



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

HOME AND
COMMUNITY-BASED
SERVICES (HCBS)
STATEWIDE SETTINGS
TRANSITION PLAN

SUMMARY

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule for Home and Community-Based Services (HCBS) that requires states to review and evaluate current HCBS settings, including residential and nonresidential settings. States are required to analyze all HCBS settings where HCBS participants receive services, determine if the current settings comply with the final rule, and demonstrate how compliance will be achieved for those settings that do not meet the HCBS settings requirements. Settings that are HCBS compliant must be integrated in and support full access for individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

OVERVIEW

The final rule requires that all home and community-based settings have the following qualities:

- The setting is integrated in and supports full access to the greater community;
- The setting is selected by the individual from among setting options;
- The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- The setting optimizes autonomy and independence in making life choices; and
- The setting facilitates choice regarding services and who provides them.

In addition, the final rule also includes provisions for provider-owned or controlled home and community-based residential settings. The requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in his/her unit including lockable doors, choice of roommate and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule;
- The individual can have visitors at any time; and
- The setting is physically accessible.

Modifications to these requirements for provider-owned or controlled home and community-based settings must be supported by a specific assessed need and justified in the Person-Centered Service Plan (PCSP).

The final rule also specifies that certain settings are not considered home and community-based. These excluded settings include nursing facilities, institutions for mental disease, intermediate care facilities for people with intellectual disabilities, and hospitals.

The final rule identifies other settings that are presumed to have qualities of an institution. These settings include those in a publicly or privately owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating from the broader community individuals receiving Medicaid-funded HCBS. CMS will presume these settings not to be community-based unless CMS determines through a process of “heightened scrutiny” that the setting is community-based and does not have the qualities of an institution.

STATE ASSURANCES

The State assures full and on-going compliance with the HCBS setting requirements at 42 CFR Section 441.301(c) (4) (5) and Section 441.710(a) (1) (2) and public input requirements at 42 CFR 441.301(6) (B) (iii) and 42 CFR 441.710(3) (iii) within the specified timeframes for the identified actions and deliverables. While the State is already compliant with some of the requirements, the State will reach full compliance by implementing a statewide transition plan as described below.

The State ensures that, as the standards and the plan for transition are developed, the public has an opportunity for input. The State will consider those comments and make revisions to the plan, as appropriate, before the plan is considered final.

PUBLIC COMMENT

Website

The Statewide Transition Plan (STP), including the timeline and narrative, was available for public review and comment August 17, 2016 through September 15, 2016. The STP was posted online at <http://www.medicaid.state.ar.us/general/comment/comment.aspx>. This was the URL throughout the 30-day public comment period. The state assures that the link provided to the public directed individuals to the STP during the public comment period. All components of the STP – narrative, timeline chart, and public comments and responses – were made available to the public through a functional URL. The Medicaid website page with hyperlinks remained consistent throughout and provided the appropriate hyperlinks to the documents at all times.

Public Notice

A notice referencing the STP was published in the statewide newspaper, *Arkansas Democrat-Gazette*, on August 17, 2016 through August 19, 2016. The entire STP was not published in the newspaper; however, the notice stated: “The Statewide Transition Plan is available for review at the Division of Medical Services (DMS), 2nd floor Donaghey Plaza South, 700 South Main Street, P.O. Box 1437, S-295, Little Rock, Arkansas 72203-1437, by telephoning 501-320-6429 or can be downloaded at <http://www.medicaid.state.ar.us/general/comment/comment.aspx>.” The state provided instructions via the public notice, during the stakeholder meeting, and on the website with regard to how comments could be submitted. The public notice stated: “Comments may be provided during the 30-day comment period, (August 17, 2016 – September 15, 2016), during the stakeholder meeting, in writing to DMS at the address indicated above or by email to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than September 15, 2016.”

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is providing public notice of its intent to submit to the Centers of Medicare and Medicaid Services (CMS) a Statewide Home and Community Based Services (HCBS) Settings Transition Plan.

The Arkansas Statewide HCBS Settings Transition Plan outlines the DHS plan for achieving compliance with the federal HCBS settings regulations at 42 CFR Section 441.301(c) (4) (5) and Section 441.710(a) (1) (2).

The Statewide Transition Plan is available for review at the Division of Medical Services (DMS), 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437, by telephoning 501-320-6429 or can be downloaded at

<https://www.medicare.state.ar.us/general/comment/comment.aspx>.

Comments may be provided during the 30-day comment period.

(August 17, 2016 - September 15, 2016), during the stakeholder meeting, in writing to DMS at the address indicated above or by

email to

becky.murphy@dhs.arkansas.gov.

All comments must be submitted by no later than midnight

September 15, 2016.

If you need this material in a different format, such as large print, call 501-320-6429.

Statewide Transition Plan Large Stakeholder Meeting (open to the public)

Tuesday, August 23, 2016 from 1:00 PM - 3:00 PM at the University of Arkansas for Medical Sciences, 1. Dodd Wilson Education Building, Room 126.

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Dawn Stehle
Director
Division of Medical Services
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Public Hearing/Stakeholder Meeting

In addition, the State held a Statewide Transition Plan Large Stakeholder Meeting (open to the public) on August 23, 2016 to receive comments. The public notice published in the statewide newspaper on August 18, 2016 stated: “Comments may be provided during the 30 –day comment period, (August 17, 2016 - September 15, 2016), during the stakeholder meeting, in writing to DMS at the address indicated above or by email to becky.murphy@dhs.arkansas.gov.”

Print Format

The STP was made available to the public in printed format to be picked up in person at the state DHS office, in printed format during the stakeholder meeting, mailed, emailed, and posted on the state Medicaid website. It was also distributed and discussed during several follow up meetings and teleconferences. Participants of the various meetings included key stakeholders, family members, and advocacy representatives from around the state.

Communication/Stakeholder Input

After the 30-day public comment period, a summary of the public comments and the state’s responses to the public comments were posted for the public to review on the state’s Medicaid website. They were also sent to each commenter.

The State reviewed and considered all comments received; summarized all comments, including those which agree or disagree with the state’s determination about compliance with the settings requirements; and made changes, as appropriate, to the STP.

WAIVERS

Regulatory requirements for Home and Community-Based Settings for 1915(c) home and community-based waivers, 1915(i) State plan home and community-based services, and 1915 (k) State plan home and community-based settings must have all of the qualities defined at §441.301(c) (4) and §441.710 respectively, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan. In Arkansas, these regulations apply to four waivers. Two of the waivers are operated by Division of Aging and Adult Services (DAAS); one is operated by Division of Developmental Disabilities Services (DDS); and one is operated by University of Arkansas - Partners for Inclusive Communities. See Appendix L for detailed waiver reference tables for the ARChoices in Homecare Waiver, Living Choices Assisted Living Waiver, and Alternative Community Services Waiver.

1915(c) Waivers impacted by the HCBS Settings Rule include:

AR.0195	DAAS - ARChoices in Homecare (ARChoices) Waiver
AR.0400	DAAS - Living Choices Assisted Living (LCAL) Waiver
AR.0188	DDS - Alternative Community Services (ACS) Waiver
AR.0936	Partners for Inclusive Communities - Autism Waiver

Types of residential/non-residential settings potentially at risk:

- Assisted Living Facilities – Residential settings
- Adult Family Homes – Residential settings
- Provider owned or controlled apartments and group homes – Residential settings
- DDS Staff Homes
- Adult Day Care Facilities - nonresidential settings 42 CFR 441.301(c)(4)(i)-(v)
- Adult Day Health Care Facilities - Nonresidential settings 42 CFR 441.301(c)(4)(i)-(v)

DIVISION OF AGING AND ADULT SERVICES

The Division of Aging and Adult Services (DAAS) is the operating agency for two 1915(c) waivers impacted by the HCBS Settings Rule. These include:

- ARChoices in Homecare (ARChoices)
- Living Choices Assisted Living (LCAL)

ARChoices was implemented starting January 1, 2016. It combined the previous Elder Choices (EC) and Alternatives for Adults with Physical Disabilities (AAPD) waivers.

Most waiver beneficiaries in EC and AAPD, and subsequently ARChoices, reside in private homes in the community and receive HCBS services in their homes. The home may be the person's home or the home of a family member. It is expected that waiver beneficiaries who live in their own home or the home of a family member meets the setting requirements found at 42 CFR 441.301(c)(4). For any home in which HCBS waiver beneficiaries are living with paid staff, who own the home and are not related to the individual, the state considers these to have elements of provider-owned or controlled settings, and as such will plan to assess, validate, and remediate these as needed to assure full compliance with the HCBS Settings rule. Adult Family Homes (AFH) are included in the aforementioned setting definition.

