44.7%	of settings optimize a person's independence in choosing his or her physical environment.
58.5%	of settings optimize a person's independence in customizing their physical environment.
46.8%	of settings optimize a person's ability to choose with whom to interact.
46.8%	of settings facilitate personal choice regarding services and supports.
53.2%	of settings facilitate personal choice regarding which provider provides services.
53.2%	of people in residential settings have a signed lease or written residency agreement.
61.7%	of people have privacy in their sleeping or living unit
40.4%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
48.9%	of settings allow people sharing a sleeping or living unit have a choice of roommates
46.8%	of settings allow people to have the freedom to furnish and decorate within the setting.
45.7%	of people do not have to follow a regimented schedule during services in this setting.
45.7%	of settings give people the freedom and right to support and control his/her own schedule and activities.
63.8%	of settings give people the freedom and right to support to access food at any time.
45.7%	of settings allow people to decide when they want to eat.
59.6%	of settings allow people to decide whom to eat with.
57.4%	of settings allow people to have visitors at any time.
71.3%	of settings are physically accessible to each person in it.

Host Homes had better compliance than day settings in many respects, with the exception of community integration. Hosts Homes are often located in rural locations, further from other people. These settings will have to determine how they integrate participants with neighbors and friends, and make sure participants can go into town. Host Homes are also smaller than most day settings, which increases the likelihood of individualized services.

Supported Living

419 participants affected
62 providers affected
15 average flags per setting.

%	Top Flags for Supported Living
58.7%	of settings do not provide people with disabilities multiple types of services and activities on-site.
52.2%	of participants in this setting interact with members of the community whenever they please.
59.8%	of participants in this setting have safe physical access to the community.
56.5%	of participants in this setting have transportation options that result in the ability to access the community when they please.

%	Top Flags for Supported Living
29.3%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
53.3%	of settings integrate non-disabled persons who are not paid staff.
52.2%	of settings support full access to the greater community.
51.1%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
72.8%	of settings include opportunities to seek employment.
73.9%	of employment opportunities include competitive integrated work places.
52.2%	of settings include opportunities for persons to engage in community life.
51.1%	of settings include opportunities for persons to control personal resources.
57.6%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
23.9%	of settings are selected by the person from options including non-disability specific settings.
76.1%	of settings ensure a person's rights of privacy.
51.1%	of settings ensure a person's rights of dignity and respect.
22.8%	of settings ensure a person's rights of freedom from coercion and restraint.
48.9%	of settings optimize a person's independence in choosing daily activities.
55.4%	of settings optimize a person's independence in choosing his or her physical environment.
78.3%	of settings optimize a person's independence in customizing their physical environment.
75.0%	of settings optimize a person's ability to choose with whom to interact.
77.2%	of settings facilitate personal choice regarding services and supports.
76.1%	of settings facilitate personal choice regarding which provider provides services.
89.1%	of people in residential settings have a signed lease or written residency agreement.
64.1%	of people have privacy in their sleeping or living unit
35.9%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
40.2%	of settings allow people sharing a sleeping or living unit have a choice of roommates
90.2%	of settings allow people to have the freedom to furnish and decorate within the setting.
30.4%	of people do not have to follow a regimented schedule during services in this setting.
64.1%	of settings give people the freedom and right to support and control his/her own schedule and activities.
34.8%	of settings give people the freedom and right to support to access food at any time.
34.8%	of settings allow people to decide when they want to eat.
64.1%	of settings allow people to decide whom to eat with.
87.0%	of settings allow people to have visitors at any time.
69.6%	of settings are physically accessible to each person in it.

Supported living settings struggled with the five areas more than host homes or day services. Many of these settings need to improve their process for showing participants different setting options, which include non-disability specific options. However, these settings are the most integrated of the four major setting types.

Special Family Habilitation Home
26 participants affected
3 providers affected

0 average flags per setting.

%	Top Flags for Special Family Habilitation Homes
100%	of settings do not provide people with disabilities multiple types of services and activities on-site.
100%	of participants in this setting interact with members of the community whenever they please.
100%	of participants in this setting have safe physical access to the community.
100%	of participants in this setting have transportation options that result in the ability to access the community when they please.
100%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
100%	of settings integrate non-disabled persons who are not paid staff.
100%	of settings support full access to the greater community.
100%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
100%	of settings include opportunities to seek employment.
100%	of employment opportunities include competitive integrated work places.
100%	of settings include opportunities for persons to engage in community life.
100%	of settings include opportunities for persons to control personal resources.
100%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
100%	of settings are selected by the person from options including non-disability specific settings.
100%	of settings ensure a person's rights of privacy.
100%	of settings ensure a person's rights of dignity and respect.
100%	of settings ensure a person's rights of freedom from coercion and restraint.
100%	of settings optimize a person's independence in choosing daily activities.
100%	of settings optimize a person's independence in choosing his or her physical environment.
100%	of settings optimize a person's independence in customizing their physical environment.
100%	of settings optimize a person's ability to choose with whom to interact.
100%	of settings facilitate personal choice regarding services and supports.
100%	of settings facilitate personal choice regarding which provider provides services.
100%	of people in residential settings have a signed lease or written residency agreement.
100%	of people have privacy in their sleeping or living unit
100%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
100%	of settings allow people sharing a sleeping or living unit have a choice of roommates
100%	of settings allow people to have the freedom to furnish and decorate within the setting.
100%	of people do not have to follow a regimented schedule during services in this setting.
100%	of settings give people the freedom and right to support and control his/her own schedule and activities.
100%	of settings give people the freedom and right to support to access food at any time.
100%	of settings allow people to decide when they want to eat.
100%	of settings allow people to decide whom to eat with.
100%	of settings allow people to have visitors at any time.
100%	of settings are physically accessible to each person in it.