Current DAAS Registered Nurses, who complete the assessment and develop the Person-Centered Plan (PCP), and Case Managers, who monitor services in the home, have been trained on the HCBS Settings rule. New DAAS Registered Nurses and Case Managers will be trained on the HCBS Settings rule. DAAS Registered Nurses and Case Managers have always monitored--and will continue to monitor--the participant's home environment and services provided in the home to ensure the participant's human rights are not violated. DAAS Registered Nurses and Case Managers will continue to monitor services through annual home visits with 100% of waiver clients. In addition, as part of the DAAS certification process, DAAS Provider Certification staff monitors services in the person's home. DAAS Registered Nurses, Case Managers, and Provider Certification staff has been trained on the HCBS Settings rule. Information on the HCBS Settings rule will be included in annual training opportunities for DAAS Registered Nurses, Case Managers, and Provider Certification staff.

If it is discovered that a participant's rights are compromised, the DAAS Registered Nurses and/or Case Managers will work with the client and, when appropriate, include the family or friend to resolve the issue, involving Adult Protective Services personnel, when necessary.

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

The Division of Developmental Disabilities Services (DDS) is the operating agency for one 1915(c) waiver impacted by the HCBS Settings Rule: AR.0188 DDS - Alternative Community Services (ACS) Waiver. The purpose of this waiver is to support individuals of all ages who have a developmental disability and choose to receive services within their community. The PCSP offers an array of services that allow flexibility and choice for the participant. Services are provided in the person's home and community.

Individuals served by the ACS Waiver can choose to reside in a private home in the community and receive HCBS services in their home. The home may be the person's home, the home of a family member or friend, or a staff member that provides direct care to the beneficiary living in a private home. The remainder lives in either a group home or a provider owned or controlled apartment. It is expected that people who live in their own home, the home of a family member receive services in a setting that

complies with requirements found at 42 CFR 441.301(c)(4). For any home in which HCBS waiver beneficiaries are living with paid staff (DDS Staff Homes), who own the home and are not related to the individual, the state considers these to have elements of provider-owned or controlled settings, and as such will plan to assess, validate, and remediate these as needed to assure full compliance with the HCBS Settings rule.

DDS offers each person a choice of both case management and direct service providers. The chosen case management provider assesses the person's needs and wants and facilitates the development of the person-centered plan, which is approved by DDS staff. DDS ACS Waiver staff will monitor services through random home visits of all setting (minimum 10% per staff caseload). In addition, as part of the DDS certification process, DDS Licensure and Certification staff monitors services in all provider-owned or controlled settings including Staff Homes. DDS ACS Waiver staff and DDS Licensure and Certification staff have been trained on the HCBS Settings rule. Information on the HCBS Settings rule will be included in annual training opportunities for DDS ACS Waiver staff and DDS Licensure and Certification staff.

DAAS and DDS are proposing to achieve and maintain full compliance with HCBS requirements, as indicated by this STP. A transition plan chart is attached which outlines the processes and timeline which DAAS, DDS, and stakeholders will follow to identify and assess at-risk providers, remediate any areas of non-compliance, and conduct outreach to engage providers and other stakeholders (see Appendix A).

Description of State Assessment of Current Level of Compliance

Review of State Policies and Procedures

In the first half of 2015, DAAS identified policies, provider manuals and certification requirement changes needed to comply with settings regulations. HCBS settings policy was integrated into the ARChoices provider manual to be effective January 1, 2016. This manual went through public comment from August 3, 2015 through September 1, 2015, as part of promulgation. The ARChoices provider manual governs Adult Day Care and Adult Day Health Care facilities. Also, the Living Choices Assisted Living (LCAL) provider manual received Arkansas Legislative Council approval Sept. 26, 2016. HCBS settings policy has been incorporated into this manual. The public comment period for this change was October 23, 2015 through November 21, 2015. CMS approved the renewal on July 25, 2016. Once these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.

During the first half of 2016, DAAS performed a more formal and extensive crosswalk of statutes, licensing regulations, policies and procedures governing Level II Assisted Living Facilities and Adult Day Care and Adult Day Health Care facilities. A different crosswalk was completed for each facility type and reflects the level of compliance for each regulatory standard, and what must be changed to meet compliance. See Appendix C for more details. Statutes and licensing regulations for these facilities govern all Level II Assisted Living Facilities and Adult Day Care and Adult Day Health Care facilities, regardless of whether the facility is a Medicaid waiver provider, or not. Licenses are granted by the Office of Long Term Care in the Division of Medical Services. Since non-Medicaid providers are not required to meet the HCBS settings rules, the HCBS settings requirements will not be implemented in the statutes or licensing regulations governing these facilities. If a provider of one of these licensed non-Medicaid facilities wants to become a Medicaid waiver provider, they must then enroll as a Medicaid provider and be certified as a Medicaid waiver provider by DAAS. DAAS is incorporating HCBS settings requirements into the provider manuals, as stated in the previous paragraph, and in all certification and

assessment applications and inspections. All new providers must meet the HCBS settings requirements before they can be certified as a waiver provider.

DAAS also reviewed provider certification requirements for Adult Family Homes. Adult Family Homes are a service allowed under the ARChoices waiver and the provider manual for this waiver has been updated to reflect the federal requirements outlined in the HCBS Settings rule.

As a result of the DAAS policy crosswalks, the state will issue a series of Provider Information Memos (PIM) to HCBS residential and non-residential providers (timeline row A-41). The state will issue a PIM to both our HCBS residential and non-residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. In addition, the state will issue a PIM to our HCBS non-residential providers explaining the requirement that the experiences of individuals receiving HCBS in non-residential settings must be consistent with those individuals not receiving HCBS, for example the same access to food and visitors. All PIMs will be issued by December 31, 2016.

DDS staff has reviewed and identified policies, provider manual, and certification requirement changes needed to comply with the federal HCBS settings regulations. The following documents were reviewed and a detailed policy crosswalk is included in this STP (see Appendix C): DDS Certification Standards for ACS Waiver Services, Medicaid Manual for DDS ACS Waiver, and the ACS Waiver renewal application. Each of these documents will be amended to comport with the federal requirements. DDS anticipates the necessary revisions to be completed by January of 2017 (timeline row D-2). The revised documents will require legislative approval (timeline row D-3) and go through a 30 day public comment period (timeline row D-4) as part of promulgation; DDS expects to receive final approval by June 2017 (timeline row D-6, D-11).

As a result of the DDS policy review, the state recognized that respite services can be provided in settings deemed institutional. As a remedy, the state will issue a Waiver Alert to providers explaining that respite services cannot exceed 30 days in these settings. The settings include: Medicaid certified ICF, Licensed respite facility, and Licensed mental health facility. DDS expects to issue the Waiver Alert in the month of December 2016 (timeline D-24). The state will also revise the ACS Waiver renewal application to update the service definition of respite services, and include the 30 day limitation in the definition.

The Directors of DAAS and DDS along with designated staff will monitor the remediation activities discussed in the systemic assessment to ensure that the state is progressing in a timely manner to meet the milestones set forth in the policy crosswalks in Appendix C.

Assessment of Provider Compliance with Residential and Non-Residential Settings Requirements

An inter-divisional HCBS Settings working group has met regularly since 2014 and will continue to meet during the implementation of the STP. The working group consists of representatives from DAAS, DDS, and Division of Medical Services (DMS) within the Arkansas Department of Human Services. The working group initially met to review the new regulations and develop the initial STP and corresponding timeline. The group has met with external stakeholders to discuss the new regulations. These stakeholders include: assisted living providers, aging providers, intellectual and developmental disability providers, advocates, consumers, and associations representing the aforementioned groups.

The group continues to meet to discuss assessment activities, including provider self-assessment surveys, site visits, and ongoing compliance with the HCBS Settings rule. A small team from this inter-divisional HCBS Settings working group reviewed the provider self-assessment surveys, modified existing HCBS

Settings on-site assessment tools to validate provider self-assessments, and will analyze compliance over the coming months.

DAAS has required Adult Day Cares (ADC), Adult Day Health Cares (ADHC) and Level II Assisted Living Facilities (ALF) to conduct a provider self-assessment and provide the results to DAAS. DAAS will require Adult Family Homes (AFH) to complete a provider self-assessment and provide the results to DAAS. DAAS has used and will continue to use the information from the provider self-assessments to determine what qualities of home and community-based settings exist in the current setting and to inform the development of standards which will facilitate the transition of settings which may not fully meet HCBS characteristics to those which include all the necessary characteristics and traits of a fully compliant HCBS setting.