Residential Habilitation Apartment Setting

139 participants affected
7 providers affected
21 average flags per setting.

%	Top Flags for Residential Habilitation Apartment Settings
15.4%	of settings do not provide people with disabilities multiple types of services and activities on-site.
7.7%	of participants in this setting interact with members of the community whenever they please.
15.4%	of participants in this setting have safe physical access to the community.
69.2%	of participants in this setting have transportation options that result in the ability to access the community when they please.
69.2%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
69.2%	of settings integrate non-disabled persons who are not paid staff.
69.2%	of settings support full access to the greater community.
7.7%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
15.4%	of settings include opportunities to seek employment.
15.4%	of employment opportunities include competitive integrated work places.
15.4%	of settings include opportunities for persons to engage in community life.
76.9%	of settings include opportunities for persons to control personal resources.
76.9%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
7.7%	of settings are selected by the person from options including non-disability specific settings.
84.6%	of settings ensure a person's rights of privacy.
76.9%	of settings ensure a person's rights of dignity and respect.
69.2%	of settings ensure a person's rights of freedom from coercion and restraint.
0.0%	of settings optimize a person's independence in choosing daily activities.
23.1%	of settings optimize a person's independence in choosing his or her physical environment.
30.8%	of settings optimize a person's independence in customizing their physical environment.
84.6%	of settings optimize a person's ability to choose with whom to interact.
84.6%	of settings facilitate personal choice regarding services and supports.
23.1%	of settings facilitate personal choice regarding which provider provides services.
84.6%	of people in residential settings have a signed lease or written residency agreement.
84.6%	of people have privacy in their sleeping or living unit
0.0%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
69.2%	of settings allow people sharing a sleeping or living unit have a choice of roommates
84.6%	of settings allow people to have the freedom to furnish and decorate within the setting.
0.0%	of people do not have to follow a regimented schedule during services in this setting.
0.0%	of settings give people the freedom and right to support and control his/her own schedule and activities.
0.0%	of settings give people the freedom and right to support to access food at any time.
0.0%	of settings allow people to decide when they want to eat.
0.0%	of settings allow people to decide whom to eat with.

%	Top Flags for Residential Habilitation Apartment Settings
76.9%	of settings allow people to have visitors at any time.
15.4%	of settings are physically accessible to each person in it.

Other types of settings reported

22 participants affected

25 providers affected

20 average flags per setting.

%	Top Flags for Other Types of Settings Reported
73.3%	of settings do not provide people with disabilities multiple types of services and activities on-site.
40.0%	of participants in this setting interact with members of the community whenever they please.
73.3%	of participants in this setting have safe physical access to the community.
46.7%	of participants in this setting have transportation options that result in the ability to access the community when they please.
66.7%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
33.3%	of settings integrate non-disabled persons who are not paid staff.
33.3%	of settings support full access to the greater community.
33.3%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
40.0%	of settings include opportunities to seek employment.
40.0%	of employment opportunities include competitive integrated work places.
26.7%	of settings include opportunities for persons to engage in community life.
33.3%	of settings include opportunities for persons to control personal resources.
26.7%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
33.3%	of settings are selected by the person from options including non-disability specific settings.
26.7%	of settings ensure a person's rights of privacy.
26.7%	of settings ensure a person's rights of dignity and respect.
33.3%	of settings ensure a person's rights of freedom from coercion and restraint.
20.0%	of settings optimize a person's independence in choosing daily activities.
33.3%	of settings optimize a person's independence in choosing his or her physical environment.
53.3%	of settings optimize a person's independence in customizing their physical environment.
26.7%	of settings optimize a person's ability to choose with whom to interact.
40.0%	of settings facilitate personal choice regarding services and supports.
46.7%	of settings facilitate personal choice regarding which provider provides services.
40.0%	of people in residential settings have a signed lease or written residency agreement.
66.7%	of people have privacy in their sleeping or living unit
26.7%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
73.3%	of settings allow people sharing a sleeping or living unit have a choice of roommates
40.0%	of settings allow people to have the freedom to furnish and decorate within the setting.
40.0%	of people do not have to follow a regimented schedule during services in this setting.

%	Top Flags for Other Types of Settings Reported
40.0%	of settings give people the freedom and right to support and control his/her own schedule and activities.
40.0%	of settings give people the freedom and right to support to access food at any time.
53.3%	of settings allow people to decide when they want to eat.
40.0%	of settings allow people to decide whom to eat with.
40.0%	of settings allow people to have visitors at any time.
73.3%	of settings are physically accessible to each person in it.