DAAS has identified four types of settings that are at risk for not meeting the full extent of the regulations either because the service is provided outside a private residence or because the participant resides in and receives services in a home owned by the provider. These settings are:

- Adult Day Care
- Adult Day Health Care
- Adult Family Home
- Level II Assisted Living Facility

The state presumes that only those homes in which an individual is living in their own home or in the home of a family member as being fully compliant with the HCBS Settings rule. For any home in which HCBS waiver beneficiaries are living with paid staff, who own the home and are not related to the individual, the state considers these to have elements of provider-owned or controlled settings, and as such will plan to assess, validate, and remediate these as needed to assure full compliance with the HCBS Settings rule. Adult Family Homes (AFH) are included in the aforementioned setting definition.

DDS recognizes that group homes and provider owned or controlled apartments may be at risk for not meeting the full extent of regulations because the participant receiving services resides in and receives services in a home, group home, or apartment owned by the provider. The State considers DDS Staff Homes to have elements of provider-owned or controlled settings, and as such will plan to assess, validate, and remediate these as needed to assure full compliance with the HCBS Settings rule. These settings will be assessed during the first quarter of 2017 (timeline row D-17).

The State is proposing to achieve and maintain full compliance with HCBS settings requirements as indicated by this STP. A transition plan chart is attached which outlines the process and timeline which DAAS, DDS, DMS, and stakeholders will follow to identify and assess providers, remediate any areas of non-compliance, conduct outreach, and engage providers and other stakeholders (see Appendix A).

Residential provider self-assessment

To assess compliance with the new HCBS settings requirements, the inter-divisional HCBS Settings working group developed a residential provider self-assessment survey (see Appendix D). The survey was developed using the exploratory questions provided in the CMS HCBS Toolkit (timeline row A-2). Residential providers include Level II Assisted Living Facilities (ALF). The survey questions fall under five general categories: 1) neighborhood characteristics; 2) home environment; 3) community access and supports; 4) services and supports planning process; and 5) setting characteristics and personal experience.

Neighborhood characteristics encompass traits of the surrounding physical environment including location of the facility within the broader community and access to public transportation. The purpose of the CMS HCBS guidelines is to ensure that individuals are receiving services in a facility that resembles a home-like environment. There are several questions on this survey that address qualities of the home, including questions related to free range inside and outside the facility, lack of restrictive schedules, access to home amenities (television, radio, telephone, etc.), access to home appliances (laundry, kitchen, etc.), meal/snack times, meal/snack choices, physical accessibility of facility and individual's room, and individual preferences for decorating room. Community access and supports describe the integration of residents into the broader community for work-related and leisure activities, as well as visitor access to the facility. The services and supports planning process include habilitation planning, housing protections and due process, and resident rights. Finally, the setting characteristics and personal experience category covers a variety of issues including choice of living arrangement/roommate, privacy and restrictions, interventions, and rights modification.

Residential provider self-assessment surveys (n=45) were distributed via mail in July 2014 (see Appendix D). Non-responders were contacted via phone and email to encourage completion of the survey which resulted in a response rate of 82% (n=37) (timeline row A-10). Follow-up telephone calls and emails ensued to clarify residential provider responses (as needed) (timeline row A-14). These follow-up calls did not take the place of on-site visits. Residential providers that were licensed and certified after data collection efforts ceased for the provider self-assessment survey or residential providers that began receiving HCBS beneficiaries after data collection ceased were not included in this analysis. However, these providers were subsequently mailed a provider self-assessment so the state could have a baseline "snapshot" of the residential provider's existing self-assessed compliance with the HCBS settings rule. Their responses were then analyzed in order to establish priority for the on-site validation visits. Furthermore, other providers (who responded to the provider self-assessment) have become inactive since the initial self-assessment data collection efforts ceased. For this reason, the response rate documented in the residential provider self-assessment report of findings will not be the same as the response rate referred to later in this plan (p. 17, paragraph 2).

The residential provider-self assessment survey is a necessary part of the HCBS compliance process. This survey allows residential providers to reflect on their current level of compliance as well as take note of areas of potential non-compliance. This survey is intended to raise awareness among ALFs serving HCBS Medicaid beneficiaries about the HCBS settings rules. The survey was distributed prior to ALFs receiving any information on the HCBS Settings rule from DHS. Due to a lack of information or knowledge about the HCBS Settings rule, ALFs may have lacked the level of understanding necessary to accurately complete the provider self-assessment. For this reason, the state decided to use the provider self-assessment as a means to raise awareness among ALFs about the intricacies of the HCBS Settings rule and use it as a way to initiate dialogue between the state and the provider community. The information from the surveys allowed the State to provide targeted technical assistance for ALFs as a whole as well as individually as they move into compliance with the HCBS settings rule. As a follow-up to this survey, the State conducted on-site assessments as a way to validate the self-assessment findings.

While it appears that most ALFs serving HCBS Medicaid beneficiaries are progressing toward HCBS compliance (timeline row A-17), there are a few areas of concern that need to be addressed. Based on residential provider responses, there may be some ALFs that are in effect isolating residents due to the location of the ALF in relation to the broader community. ALFs self-reporting this characteristic received priority for on-site visits.

There are a small number of ALFs that report having a curfew, restricting access to home-like appliances, restricting meal time and/or choice, and requiring an assigned seat during meals. Some ALFs also report that they do not have a way to ensure privacy for residents using the common-use telephone or computer.

Cameras are also present in approximately half of all ALFs surveyed. Less than half of ALFs report using barriers to prevent resident access to particular areas within the setting.

A small number of ALFs have restricted visiting hours, and half of the ALFs reported not posting visiting hours. Some ALFs indicate that residents do not know how to schedule a person-centered planning meeting; residents may not be able to explain the process of developing and updating their person-centered plan, residents do not attend the planning meeting, and the meeting may not be at a convenient time/place to ensure resident attendance.

Not all ALFs reported that residents have a lease or written agreement to ensure housing rights. Some ALFs also suggest that residents may not understand the relocation process or how to request new housing.

For a full report of findings from the Residential Provider Self-Assessment Survey, visit <http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx> (timeline row A-20).

Residential provider self-assessment surveys will be distributed via mail in January 2017 (see Appendix D) to Adult Family Home providers (n=5) (timeline row A-12). Non-responders will be contacted via email to encourage completion of the survey (timeline row A-16). A detailed analysis will not be published due to the small sample size; however, general themes may be highlighted in a brief report.

DDS utilized the residential provider self-assessment survey described above. The survey was developed using the exploratory questions provided in the CMS HCBS Toolkit (timeline row D-13). Residential providers include provider owned or controlled apartments and group homes. Each residential provider has completed and returned a self-study to DDS. The self-assessment survey served as a baseline “snapshot” of the residential provider’s existing self-assessed compliance with the HCBS Settings rule. All DDS providers participated in the self-assessment process (timeline row D-15). DDS used the self-study as a means to notify providers of the new federal regulations and prepare them for possible changes in how they provide services. Survey responses were validated through on-site visits (timeline row D-16). The residential provider self-assessment is an integral part of the HCBS compliance process. The self-assessment allows providers to reflect on their current level of compliance and areas of non-compliance. The information gathered from this survey allows the State to provide tailored technical assistance to DDS providers as they move into compliance with the HCBS settings rule.

Non-residential provider self-assessment

To assess compliance with the new HCBS settings requirements, DAAS developed a non-residential provider self-assessment survey (see Appendix E). The survey was developed using the exploratory questions provided in the CMS HCBS Toolkit (timeline row A-2). Non-Residential providers include Adult Day Centers (ADC) and Adult Day Health Centers (ADHC). The survey questions fall under five general categories: 1) neighborhood characteristics; 2) home environment; 3) community access and supports; 4) services and supports planning process; and 5) setting characteristics and personal experience.

Neighborhood characteristics encompass traits of the surrounding physical environment including location of the facility within the broader community and access to public transportation. The purpose of the CMS HCBS guidelines is to ensure that individuals are receiving services in a location that resembles a home-like environment. There are several questions on this survey that address qualities of the home, including questions related to free range inside and outside the facility, lack of restrictive schedules, meal/snack times, meal/snack choices, physical accessibility of facility, ability to secure personal belongings, and privacy. Community access and supports describe the integration of residents into the

broader community for non-work and leisure activities, as well as visitor access to the facility. The services and supports planning process include individual needs and preferences, informed consent, and individuals rights. Finally, the setting characteristics and personal experience category covers a variety of issues including staff behavior and individual restrictions or interventions.

Non-residential provider self-assessment surveys (n=31) were distributed via mail in July 2014 (see Appendix E). Non-responders were contacted via phone and email to encourage completion of the survey which resulted in a response rate of 77% (n=24) (timeline row A-11). Follow-up phone calls and emails ensued to clarify residential provider responses (as needed) (timeline row A-15). These follow-up calls did not take the place of on-site visits. Non-residential providers that were licensed and certified after data collection efforts ceased for the provider self-assessment survey or non-residential providers that began receiving HCBS beneficiaries after data collection ceased were not included in this analysis. However, these providers were subsequently mailed a provider self-assessment so the state could have a baseline “snapshot” of the non-residential provider’s existing self-assessed compliance with the HCBS settings rule. None of these providers returned a survey. Furthermore, other providers (who responded to the provider self-assessment) have become inactive since the initial self-assessment data collection efforts ceased. For this reason, the response rate documented in the non-residential provider self-assessment report of findings will not be the same as the response rate referred to later in this plan (p. 17, paragraph 2).

The non-residential provider-self assessment survey is a necessary part of the HCBS compliance process. This survey allows non-residential providers to reflect on their current level of compliance as well as take note of areas of potential non-compliance. This survey is intended to raise awareness among ADCs/ADHCs serving HCBS Medicaid beneficiaries about the HCBS settings rules. The survey was distributed prior to ADCs/ADHCs receiving any information on the HCBS Settings rule from DHS. Due to a lack of information or knowledge about the HCBS Settings rule, ADCs/ADHCs may have lacked the level of understanding necessary to accurately complete the provider self-assessment. For this reason, the state decided to use the provider self-assessment as a means to raise awareness among ADCs/ADHCs about the intricacies of the HCBS Settings rule and use it as a way to initiate dialogue between the state and the provider community. The information from the surveys will allow the State to provide targeted technical assistance for the ADCs/ADHCs as a whole as well as individually as they move into compliance with the HCBS settings rule. As a follow-up to this survey, the State conducted on-site assessments as a way to validate the self-assessment findings. In doing so, the State was able to use the findings of this survey to prioritize which ADCs/ADHCs to visit first.

While it appears that most ADCs/ADHCs serving HCBS Medicaid beneficiaries are progressing toward HCBS compliance (timeline row A-18), there are a few areas of concern that need to be addressed. Based on provider responses, there may be some ADCs/ADHCs that are in effect isolating residents due to the location of the ADC/ADHC in relation to the broader community. ADCs/ADHCs self-reporting this characteristic received priority for on-site visits.

There are a small number of ADCs/ADHCs that report restricting meal/snack time and/or choice, lacking a space to secure personal belongings, and prohibiting engagement in age-appropriate legal activities. One-third of ADCs/ADHCs describe barriers to prevent resident access to particular areas within the setting.

Some ADCs/ADHCs indicate that clients do not engage in regular non-work activities in the community. Additionally, some ADCs/ADHCs do not require informed consent prior to using restraints or restrictive interventions. A small number of ADCs/ADHCs reportedly do not provide clients the opportunity to update or change their preferences, provide information on individual rights, nor do they provide

information to clients on the process for requesting additional (or making changes to their current) home and community-based services.

For a full report of findings from the Non-Residential Provider Self-Assessment Survey, visit <http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx> (timeline row A-21).

In Arkansas, non-residential Developmental Day Treatment Center Services (DDTCS) are currently funded under the Medicaid State Plan. Under the current payment methodology, these services must be provided in a clinic setting. These day settings were previously included in the STP, but have since been removed because they are not funded under the HCBS waiver. This decision was made after receiving technical assistance from representatives from the Centers for Medicare and Medicaid (CMS) and their independent contractor. The ACS Waiver is currently operating on an extension. Through guidance from CMS, the state will proceed with the current waiver renewal and subsequently submit necessary amendments, including the definition of supported employment, to the approved waiver. Extended Habilitation will be a new service which will be called Employment Path. This service will allow pre-vocational skills training in the community. The state is committed to transforming the delivery of supported employment services through the Employment First State Leadership Mentoring Program. DHS has partnered with Arkansas Rehabilitation Services (ARS) and developed a process that allows DHS and ARS to utilize sequential funding to better leverage resources and provide unduplicated services to individuals with I/DD and/or physical disabilities, which is being developed in a multi-agency Memorandum of Understanding. DDS is developing a pilot for provider transformation that will allow current providers, who also offer DDTCS services, a mechanism in which soft skills can be developed in an integrated setting. This will be a model in which providers transform from clinic based day-habilitation services to integrated services. DDS received an Interagency Agreement in the amount of \$113,800, from Governor's Council on Developmental Disabilities to expand the number of service providers participating in the transformation pilot from 11 to 35. During the transformation pilot project, 366 individuals have been identified to begin supported employment and will be afforded the opportunity to engage in evidence-based practices for competitive, integrated employment as their preferred outcome in FY 2017.

Services under the ACS waiver must be provided in the community. Community experiences include activities intended to instruct the person in daily living and community living skills in an integrated non-disability specific setting. Included are such activities as shopping, church attendance, sports, access to employment, participation in clubs, etc. Community experiences also include activities and supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the beneficiary's individual needs.

The state is committed to building capacity among providers to increase access to non-disability specific setting options across HCBS. In a recent amendment to the ACS waiver, the definition of adaptive equipment has been strengthened to include enabling technology, such as safe home modifications, that empower participants to gain independence through customizable technologies that allow them to safely perform activities of daily living without assistance while still providing monitoring and response for those participants, as needed. Enabling technology allows participants to be proactive about their daily schedule and integrates participant choice. The use of this technology allows for greater flexibility and access to non-disability specific residential setting options. As mentioned above, the Employment Path will allow participants to develop skills in an integrated, non-disability specific setting and ultimately attain employment in a competitive integrated work setting for at least minimum wage. The state will continue to engage stakeholders in discussions on strategies to build provider capacity in an effort to increase access to non-disability specific setting options.

The inter-divisional HCBS Settings working group has provided tailored technical assistance to residential and non-residential providers based on the results of the provider self-assessment survey analysis. Topics that we have identified based on the results of the provider self-assessment include a basic overview of the HCBS Settings final rule, with particular attention paid to community integration, reverse integration, beneficiary rights and choices, and person-centered planning. These topics have been covered through monthly and quarterly stakeholder meetings, at least two provider workshops during Spring 2016, and via materials posted to our state-specific HCBS Settings website. Both divisions recently conducted a presentation regarding HCBS settings at the annual Arkansas Waiver Association Conference. DHS expects this dialogue to be ongoing throughout the assessment process.

Validation of self-assessment (site visits)

An inter-divisional site review subcommittee of the HCBS Settings working group reviewed several HCBS site assessment surveys developed by other states and chose to modify an existing site visit survey for use in Arkansas.¹ The Arkansas HCBS site review survey examines HCBS settings characteristics as outlined in the CMS exploratory questions. The content of the site review survey is consistent with the areas that were included in the provider self-assessment survey. Separate assessment tools were designed for residential and non-residential settings (see Appendix F for the Arkansas HCBS Residential Site Review Survey and Appendix G for the Arkansas HCBS Non-residential Site Review Survey).

The Residential Site Review Survey includes the following content areas: integrated setting and community access (heightened scrutiny), community integration, housing protections and due process, living arrangements, beneficiary rights, and accessible environment. The Non-Residential Site Review Survey includes the following content areas: integrated setting and community access (heightened scrutiny), community integration, non-residential services, and beneficiary rights. For each question included in the site review survey, the reviewer is asked to mark a yes or no response (the “compliant” or normative response is highlighted for reviewer convenience), mark the information sources accessed to gather information, include notes/evidence of compliance or notes/evidence of non-compliance, and to mark whether remediation will be required. Responses will be qualitatively analyzed for emerging themes that highlight areas of non-compliance.

The on-site visit included: 1) documented observation of the setting, 2) interviews with beneficiaries of the setting, 3) input from staff, family members (of beneficiaries), and others and 4) a review of supporting documents provided by the provider including, but not limited to, occupancy/admission agreements, resident bill of rights, grievance policies, and individual person-centered service plans. This survey has been reviewed by external stakeholders, and revisions have occurred based on stakeholder feedback.