Group Work Center

72 participants affected

4 providers affected

21 average flags per setting

%	Top Flags for Group Work Centers
28.6%	of settings do not provide people with disabilities multiple types of services and activities on-site.
28.6%	of participants in this setting interact with members of the community whenever they please.
28.6%	of participants in this setting have safe physical access to the community.
100%	of participants in this setting have transportation options that result in the ability to access the community when they please.
100%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
71.4%	of settings integrate non-disabled persons who are not paid staff.
71.4%	of settings support full access to the greater community.
0.0%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
0.0%	of settings include opportunities to seek employment.
0.0%	of employment opportunities include competitive integrated work places.
0.0%	of settings include opportunities for persons to engage in community life.
71.4%	of settings include opportunities for persons to control personal resources.
100%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
0.0%	of settings are selected by the person from options including non-disability specific settings.
71.4%	of settings ensure a person's rights of privacy.
71.4%	of settings ensure a person's rights of dignity and respect.
100%	of settings ensure a person's rights of freedom from coercion and restraint.
0.0%	of settings optimize a person's independence in choosing daily activities.
0.0%	of settings optimize a person's independence in choosing his or her physical environment.
0.0%	of settings optimize a person's independence in customizing their physical environment.
71.4%	of settings optimize a person's ability to choose with whom to interact.
71.4%	of settings facilitate personal choice regarding services and supports.
0.0%	of settings facilitate personal choice regarding which provider provides services.
0.0%	of people do not have to follow a regimented schedule during services in this setting.
0.0%	of settings give people the freedom and right to support and control his/her own schedule and activities.

%	Top Flags for Group Work Centers
0.0%	of settings give people the freedom and right to support to access food at any time.
0.0%	of settings allow people to decide when they want to eat.
0.0%	of settings allow people to decide whom to eat with.
71.4%	of settings allow people to have visitors at any time.
28.6%	of settings are physically accessible to each person in it.

WYOMING STATEWIDE TRANSITION PLAN SYSTEMIC ASSESSMENT

1. Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13, b, i (Page 21)	Complies	(b) All certified waiver providers shall provide services that are home and community-based in nature, which means the service setting: (i) Assists the participant to achieve success in the setting environment and supports full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0338-Integrated Setting Policy	Silent	Purpose: The purpose of this policy and procedure is to clearly define the components of a community integrated setting and provide a procedure for Division staff to follow when assessing settings for these components. Policy: It is the policy of the Behavioral Health Division (BHD) is that all Home and Community Based waiver providers implement the provision of services in settings that are community based and facilitate opportunities for participants to access community opportunities and resources to the same degree as people who do not have a disability. Procedure: Provider Support Staff (PVS) 1. During regularly scheduled, drop by, or emergency site visits, the PVS will identify the following community based setting components: a. Employment First philosophy is demonstrated, including the facilitation of opportunities to seek, obtain, and maintain employment in a competitive and integrated setting. b. Regular, ongoing access to community activities, events, and venues, both scheduled and spontaneous, is demonstrated. c. Settings and environments that are community based and not institutional in nature (i.e., are in a publicly or privately operated inpatient facility such as a nursing home or	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			ICF/MR, are in a building or on the grounds of or adjacent to a public institution) are observed.		
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS" The current policy may be found at Medicare homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews.	Update policy manual	July 1, 2019

2. The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (I), Page 27	Complies	(I) Each provider certified to provide employment services, including supported employment and group supported employment services, shall ensure that: (i) The participant is involved in making informed employment related decisions; (ii) The participant is linked to services and community resources that enable them to achieve their employment objectives; (iii) The participant is given information on local job opportunities; and (iv) The participant's satisfaction with employment services is assessed on a regular basis.	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0338-Integrated Setting Policy	Silent	Purpose: The purpose of this policy and procedure is to clearly define the components of a community integrated setting and provide a procedure for Division staff to follow when assessing settings for these components. Policy: It is the policy of the Behavioral Health Division (BHD) is that all Home and Community Based waiver providers implement the provision of services in settings that are community based and facilitate	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline

			opportunities for participants to access community opportunities and resources to the same degree as people who do not have a disability.
			
			Procedure: Provider Support Staff (PVS)
			1. During regularly scheduled, drop by, or emergency site visits, the PVS will identify the following community based setting components:
			   a. Employment First philosophy is demonstrated, including the facilitation of opportunities to seek, obtain, and maintain employment in a competitive and integrated setting.
			   b. Regular, ongoing access to community activities, events, and venues, both scheduled and spontaneous, is demonstrated.
			   c. Settings and environments that are community based and not institutional in nature (i.e., are in a publicly or privately operated inpatient facility such as a nursing home or ICF/MR, are in a building or on the grounds of or adjacent to a public institution) are observed.		

Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS" The current policy may be found at Medicare homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews.	Update policy manual	July 1, 2019

3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (b) (Page 21)	Complies	(b) All certified waiver providers shall provide services that are home and community based in nature, which means the service setting…	None Needed	---

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current rule	Assisted Living Facility Licensing Rule, Chapter 12, Section 7, c, xii; xv; xx (Page 14)	Silent	(xii) Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling such visits; (xv) Exercise choice in attending and participating in religious activities; (xx) Participate in social activities, in accordance with the assistance plan; Available online at Secretary of State rules website	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews.	Update policy manual	July 1, 2019
Policy and Procedure Manual	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0338-Integrated Setting Policy	Silent	Purpose: The purpose of this policy and procedure is to clearly define the components of a community integrated setting and provide a procedure for Division staff to follow when assessing settings for these components. Policy: It is the policy of the Behavioral Health Division (BHD) is that all Home and Community Based waiver providers implement the provision of services in settings that are community based and facilitate opportunities for participants to access community opportunities and resources to the same degree as people who do not have a disability. Procedure: Provider Support Staff (PVS) 1. During regularly scheduled, drop by, or emergency site visits, the PVS will identify the following community based setting components: a. Employment First philosophy is demonstrated, including the facilitation of opportunities to seek, obtain, and maintain employment in a competitive and integrated setting.		