The same inter-divisional site review subcommittee of the HCBS Settings working group reviewed several HCBS beneficiary/member surveys developed by other states and chose to modify an existing survey tool for use in Arkansas. The Arkansas HCBS beneficiary survey is intended to assess the HCBS characteristics of the setting based on the beneficiary’s experience within the setting. The content of the

¹ During the summer of 2014 DDS Certification staff conducted preliminary on-site visits to each group home and provider owned or controlled apartment to engage community provider stakeholders. The information gathered from this preliminary review was incorporated in the inter-divisional subcommittee process that developed the modified surveys for use in Arkansas. DHS staff re-visited all of the group homes and provider owned or controlled apartments utilizing the updated site surveys and beneficiary/member surveys.

beneficiary survey is consistent with HCBS settings characteristics outlined in the CMS “exploratory questions” as well as the Arkansas provider self-assessment surveys and the Arkansas site review survey tools. Separate beneficiary surveys were designed for both residential settings (see Appendix H) and non-residential settings (see Appendix I).

The residential beneficiary survey includes the following content areas: community integration, housing protection and due process, living arrangements, and accessible environment. The non-residential beneficiary survey includes the following content areas: community integration and non-residential services. Each section may include several questions to elicit information from the beneficiaries regarding their experience in the setting. For each question included on the beneficiary survey, the reviewer is asked to mark a yes or no response (the “compliant” or normative response is highlighted for reviewer convenience), mark the information sources accessed to gather information, include notes/evidence of compliance or notes/evidence of non-compliance, and to mark whether remediation will be required. Some questions may have an additional no response option which is “no but supported by the person-centered plan”. In addition, probing questions are provided for each survey question to allow the reviewer the opportunity to elicit a more robust response from beneficiaries to provide evidence of compliance or non-compliance. Documentation may be requested to validate the congruence between the person-centered plan and the beneficiary’s responses, especially for those questions that appear to reflect a non-compliant setting. Responses will be qualitatively analyzed for emerging themes that highlight areas of non-compliance.

The DAAS beneficiary sample for the residential beneficiary survey was randomly drawn from an unduplicated count of current Medicaid beneficiaries (n=952) residing in a Level II Assisted Living Facility. To determine the number of beneficiaries to randomly sample, we divided the number of unduplicated Medicaid residential beneficiaries at a given ALF by the total unduplicated residential beneficiary count. This process was repeated for all Level II ALFs serving Medicaid beneficiaries. This gave us the percentage of Medicaid beneficiaries at a given ALF in relation to the total number of unduplicated Medicaid beneficiaries. The percentage of Medicaid beneficiaries at a given ALF was multiplied by the target sample size to determine how many beneficiaries to interview at each ALF. The target sample size for the beneficiary survey was derived from a commonly used statistics website (www.stattrek.org) using a sample size calculator. For an unduplicated beneficiary count of 952 with a 95% confidence interval and a 4% margin of error, our residential beneficiary sample size was 369. We were able to interview approximately 79% (n=291) of our target sample of 369. We interviewed beneficiaries at nearly 100% of the Level II ALFs licensed as Medicaid providers. The only reason we were unable to interview beneficiaries at a particular setting was due to the setting being so new that there were no Medicaid beneficiaries residing there yet.² There were multiple reasons that contributed to a lower survey completion rate than we originally expected, including beneficiaries being hospitalized, deceased, non-interviewable (based on diagnosis), as well as beneficiaries refusing to participate and being away from the facility during the site visit. The state has been brainstorming ways to improve outreach efforts to meet the target sample. These efforts may include making announced/planned visits to ensure that the persons we need to interview are willing and able to meet with us at a scheduled day/time. We will also conduct proxy interviews with guardians/family members/advocates on behalf of

² At the time the ALF beneficiary sample was drawn, there were three ALFs that were recently approved as a Medicaid provider but had not begun serving any Medicaid beneficiaries. During the site assessment process, our site visit team members only conducted a site survey and performed a document review in these settings. They did not conduct beneficiary surveys. The State will re-visit these three settings to conduct beneficiary interviews once Medicaid beneficiaries move into the setting. We will refrain from categorizing these settings as compliant, partially compliant, or non-compliant with the HCBS Settings final rule until we are able to interview Medicaid beneficiaries in the setting.

beneficiaries, as appropriate and necessary. In addition, we will conduct data clean-up activities to generate a more reliable list from which we generate our target sample.

The DAAS beneficiary sample for the non-residential beneficiary survey aimed to include all Medicaid beneficiaries receiving services at Adult Day Care (ADC) facilities and Adult Day Health Care (ADHC) facilities. Currently, there are 138 Medicaid beneficiaries receiving services at the ADC and ADHC facilities across the state. A random sample could not be drawn from such a low total unduplicated non-residential beneficiary count. We were able to interview approximately 39% (n= 54) of our target sample of 138. We interviewed beneficiaries at nearly 100% of the ADC/ADHC facilities licensed as Medicaid providers.³ There were multiple reasons that contributed to a lower survey completion rate than we originally expected, including beneficiaries being away from the site during the site visit, refusing to participate, or being non-interviewable (due to an advanced stage of dementia). In those settings where the state was unable to conduct beneficiary surveys due to the aforementioned reasons, the state used the site survey to observe and document HCBS services being provided within the setting to determine whether the site is HCBS compliant. The state has been brainstorming ways to improve outreach efforts to meet the target sample. These efforts may include making announced/planned visits to ensure that the persons we need to interview are willing and able to meet with us at a scheduled day/time. We will also conduct proxy interviews with guardians/family members/advocates on behalf of beneficiaries, as appropriate and necessary. In addition, we will conduct data clean-up activities to generate a more reliable list from which we generate our target sample.

The DDS beneficiary sample for the residential beneficiary survey was randomly drawn from an unduplicated count of current Medicaid beneficiaries residing in provider owned or controlled apartments, and group homes. To determine the random sample size, we divided the number of Medicaid residential beneficiaries at a given provider residence by the total residential beneficiary count. This gave us the percentage of Medicaid beneficiaries at a given provider in relation to the total number of Medicaid beneficiaries. The percentage of Medicaid beneficiaries at a given provider was multiplied by the target sample size to determine how many beneficiaries to interview at each provider. The target sample size for the beneficiary survey was derived from a commonly used statistics website (www.stattrek.org) using a sample size calculator. For an unduplicated beneficiary count of 962 with a 95% confidence interval and a 4% margin of error, our residential beneficiary survey size was 383. We were able to interview approximately 75 % (n=289) of our target sample of 383. There were multiple reasons that contributed to a lower survey completion rate than we originally anticipated, including beneficiaries being away from the site during the site visit, refusal to participate, and beneficiary was unable to complete the survey. Each group home and provider owned or controlled apartment received an on-site survey which totaled 136 site visits. In those settings where the State was unable to conduct beneficiary surveys due to the aforementioned reasons, the State used the site survey to observe and document services being provided within the setting. The reviewer observed the setting, reviewed documents, and interviewed staff at the setting. These settings have been flagged and will receive a subsequent visit with another random sampling of beneficiaries. The state has been brainstorming ways to improve outreach efforts to meet the target sample. These efforts may include making announced/planned visits to ensure that the persons we need to interview are willing and able to meet with us at a scheduled day/time. We will also conduct proxy interviews with guardians/family members/advocates on behalf of beneficiaries, as appropriate and

³ For the same reasons described above, at the time the ADC/ADHC beneficiary sample was drawn, there was one ADC/ADHC that was recently approved as a Medicaid provider but had not begun serving any Medicaid beneficiaries as well as one provider that did not currently have any clients receiving services. During the site assessment process, our site visit team members only conducted a site survey and performed a document review in these settings. The state will follow the same process described above in terms of revisiting the settings and making a compliance determination.

necessary. In addition, we will conduct data clean-up activities to generate a more reliable list from which we generate our target sample.

Staff employed by DAAS, DDS, and DMS were assigned to regional site visit teams. Employees with a background in survey/data collection, auditing, and fieldwork were chosen to serve as reviewers and assigned to a regional site visit team. These employees, along with members of the site review subcommittee, completed a day-long training in appropriate qualitative methods including direct observation, qualitative interviewing, note-taking, and record review prior to conducting site visits as well as during the site visit process (as needed). The site visit team training also included a module on the HCBS Final Rule, criteria for heightened scrutiny, and a module on sensitivity training. The training session also included a thorough review of both the residential and non-residential survey instruments. The survey was reviewed question-by-question to clarify the intent of the question and appropriate probing questions. Current members of the site review subcommittee were trained in qualitative research methods and a “train the trainer” model was utilized. Quality control checks were implemented throughout the site visit process. Quality control checks consisted of a member of the site review subcommittee pairing up with a member of the site review team to review the site visit documentation. Quality control checks occurred throughout the site assessment process to ensure that surveys were completed in a consistent manner across all regional site visit teams and within each site visit team.

The residential site review survey and the residential beneficiary survey were pilot-tested in a small number of DAAS and DDS settings prior to statewide implementation and were revised further based on feedback during the pilot tests. An additional training session was scheduled with all members of the site visit team to re-emphasize the importance of thorough documentation, the use of probing questions during the beneficiary survey, and to finalize the site visit process. The site visit team along with select members of the inter-divisional HCBS Settings working group met bi-monthly to discuss issues in the field, undergo re-training (if necessary), and/or provide status updates on site visits.

DAAS conducted site visits on 100% of residential ALF providers (n=51) and non-residential providers (n=26). Very few residential and non-residential providers were identified as HCBS compliant based on the provider self-assessment survey responses. Residential providers include Level II Assisted Living Facilities (ALF) while non-residential providers include Adult Day Care (ADC) facilities and Adult Day Health Care (ADHC) facilities. All settings were represented in the provider self-assessment and were represented in the on-site visits. DAAS completed the residential ALF site visits in July 2016 (timeline row A-22) and the non-residential site visits in August 2016 (timeline row A-23) (see Appendix A).

DAAS will conduct site visits on 100% of Adult Family Homes (AFH, [n=5]) by April 2017 (timeline row A-24). The residential site review survey (see Appendix F) and residential beneficiary survey (see Appendix H) will be utilized during the site visits to collect additional information to validate the provider self-assessment. Currently, there is only one waiver beneficiary residing in an Adult Family Home setting. The site review team will follow the same process and protocol as described below with regard to residential site visits.

DDS also conducted on-site visits on 100% of residential provider owned or controlled apartments and group homes. Random samples of beneficiaries within each site were selected for a beneficiary survey during the site visit. The residential provider owned or controlled group home and apartment site visits were completed in July 2016 (timeline row D-16).

DDS will conduct site visits to Staff Homes, in which beneficiaries reside with unrelated paid staff by April 2017 (timeline row D-17). The random sample of beneficiaries will be drawn in the same method described above with regard to beneficiary sample size. The residential site review survey (see Appendix F) and residential beneficiary survey (see Appendix H) will be utilized during the site visits. The site

review team will follow the same process and protocol as described below with regard to residential site visits.

Prior to the site visit, residential and non-residential providers received a letter from DHS announcing the process and a 2-3 month timeframe when they could expect a site visit. DHS intentionally chose to make unannounced visits without pinpointing specific dates/times to providers in order to get a better sense of the typical day in the lives of waiver beneficiaries. The state will consider announcing to providers the dates/times of site visits in the future.

In addition, the state's regional site visit teams contacted the guardians or power of attorney on record for beneficiaries listed in the target sample for a given facility. The state conducted this outreach to ensure that these guardians/family members/advocates had sufficient notice to make themselves available on the day of the site visit, should they choose to participate and contribute to the beneficiary survey on behalf of the beneficiary. During these outreach efforts, the regional site teams disclosed the day/time of the site visit so that guardians/family members/advocates could arrange their schedules accordingly.

The site visits followed a standard process including a brief introduction with setting administrators/staff, initial rounds with administrators/staff using the Residential Site Review Survey, request for supporting documentation, interviews with beneficiaries using the Beneficiary Survey, and an exit summary with administrators/staff.

Upon completion of the initial site visits and review of supporting documents provided by the provider, notes from the site review team member were summarized in a standardized report (see Appendix J and Appendix K). A cover letter and the corresponding report were mailed to each provider following the on-site visit (timeline row A-25, A-26, D-18). The letter summarized the visit, noted areas needing clarification that were observed and documented, requested clarification of provider policies and procedures and/or a corrective action plan, and provided a deadline with which to comply with the requested action(s). This letter also highlighted discrepancies between the information provided by facility staff on the site visit survey and the information provided by beneficiaries and/or their family members/advocates on the beneficiary survey. Providers were asked to address these discrepancies in their corrective action plans. DHS has provided technical assistance to providers throughout this time period. This technical assistance is frequently initiated by provider phone calls. However, the state has also engaged in several face-to-face training opportunities through biannual provider workshops hosted by the DAAS Provider Certification Unit, annual meetings of advocacy organizations, provider membership organizations, and monthly meetings with the small stakeholder group.

The state has also developed an Arkansas specific HCBS website (<http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx>) to post updated information, training materials, and information from CMS and/or ACL regarding implementation of the HCBS Settings rule. This information is continuously updated as new information is made available or the state develops new training materials. Topics have included clarification on the intent of the HCBS Settings rule, appropriate remediation strategies individually tailored to the issues identified from the provider's site visit and subsequent report, and clarification on the heightened scrutiny process. In particular, settings seem to frequently engage in reverse integration so the State has spent a great deal of time discussing ways to engage beneficiaries in community activities outside of the setting, as well as how best to facilitate access to transportation resources as well as staff and beneficiary training on how to utilize transportation resources. The state is committed to ensuring that residential and non-residential settings meet the true intent and spirit of the HCBS settings rule and as such we will continue to engage in technical assistance and training opportunities with providers to build a common understanding of the HCBS Settings rule. This will include time spent specifically on the importance of community integration and the expectation that settings provide access and integration to the broader community outside the

walls of the setting. The state will continue to emphasize to providers that reverse integration activities are not sufficient to meet the true intent and spirit of the HCBS Settings rule. The provider self-assessment survey, site survey, and beneficiary survey include specific questions pertaining to community integration and access to and integration with the broader community. This will remain a key focus for the DAAS Provider Certification Unit and the DDS Licensure and Certification Unit as these surveys are built into the ongoing monitoring and compliance activities of these units.

Currently, this communication occurs through provider-initiated phone calls with an HCBS Settings working group team member. However, the State is planning multiple regional training opportunities for providers, beneficiaries, and advocates to discuss reoccurring themes in provider-initiated technical assistance phone calls and appropriate remediation strategies, as well as heightened scrutiny and ongoing compliance. DHS expects these regional training sessions to occur during the Fall and Winter of 2016-17.

As corrective action plans and/or updated provider policies and procedures are submitted, DHS will review these materials and respond via letter to the provider. Follow-up site visits may occur as a result of this back-and-forth process with providers to ensure that corrective actions are implemented in the setting. If additional site visits are required, the provider will receive additional standardized reports and letters summarizing the visits. These will include directions for any further action(s) on behalf of the provider. The successful completion of any corrective action plans will be closely monitored by the Directors of DAAS and DDS along with designated staff who will monitor the remediation activities outlined in the corrective action plans to ensure that the state is progressing in a timely manner to meet compliance. The state's inter-divisional HCBS Settings working group currently meets monthly to discuss the state's progress and upcoming activities. The state will include monthly updates on provider implementation of corrective action plans and determine if additional provider technical assistance is warranted. During the first half of 2017, the HCBS site review subcommittee along with the HCBS Settings working group will monitor provider compliance efforts through corrective action plans and follow-up site visits. Some corrective action plans may only require a desk audit, meaning the site visit and beneficiary surveys did not highlight any non-compliance issues. However, the provider policies may not reflect the true intent of the HCBS Settings rule and as such will need to undergo revisions to become compliant with the HCBS Settings rule. Follow-up site visits will be conducted with all providers submitting substantive corrective action plans that require a change in procedure or reflect a culture change within that setting to ensure that providers are implementing the corrective actions outlined in the plan. These follow-up site visits will be conducted by a different set of reviewers than those that conducted the initial site visits, allowing for an additional layer of scrutiny. The State expects corrective action plans to be fully implemented by December 2017.

Based on the provider self-assessment and subsequent site visits, nearly all ALFs, provider owned or controlled apartments and group homes, and ADCs/ADHCs are in various stages of partial compliance. Some are closer to being fully compliant with the HCBS Settings rule while others will need more technical assistance and remediation to become compliant. To identify settings for which heightened scrutiny should be applied, questions were included on the site survey to elicit information about the physical location of the setting and presumed characteristics of an institution (see Appendix F and Appendix G). Currently, there are 17 ALFs, 43 provider owned or controlled apartments and group homes, and 8 ADCs/ADHCs that meet the CMS definition for possible heightened scrutiny consideration. This information will be updated following the AFH and DDS Staff Home site visits.