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			b. Regular, ongoing access to community activities, events, and venues, both scheduled and spontaneous, is demonstrated. c. Settings and environments that are community based and not institutional in nature (i.e., are in a publicly or privately operated inpatient facility such as a nursing home or ICF/MR, are in a building or on the grounds of or adjacent to a public institution) are observed.		

4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, Section 7, c, xiii (Page 14)	Silent	(xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; Available online at Secretary of State rules website.	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 4 (c) (xii)(Page 3)	Complies	(xii) (The right to) Control over how they spend their personal resources;	None Needed	---
Policy and Procedure Manual	Comprehensive, Supports, and ABI Waiver Settings BHD-PSS-0437-Participant Access to Personal Resources Policy	Silent	Purpose: The purpose of this policy and procedure is to provide clear guidance on how to identify a person's choice in managing and spending his or her money, and ensure that any restriction to this right has an assessed need and a restoration plan. Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and makes decisions about how s/he budgets, manages, and spends money. Procedure: To be developed within the scope of HCB Guidance. Will be located here: Behavioral Health Division policy website.	Update policy and procedure, develop manual	July 1, 2018

5. 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.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13, b, ii (Page 21)	Complies	(b) All certified waiver providers shall provide services that are home and community-based in nature, which means the service setting: (ii) Is selected by the individual from options including non-disability specific settings;	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0339-Policy on Participant Choice	Silent	Purpose: The purpose of this policy and procedure is to define how participant choice is identified and demonstrated. Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and control in his or her life. Guardians, case managers, and providers will facilitate opportunities for the participant to learn about his or her options, and facilitate choice in where s/he wants to live; with whom s/he wants to spend time; what, when, and where s/he'd like to live; the activities and events in which s/he wants to be involved; and from whom s/he'd like to receive	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline

			assistance and support.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			  a. Under Housing, if applicable, a narrative which describes other less restrictive setting that have been explored, including settings that are not disability specific.
			  b. A plan verification form which identifies that the participant and his or her guardian have been offered choice in service providers.
			  c. Identified activities, events, and schedule options.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will observe the following:
			  a. Implementation of individualized schedules that demonstrate participant choice based on the Plan of Care
			3. During regularly scheduled, drop by, or emergency site visits, the PVS will ensure the following provider policies are available for participant review:
			  a. Policy outlining how a participant has choice in his/her direct support staff, and implementation of this policy.
			  b. Policy outlining how a participant has choice in his/her roommate, and implementation of this policy.
			  c. Policy outlining how a participant has choice in what, where, when, and with whom to eat.
			Will be located here: Behavioral Health Division policy website.		

Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that 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" Proposed Language on page to read 42 under the following requirements must be documented in the person-centered service plan: "For Assisted Living, the setting options are identified and are based on the individual's needs, preferences, and for residential settings, resources available for room and board" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			reviews and/or site reviews. That all person-centered services plans are documented.		

6. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, Section 7, c, i-vi (Page 13)	Partially Compliant/Silent	(i) Be treated with respect and dignity; (ii) privacy; (iii) Free from physical or chemical restraints not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except by order of a physician; (iv) Not to be isolated or kept apart from other residents; (v) Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished; (vi) Live free from involuntary confinement or financial exploitation; Available online at Secretary of State rules website..	Amendment to CCW Waiver to reflect this	July 1, 2018
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected. The state will need to further propose remediation to include that any modification of conditions must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (A) Identify a specific and individualized assessed need. (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (C) Document less intrusive methods of meeting the need that have been tried but did not work. (D) Include a clear description of the condition that is directly proportionate to the specific assessed need. (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification. (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (G) Include informed consent of the individual. (H) Include an assurance that interventions and supports will cause no harm to the individual." The current policy may be found at Medicaid homecare services website.	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews		
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 4 (c)(i)-(ii) and Section 4(h); Section 18 (Page 3-5, Page 34)	Complies	(i) Ensures an individual's rights of privacy, dignity and respect, (ii) Ensures the right to freedom from coercion and restraint; (h) When rights restrictions are deemed necessary, the individual plan of care shall include a rights restriction protocol that must include the following: Section 18 (pg 34-41), which covers Restrictive Intervention Standards.	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PSS-0438-Policy on Participant Right to Privacy, Dignity, and Freedom from Restraint	Silent	Purpose: The purpose of this policy and procedure is to define how a participant's essential personal rights, to include the right to privacy, dignity, respect, and freedom from coercion and restraints, should be demonstrated by providers. Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) be treated with dignity and respect by waiver providers, have their privacy respected to the extent possible for their health and safety, and be free from coercion and restraint, unless restraint is specifically addressed as a rights restriction in the participant's plan of care and meets the criteria in Chapter 45, Section 18. Procedure: 1. During annual and modified plan review, PSS will Identify the following Plan of Care components: a. If a rights restriction is in place, that each of the eight (8) federal requirements are addressed, including an assessed need and a restoration plan. b. If the rights restriction for privacy is identified in the plan of care, how maximum privacy will be demonstrated. 2. During regularly scheduled, drop by, or emergency site visits, the PVS will review the following: a. Policy and procedures on rights restrictions and restrictive interventions, and implementation of the policy and procedures b. Policy and procedures on restraint usage, including the prohibition of coercion and seclusion. c. Policy on participant privacy, and implementation of the policy	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline

			d. Policies shall include the following components:
			    i. A participant's rights cannot be curtailed unless the 8 points of criterion have been addressed, including an assessed need and restoration plan, and have been documented in the plan of care.
			    ii. Restraint is to be used only for the purpose of protection and should be discontinued immediately once the need for protection is over.
			    iii. There must been proof that all other alternatives have been tried and failed
			    iv. How restraints will be monitored, reviewed, and reported
			    v. How staff will be trained
			    vi. How restraint will be analyzed to ensure they were necessary and performed correctly
			3. During regularly scheduled, drop by, or emergency site visits, the PVS verify that people have privacy in their living space
			    a. A mechanism to lock his or her room and home.
			    b. A secure place for personal belongings.
			    c. Demonstration that only appropriate personnel have access to keys.
			Will be located here: Behavioral Health Division policy website.		

7. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, section 7, c, iv; ix; xi; xiii; xx (Page 13-14)	Silent	(iv) Not to be isolated or kept apart from other residents; (ix) Communicate privately, including, but not limited to, communicating by mail or telephone with anyone; (xi) Have visitors, including the right to privacy during such visits; (xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; (xx) Participate in social activities, in accordance with the assistance plan; Available online at Secretary of State rules website..	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that they optimizes, but do not regiment individual initiative, autonomy, and independence in making life choices. This includes but no limited to, daily activities, physical environment and with whom to interact" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13, b, v (Page 21)	Complies	(b) All certified waiver providers shall provide services that are home and community-based in nature, which means the service setting: (v) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including daily activities, recreational activities, physical environment, and with whom to interact;	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0339-Policy on Participant Choice	Silent	Purpose: The purpose of this policy and procedure is to define how participant choice is identified and demonstrated. Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and control in his or her life. Guardians, case managers, and providers will facilitate opportunities for the participant to learn about his or her options, and facilitate choice	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline

			in where s/he wants to live; with whom s/he wants to spend time; what, when, and where s/he'd like to live; the activities and events in which s/he wants to be involved; and from whom s/he'd like to receive assistance and support.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			   a. Under Housing, if applicable, a narrative which describes other less restrictive setting that have been explored, including settings that are not disability specific.
			   b. A plan verification form which identifies that the participant and his or her guardian have been offered choice in service providers.
			   c. Identified activities, events, and schedule options.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will observe the following:
			   a. Implementation of individualized schedules that demonstrate participant choice based on the Plan of Care
			3. During regularly scheduled, drop by, or emergency site visits, the PVS will ensure the following provider policies are available for participant review:
			   a. Policy outlining how a participant has choice in his/her direct support staff, and implementation of this policy.
			   b. Policy outlining how a participant has choice in his/her roommate, and implementation of this policy.
			   c. Policy outlining how a participant has choice in what, where, when, and with whom to eat.
			Will be located here: Behavioral Health Division policy website.		

8. Individual choice regarding services and supports, and who provides them, is facilitated.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, section 7, c, xiii, A (Page 14)	Partially Compliant/Silent	(xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; (A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider. Available online at Secretary of State rules website..	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the individuals have choice regarding services and supports, and who provides them" Proposed Language on page to read 42 under the following requirements must be documented in the person-centered service plan: "For Assisted Living, the individual has choice regarding services and supports, and who provides them" The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0339-Policy on Participant Choice	Silent	Purpose: The purpose of this policy and procedure is to define how participant choice is identified and demonstrated. Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and control in his or her life. Guardians, case managers, and providers will facilitate opportunities for the participant to learn about his or her options, and facilitate choice in where s/he wants to live; with whom s/he wants to spend time; what, when, and where s/he'd like to live; the activities and events in which s/he wants to be involved; and from whom s/he'd like to receive	Update policy and procedure, develop manual	July 1. 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline

			assistance and support.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			   a. Under Housing, if applicable, a narrative which describes other less restrictive setting that have been explored, including settings that are not disability specific.
			   b. A plan verification form which identifies that the participant and his or her guardian have been offered choice in service providers.
			   c. Identified activities, events, and schedule options.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will observe the following:
			   a. Implementation of individualized schedules that demonstrate participant choice based on the Plan of Care
			3. During regularly scheduled, drop by, or emergency site visits, the PVS will ensure the following provider policies are available for participant review:
			   a. Policy outlining how a participant has choice in his/her direct support staff, and implementation of this policy.
			   b. Policy outlining how a participant has choice in his/her roommate, and implementation of this policy.
			   c. Policy outlining how a participant has choice in what, where, when, and with whom to eat.
			Will be located here: Behavioral Health Division policy website.		