Of the 17 ALFs identified, five of these settings are attached to a nursing home/facility, while four are adjacent to or immediately across the street from a hospital, nursing home, or public institution. The remaining 8 are located on the same street/block as other settings owned by the same provider.

Of the 43 provider owned or controlled apartments and group homes, three are on the grounds of a Human Development Center (HDC) which is a public institution. Twelve of these settings are adjacent to or immediately across the street from a provider owned ICF/IID, DDTCS, or public institution. The remaining 28 settings are located on the same street/block as other settings owned by the provider. This list will be updated following the site visits of those beneficiaries that reside in DDS Staff Homes. Of the 8 ADC/ADHCs that meet the criteria for possible heightened scrutiny consideration, two are attached to another setting owned by the same provider, one is attached to a doctor's office, four may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS, and one is attached to another setting owned by the same provider and may have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving Medicaid HCBS.

The State will be reviewing these settings over the coming months to determine which settings overcome the presumption of being institutional to submit to CMS for heightened scrutiny. We expect to begin submitting evidentiary packets for these settings to CMS by July 2017. These evidentiary packets will be submitted for public comment and shared with external stakeholders prior to the CMS submission.

The remaining 34 ALFs, 84 provider owned and controlled apartments and group homes, and 18 ADCs/ADHCs are currently considered partially compliant. Furthermore, nine (9) DDS provider settings were compliant with the HCBS Settings rule. Five (5) of these settings are group homes, while the remaining four (4) are apartments. Some of these settings may only require a desk review, requiring changes to their current policies and procedures. Others will require more extensive remediation, which might include changes to policies and procedures, staff training, community outreach, audits of select person-centered plans, etc. Those settings that require more extensive remediation may also receive a second site visit as a follow-up to assess whether the necessary changes are being implemented within the setting.

During the coming months, we expect these lists of heightened scrutiny, compliance, partial compliance, and non-compliance to remain fluid. Settings will move from one list to the other, with the ultimate goal of moving all ALFs, provider owned or controlled apartments and group homes, and ADCs/ADHCs into a state of HCBS compliance. We recognize that not all of these settings may be able to make the necessary changes to become HCBS compliant, but we expect to engage in some level of remediation with all settings over the course of the next 12-18 months.

By the end of 2017, we will compile a list of providers that document compliance with the regulations for HCBS settings and a list of providers that document non-compliance. These lists will be shared with external stakeholders and will go out for public comment prior to submission to CMS (timeline row D-20). DHS anticipates transitioning beneficiaries from non-compliant settings to compliant settings between March and December 2018 (timeline row AD-1).

Remediation

The inter-divisional HCBS Settings working group will develop and conduct provider trainings as well as provide tailored technical assistance to partially compliant and non-compliant providers. In order to achieve initial compliance, the HCBS Settings working group is planning multiple regional training opportunities for providers, beneficiaries, and advocates to discuss reoccurring themes from provider-initiated technical assistance phone calls, appropriate remediation strategies, heightened scrutiny, and ongoing compliance. These regional training sessions will be advertised in a manner to effectively reach all stakeholders, including providers, beneficiaries and their families, advocates, etc. The HCBS small stakeholder group will be asked to assist the inter-divisional HCBS Settings working group with disseminating information about the regional trainings to the aforementioned stakeholder groups. DHS

expects these regional training sessions to occur during the Fall and Winter of 2016-17. In addition, the HCBS Settings working group will host focus groups during Spring 2017 to include all providers in an effort to provide a forum for providers to talk openly about provider specific issues and brainstorm potential strategies to achieve compliance. These focus groups will provide the HCBS Settings working group with specific examples of the promising strategies employed by various settings to comply with the HCBS Settings rule. This information will then be distributed to all residential and non-residential providers and will be posted on the Arkansas HCBS project website (<http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx>). Technical assistance will also be provided on an as needed basis and will be tailored to the specific needs of the provider based on the analysis of the provider self-assessment and the on-site visits. This technical assistance is already occurring via provider-initiated phone calls to an HCBS Settings working group team member. Efforts to engage providers, advocates, beneficiaries, and others will continue to occur through our monthly small stakeholder meetings (with provider representatives and advocates), quarterly large stakeholder meetings, HCBS website, provider workshops, as well as through individual training calls with the aforementioned groups.

Upon receipt of the provider site visit report (see Appendix J and Appendix K), providers are being asked to submit a corrective action plan to respond to the site visit report (timeline row A-28, A-29, A-30, D-19). This corrective action plan should address how the setting meets HCBS compliance in response to a specific discrepancy noted in the site visit report or outline the remediation that will occur to become settings compliant. Provider-initiated remediation may include reviewing their policies and procedures and updating them as necessary to comport with the HCBS Settings requirements. This remediation may also include reviewing their practices and providing in-service training for staff, if applicable. Any changes to policies/procedures/practices should also be communicated to beneficiaries and their families and the provider is also expected to outline how and when this information will be disseminated.

During the first half of 2017, the HCBS site review subcommittee along with the HCBS Settings working group will monitor provider compliance efforts through corrective action plans and follow-up site visits. Some corrective action plans may only require a desk audit, meaning the site visit and beneficiary surveys did not highlight any non-compliance issues. However, the provider policies may not reflect the true intent of the HCBS Settings rule and as such will need to undergo revisions to become compliant with the HCBS Settings rule. However, follow-up site visits will be conducted with all providers submitting substantive corrective action plans that require a change in procedure or reflect a culture change within that setting to ensure that providers are implementing the corrective actions outlined in the plan. The State expects corrective action plans to be fully implemented by December 2017.

DAAS providers who wish to appeal our findings can follow the appeal rights process described in Section 160.00 Administrative Reconsideration and Appeals of the Arkansas Medicaid Provider Manual (<https://www.medicaid.state.ar.us/provider/docs/all.aspx>). DDS providers who wish to appeal our findings can follow the appeal rights process described in DDS Policy 1076 Appeals.

If the HCBS Settings working group does not feel that a provider is progressing towards compliance, the State will need to implement the transition plan (outlined on pg. 25-29) to move beneficiaries to a compliant setting.

Ongoing Assessment of Settings

The DMS Office of Long Term Care (OLTC) Licensure unit is responsible for onsite visits for environmental regulatory requirements. The DMS OLTC Licensure unit licenses the facilities to operate as an Assisted Living Facility or an Adult Day Care or Adult Day Health Care facility and approve the number of slots that individuals may utilize in these settings. The DAAS Provider Certification Unit

certifies the providers to provide care under the waiver(s) once they are enrolled to be Medicaid providers. On-going compliance with the assessment of settings will be monitored collectively with DMS, DDS and DAAS staff.

Licensed and certified settings are subject to periodic compliance site-visits by the DAAS Provider Certification Unit. HCBS Settings requirements will be enforced during those visits. DAAS expects every residential and non-residential setting to receive a visit at least once every three years. These visits will include a site survey and beneficiary experience surveys with a select number of Medicaid beneficiaries. DAAS Registered Nurses, Case Managers, and Provider Certification staff has been trained on the HCBS Settings rule. Information on the HCBS Settings rule will be included in annual training opportunities for DAAS Registered Nurses, Case Managers, and Provider Certification staff. Ongoing training for providers on the HCBS Settings rule will be provided during biannual provider workshops hosted by the DAAS Provider Certification Unit, as well as through annual meetings of provider membership organizations and via updates to the Arkansas HCBS website.

Settings found to have deficiencies will be required to implement corrective actions and can lose their license or certification when noncompliance continues or is egregious. Providers who wish to appeal our findings can follow the appeal rights process described in Section 160.00 Administrative Reconsideration and Appeals of the Arkansas Medicaid Provider Manual (<https://www.medicaid.state.ar.us/provider/docs/all.aspx>). New waiver providers will also be subject to an assessment of compliance with the HCBS Settings requirements before being approved to provide services for the waiver.

Regularly scheduled on-site visits completed by the DDS Licensure and Certification unit, that oversees HCBS regulatory requirements, will occur to ensure HCBS Settings compliance. DDS expects every residential setting to receive a visit at least once every three years, in addition to the current random home visit procedure (minimum 10% per staff caseload) of DDS Licensure and Certification unit. These visits will include a site survey and beneficiary experience surveys with a select number of Medicaid beneficiaries. DDS ACS Waiver staff and DDS Licensure and Certification staff have been trained on the HCBS Settings rule. Information on the HCBS Settings rule will be included in annual training opportunities for DDS ACS Waiver staff and DDS Licensure and Certification staff. Ongoing training for providers on the HCBS Settings rule will be provided through annual meetings of provider membership organizations and via updates to the Arkansas HCBS website.