9. Provider owned or controlled residential settings: 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 that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (i)(xiv)(A) (Page 25)	Complies	(xiv) Providers shall ensure that all participants residing ina provider owned or leased facility have: (A) A lease or residency agreement for the location in which they are agreeing to reside. The lease or agreement must be signed by the participant or legally authorized representative (if applicable), and the provider. The lease or agreement must allow the same responsibilities and protections from eviction as all tenants under landlord tenant law of the state, county, and city where the facility is located. At no time may a participant be asked to leave their residence on a regular basis to accommodate the provider;	None Needed	---
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that a lease, residency agreement or other form of written agreement is in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law" The current policy may be found at Medicaid homecare services website.. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

10. Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (i)(xiv)(A) (Page 25)	Complies	(xiv) Providers shall ensure that all participants residing ina provider owned or leased facility have: (A) A lease or residency agreement for the location in which they are agreeing to reside. The lease or agreement must be signed by the participant or legally authorized	None Needed	---

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			representative (if applicable), and the provider. The lease or agreement must allow the same responsibilities and protections from eviction as all tenants under landlord tenant law of the state, county, and city where the facility is located. At no time may a participant be asked to leave their residence on a regular basis to accommodate the provider;		

Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PSS-0438-Policy on Participant Right to Privacy, Dignity, and Freedom from Restraint	Silent	Purpose: The purpose of this policy and procedure is to define how a participant's essential personal rights, to include the right to privacy, dignity, respect, and freedom from coercion and restraints, should be demonstrated by providers.
			
			Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) be treated with dignity and respect by waiver providers, have their privacy respected to the extent possible for their health and safety, and be free from coercion and restraint, unless restraint is specifically addressed as a rights restriction in the participant's plan of care and meets the criteria in Chapter 45, Section 18.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			  a. If a rights restriction is in place, that each of the eight (8) federal requirements are addressed, including an assessed need and a restoration plan.
			  b. If the rights restriction for privacy is identified in the plan of care, how maximum privacy will be demonstrated.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will review the following:
			  a. Policy and procedures on rights restrictions and restrictive interventions, and implementation of the policy and procedures
			  b. Policy and procedures on restraint usage, including the prohibition of coercion and seclusion.
			  c. Policy on participant privacy, and implementation of the policy
			  d. Policies shall include the following components:
			    i. A participant's rights cannot be curtailed unless the 8 points of criterion have been addressed, including an
				Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			assessed need and restoration plan, and have been documented in the plan of care. ii. Restraint is to be used only for the purpose of protection and should be discontinued immediately once the need for protection is over. iii. There must been proof that all other alternatives have been tried and failed iv. How restraints will be monitored, reviewed, and reported v. How staff will be trained vi. How restraint will be analyzed to ensure they were necessary and performed correctly 3. During regularly scheduled, drop by, or emergency site visits, the PVS verify that people have privacy in their living space a. A mechanism to lock his or her room and home. b. A secure place for personal belongings. c. Demonstration that only appropriate personnel have access to keys. Will be located here: Behavioral Health Division policy website.		
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

11. Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter	Complies	(xvi) Providers shall ensure that all participants residing in a provider owned or leased facility have: (D) A private bedroom with no more than	None Needed	---

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
	45, section 13, (i) (xvi)(D) (Page 26)		one (1) person in a bedroom unless a more preferred situation is identified in their plans of care and one of the following criteria is met:		

Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0339-Policy on Participant Choice	Silent	Purpose: The purpose of this policy and procedure is to define how participant choice is identified and demonstrated.
			
			Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and control in his or her life. Guardians, case managers, and providers will facilitate opportunities for the participant to learn about his or her options, and facilitate choice in where s/he wants to live; with whom s/he wants to spend time; what, when, and where s/he'd like to live; the activities and events in which s/he wants to be involved; and from whom s/he'd like to receive assistance and support.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			   a. Under Housing, if applicable, a narrative which describes other less restrictive setting that have been explored, including settings that are not disability specific.
			   b. A plan verification form which identifies that the participant and his or her guardian have been offered choice in service providers.
			   c. Identified activities, events, and schedule options.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will observe the following:
			   a. Implementation of individualized schedules that demonstrate participant choice based on the Plan of Care
			3. During regularly scheduled, drop by, or emergency site visits, the PVS will ensure the following provider policies are available for participant review:
			   a. Policy outlining how a participant has choice in his/her direct support staff, and implementation of this policy.
			   b. Policy outlining how a participant has choice in his/her roommate, and implementation of this policy.
			   c. Policy outlining how a participant has choice in what, where, when, and with whom to eat.
			Will be located here: Behavioral Health Division policy website.
				Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

12. Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, Section 7 n, ii, H (Page 25)	Silent	(H) Residents shall be encouraged to bring personal items and furniture for their rooms (e.g. beds, chairs, pictures, etc.), Available online at Secretary of State rules website.	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that Individuals have freedom to furnish and decorate their sleeping or living units within the lease or other agreement" The current policy may be found at Medicaid homecare services website.	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews		
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, section 13 (i)(xiv)(C) (Page 25)	Complies	(xvi) Providers shall ensure that all participants residing in a provider owned or leased facility have: (C) Freedom to furnish and decorate the participant's sleeping and living units within the lease or other agreement;	None Needed	---

13. Provider owned or controlled settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Settings Chapter 45, Section 13 (g)(i) and (m) Page 24 and 27	Complies	(g) Other service standards. All service settings owned or controlled by a provider or self-directed employee must meet the following requirements: (i) In residential service and day service facilities, the provider shall ensure participants have access to food at all times, and provide nutritious meals and snacks options. Providers may not require a regimented meal schedule except as outlined in subsection (m) of this Chapter. (m) Settings that include any modification to a participant's right to food or a non-regimented meal schedule imposed by a provider must be ordered by the participant's attending medical professional with evidence in the plan of care that details the assessed need for the order and the protocols that must be followed.	None Needed	---
Current Rule	Comprehensive, Supports, and ABI Settings Chapter 45, Section 4 (c)(vii) and 13 (i)(xiv)(B) Page 3 and 25	Complies	Section 4(c)(vii) Freedom and support to control their own schedules and activities; Section 13(i)(xiv)(B) Freedom and support to control their own schedules and activities;	None Needed	---

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Settings Chapter 45, Section 4 (h)(ii) and (iii)	Complies	Section 4(h)(ii)-(iii) For any rights restriction imposed, the following items must be addressed and documented in the individual plan of care as follows: (A) Identify the specific and individualized assessed need; (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan; (C) Document less intrusive methods of meeting the need that have been tried but did not work; (D) Include a clear description of the condition that is directly proportionate to the specific assessed need; (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification; (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated; (G) Include the informed consent of the ididividual; and (H) Include an assurance that interventions and supports will cause no harm to the individual. (iii) In addition to the items mentioned above, a rights restriction must have a restoration plan that addresses the following: (A) Minimize the effect of the restriction; (B) Assist the participant with exercising their rights more fully; (C) Ensure that a participants rights are not completely removed; (D) Identify what part of the right is restricted; (E) Set goals for restoration of rights (participant training); and (F) Establish time limits for periodic reviews to determine if the restriction is still necessary or can be terminated.	None Needed	---
Current rule	Assisted Living Facility Licensing Rule, Chapter 12, section 7, c, vii; xii; xv (Page 13-14)	Silent	(vii) Full use of the facilities common areas; (xii) Make visits outside of the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling visits; (xv) Exercise choice in attending and participating in religious activities Available online at Secretary of State rules website..	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that Individuals have the freedom and support to control their own schedules and activities, and have access	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			to food at any time". The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews		

Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0339-Policy on Participant Choice	Silent	Purpose: The purpose of this policy and procedure is to define how participant choice is identified and demonstrated.
			
			Policy: It is the policy of the Behavioral Health Division (BHD) that each participant receiving funding through the Home and Community Based Waiver (HCBS) has choice and control in his or her life. Guardians, case managers, and providers will facilitate opportunities for the participant to learn about his or her options, and facilitate choice in where s/he wants to live; with whom s/he wants to spend time; what, when, and where s/he'd like to live; the activities and events in which s/he wants to be involved; and from whom s/he'd like to receive assistance and support.
			
			Procedure:
			1. During annual and modified plan review, PSS will Identify the following Plan of Care components:
			  a. Under Housing, if applicable, a narrative which describes other less restrictive setting that have been explored, including settings that are not disability specific.
			  b. A plan verification form which identifies that the participant and his or her guardian have been offered choice in service providers.
			  c. Identified activities, events, and schedule options.
			2. During regularly scheduled, drop by, or emergency site visits, the PVS will observe the following:
			  a. Implementation of individualized schedules that demonstrate participant choice based on the Plan of Care
			3. During regularly scheduled, drop by, or emergency site visits, the PVS will ensure the following provider policies are available for participant review:
			  a. Policy outlining how a participant has choice in his/her direct support staff, and implementation of this policy.
			  b. Policy outlining how a participant has choice in his/her roommate, and implementation of this policy.
				Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			c. Policy outlining how a participant has choice in what, where, when, and with whom to eat. Will be located here: Behavioral Health Division policy website.		
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement and will review during desk reviews and or site reviews that on-going providers continue to meet this requirement	Update policy manual	July 1, 2019

14. Provider owned or controlled settings: Individuals are able to have visitors of their choosing at any time.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Assisted Living Facility Licensing Rule, Chapter 12, section 7, c, xi (Page 14)	Silent	(x) Have visitors, including the right to privacy during such visits; Available online at Secretary of State rules website.	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Update Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that Individuals are able to have visitors of their choosing at any time. The current policy may be found at Medicaid homecare services website.	Update policy manual	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews		
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 4 (c)(ix) (Page 3)	Complies	(c) Other service standards. All service settings owned or controlled by a provider or self-directed employee must meet the following requirements: (ix) A participant must be able to have visitors of their choosing at any time.	None Needed	---

15. Provider owned or controlled residential settings: The setting is physically accessible to the individual.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 4 (c)(xii) (Page 3)	Complies	(xiii) All settings must be physically accessible to the individual;	None Needed	---
Current rule	Assisted Living Facility Licensing Rule, Chapter 12	Silent	The setting must be physically accessible to the participant; Will be available online at Secretary of State rules website.	This will be included in the Community Choices Waiver Policy updates. Division of Healthcare Financing will work with licensing on their rule for any updates/changes	July 1, 2019

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 to read "Assisted Living Facility providers must ensure that the setting is physically accessible to the individual' The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

16. Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (c) (Page 21)	Complies	(c) Settings that are not considered home and community -based include, but are not limited to:	None Needed	---
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0338-Integrated Setting Policy	Silent	Purpose: The purpose of this policy and procedure is to clearly define the components of a community integrated setting and provide a procedure for Division staff to follow when assessing settings for these components. Policy: It is the policy of the Behavioral Health Division (BHD) is that all Home and Community Based waiver providers implement the provision of services in settings that are community based and facilitate opportunities for participants to access community opportunities and resources to the same degree as people who do not have a disability. Procedure: Provider Support Staff (PVS)	Update policy and procedure, develop manual	July 1, 2018

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			1. During regularly scheduled, drop by, or emergency site visits, the PVS will identify the following community based setting components: a. Employment First philosophy is demonstrated, including the facilitation of opportunities to seek, obtain, and maintain employment in a competitive and integrated setting. b. Regular, ongoing access to community activities, events, and venues, both scheduled and spontaneous, is demonstrated. c. Settings and environments that are community based and not institutional in nature (i.e., are in a publicly or privately operated inpatient facility such as a nursing home or ICF/MR, are in a building or on the grounds of or adjacent to a public institution) are observed.		
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Policy Language on Page 21-22 "A setting covered by the Community Choices Waiver may not include any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution" The current policy may be found at Medicaid homecare services website. The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews	Update policy manual	July 1, 2019

17. Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Current Rule	Comprehensive, Supports, and ABI Waiver Settings Chapter 45, Section 13 (c) (Page 21)	Complies	(c) Settings that are not considered home and community -based include, but are not limited to:	None Needed	---

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Policy and Procedure Manual, in development	Comprehensive, Supports, and ABI Waiver Settings BHD-PVS-0338-Integrated Setting Policy	Silent	Purpose: The purpose of this policy and procedure is to clearly define the components of a community integrated setting and provide a procedure for Division staff to follow when assessing settings for these components. Policy: It is the policy of the Behavioral Health Division (BHD) is that all Home and Community Based waiver providers implement the provision of services in settings that are community based and facilitate opportunities for participants to access community opportunities and resources to the same degree as people who do not have a disability. Procedure: Provider Support Staff (PVS) 1. During regularly scheduled, drop by, or emergency site visits, the PVS will identify the following community based setting components: a. Employment First philosophy is demonstrated, including the facilitation of opportunities to seek, obtain, and maintain employment in a competitive and integrated setting. b. Regular, ongoing access to community activities, events, and venues, both scheduled and spontaneous, is demonstrated. c. Settings and environments that are community based and not institutional in nature (i.e., are in a publicly or privately operated inpatient facility such as a nursing home or ICF/MR, are in a building or on the grounds of or adjacent to a public institution) are observed.	Update policy and procedure, develop manual	July 1, 2018
Policy and Procedure Manual	Community Choices Waiver Policy	Complies	Participants must be discharged from the Community Choices waiver upon admission to a nursing facility or any other institution (pg. 48). The current policy may be found at Medicaid homecare services website.	None Needed	---

18. Any modification of conditions must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (A) Identify a specific and individualized assessed need. (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (C) Document less intrusive methods of meeting the need that have been tried but did not work. (D) Include a clear description of the

condition that is directly proportionate to the specific assessed need. (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification. (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (G) Include informed consent of the individual. (H) Include an assurance that interventions and supports will cause no harm to the individual.

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
Policy and Procedure Manual	Community Choices Waiver Policy	Silent	Proposed Language on Page 21-22 to read "Assisted Living Facility providers must ensure that individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected. The state will need to further propose remediation to include that any modification of conditions must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (A) Identify a specific and individualized assessed need. (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (C) Document less intrusive methods of meeting the need that have been tried but did not work. (D) Include a clear description of the condition that is directly proportionate to the specific assessed need. (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification. (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (G) Include informed consent of the individual. (H) Include an assurance that interventions and supports will cause no harm to the individual." The current policy may be found at Medicaid homecare services website.

The Community Choices Waiver Staff will ensure that all new providers meet this requirement prior to receiving enrollment approval. For ongoing providers we will review setting compliance during desk reviews and/or site reviews | Update policy manual | July 1, 2019 |
| Current Rule | Comprehensive, Supports, and ABI Waivers Chapter 45, Section 4 (h)(ii) and (iii) (Page 4-5) | Complies | Section 4(h)(ii)-(iii) For any rights restriction imposed, the following items must be addressed and documented in the individual plan of care as follows: (A) Identify the specific and individualized assessed need; (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan; (C) Document less intrusive methods of meeting the need that have been tried but did not work; (D) Include a clear description of the condition that is directly | None Needed | --- |

Current, Future, Waiver App, Etc.	Current State Standard of Relevance	Compliance Status	State's Current Language or Proposed Language	Remediation	Timeline
			proportionate to the specific assessed need; (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification; (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated; (G) Include the informed consent of the individual; and (H) Include an assurance that interventions and supports will cause no harm to the individual. (iii) In addition to the items mentioned above, a rights restriction must have a restoration plan that addresses the following: (A) Minimize the effect of the restriction; (B) Assist the participant with exercising their rights more fully; (C) Ensure that a participants rights are not completely removed; (D) Identify what part of the right is restricted; (E) Set goals for restoration of rights (participant training); and (F) Establish time limits for periodic reviews to determine if the restriction is still necessary or can be terminated.		