Settings found to be out of compliance with the new regulations during these routine reviews will be required to submit and have approved a corrective action plan which includes a timeframe for its completion. Failure to complete that plan may jeopardize the agency's certification and participation in the waiver program. Providers who wish to appeal our findings can follow the appeal rights process described in DDS Policy 1076 Appeals.

Heightened Scrutiny

CMS and the State recognize that certain settings are presumed not to be home and community-based and instead have institutional qualities. However, a process called "heightened scrutiny" allows some such settings, with further review, to be considered compliant with the HCBS rule. To be eligible for possible heightened scrutiny consideration, settings must be in a publicly or privately owned facility that provides inpatient treatment; located on the grounds of, or immediately adjacent to, a public institution; or, have the effect of isolating individuals from the broader community. The state considers properties in which there are multiple provider-owned or operated homes in a cluster as having the effect of isolating individuals and will include them in its Heightened Scrutiny review if appropriate. The residential and non-residential site surveys include a series of questions to determine if the setting has the effect of

isolating individuals from the broader community (see Appendix F and Appendix G). However, if DHS determines certain settings demonstrate qualities of an HCBS Setting, DHS will submit these settings to CMS for heightened scrutiny review. DAAS and DDS will use on-site visits to verify the physical location of the settings and will rely on the provider self-assessment, documentation of the on-site visits including beneficiary interviews, and feedback from stakeholders to determine whether the setting has the effect of isolating individuals from the broader community. DAAS conducted site visits on 100% of residential (n=51) and non-residential providers (n=26). DDS also conducted on-site visits on 100% of residential providers which include provider owned or controlled apartments and group homes. Random samples of beneficiaries within each site were selected for a beneficiary survey during the site visit. The State will visit 100% of AFHs (n=5) and a statistically valid sample of DDS Staff Homes using the same methodology outlined on pg. 16. Site visits, including site surveys and beneficiary surveys, will be conducted in each of these settings to determine HCBS compliance and criteria for heightened scrutiny. Site visits and follow-up visits will follow the same process and protocol previously described on pg. 18-20.

To identify settings for which heightened scrutiny should be applied, DHS included questions on the site survey to elicit information about the physical location of the setting and presumed characteristics of an institution (see Appendix F and Appendix G). The information gathered for this section of the site survey relied on reviewer observations and information provided by setting administrators or senior staff persons. Currently, there are 17 ALFs, 43 provider owned or controlled apartments and group homes, and 8 ADCs/ADHCs that meet the CMS definition for possible heightened scrutiny consideration. This information will be updated following the AFH and DDS Staff Home site visits.

Of the 17 ALFs identified, five of these settings are attached to a nursing home/facility, four are adjacent to or immediately across the street from a hospital, nursing home, or public institution and the remaining eight are located on the same street/block as other settings owned by the same provider.

Of the 44 provider owned or controlled apartments and group homes, three are on the grounds of a Human Development Center (HDC) which is a public institution and one on the former grounds of an HDC. Twelve of these settings are adjacent to or immediately across the street from a provider owned ICF/IID, DDTCS, or public institution. The remaining 28 settings are located on the same street/block as other settings owned by the provider.

Of the 8 ADC/ADHCs that meet the criteria for possible heightened scrutiny consideration, two are attached to another setting owned by the same provider, one is attached to a doctor's office, four may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS, and one is attached to another setting owned by the same provider and may have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving Medicaid HCBS.

We will be reviewing these settings over the coming months to determine which settings may overcome the presumption of being institutional to submit to CMS for heightened scrutiny. We expect to begin submitting evidentiary packets for these settings to CMS by July 2017 (timeline row A-37, D-21). These evidentiary packets will be submitted for public comment and shared with external stakeholders prior to the CMS submission.

Following the provider self-assessment and on-site visits, settings that meet any of the above heightened scrutiny criteria will be reviewed by the HCBS Settings working group with input from the regional site review teams that conducted the site visits. The regional site review team members and the inter-divisional HCBS Settings working group will receive a refresher course on the HCBS Settings final rule with particular attention paid to the heightened scrutiny process and the characteristics of an HCBS

setting. The staff more intimately involved in leading this project will conduct the training and make the training materials available to the regional site visit teams and inter-divisional HCBS Settings working group throughout the state's heightened scrutiny review process. Most members of these groups have been part of the inter-divisional HCBS Settings working group for the last year, and have participated on state-initiated technical assistance calls with CMS, CMS sponsored SOTA calls, and the 4-week technical assistance series during the summer of 2016. The HCBS Settings working group along with the regional site review team members will be reviewing the provider self-assessment (see Appendices D and E), site survey (see Appendices F and G), beneficiary survey(s) (see Appendices H and I), state-issued provider site visit report (see Appendices J and K), and corrective actions submitted by the provider for each setting that falls under one of the three prongs of heightened scrutiny.

Individual settings (providers) may be asked for additional information to document the HCBS nature of the setting and how the setting is integrated and supports full access of individuals receiving home and community-based services into the greater community. This may include evidence that beneficiaries are involved in the community outside the setting; descriptions of community interactions and how close a setting is to community activities and public transportation (or how transportation is provided for individuals in the setting); campus maps/diagrams to distinguish one setting from another; descriptions of how a setting is connected (or not) with any related institutional facility including information about finances, shared administration or other staff, and shared resources such as transportation and eating facilities; and copies of updated policies/procedures. Some additional examples of documentation might include licensure requirements or other state regulations for the setting that clearly distinguish it from institutional licensure or regulations; residential housing or zoning requirements that demonstrate how the setting is integrated and supports full access to the greater community, description of the proximity to and scope of interactions with community settings used by individuals not receiving Medicaid funded home and community-based services; provider qualifications for staff employed in the setting that indicate training or certification in home and community-based services, and that demonstrate the staff is trained specifically for home and community-based support in a manner consistent with the HCBS Settings regulations; and service definitions that explicitly support the setting requirements.

Based on the accumulation of these findings, the inter-divisional HCBS Settings working group will make a determination on which settings represent a home and community-based setting and should be submitted to CMS for review. The inter-divisional HCBS Settings working group will pay particular attention to beneficiary rights and community integration (as documented in the site survey, beneficiary surveys, provider site visit report and provider-initiated corrective actions) to ensure that the settings submitted to CMS for review reflect the qualities of an HCBS Setting and overcome the presumption of an institutional setting. The HCBS Settings working group will finalize the list of settings to be published for public comment prior to submission to CMS for heightened scrutiny review.

Prior to submission to CMS for heightened scrutiny review, the list of heightened scrutiny settings will be published in a public notice on the state's Medicaid website (<https://www.medicaid.state.ar.us/general/comment/comment.aspx>) and in the statewide newspaper, *Arkansas Democrat-Gazette*, to allow for public comment. We expect this public comment period to occur during the Summer of 2017 (timeline row A-38, D-22). The public notice will list the settings by name and location, and will identify the number of individuals served at each setting. The public notice will include all justifications as to how and why the setting meets HCBS requirements and will specifically note that the public has an opportunity to comment on the State's evidence. The State will provide responses to these public comments in a subsequent version of the STP.

In cases where the State asks for heightened scrutiny by CMS for certain settings, the inter-divisional HCBS Settings working group will provide CMS with documentation (including site visit reports, site-specific assessment tools/results, corrective action plans or remediation strategies implemented by the

provider/setting, information received during public comment period, information from external stakeholders, information received from the provider/setting, person-centered service plans, etc.) in an effort to demonstrate that the setting does not have the qualities of an institution and that it does have the qualities of a home and community-based setting. Types of evidence in the packet will include information such as pictures of the site and other demonstrable evidence, description of the proximity to avenues of available public transportation or an explanation of how transportation is provided where public transportation is limited, evidence that the provider has procedures in place that indicate support for activities in the greater community according to the individual's preferences and interests, staff training materials that speak of the need to support individuals' chosen activities, and a discussion of how schedules are varied according to the typical flow of the local community and description of the proximity to and scope of interactions with community settings used by individuals not receiving Medicaid funded HCBS. Part of the evidentiary packet submitted to CMS for heightened scrutiny for a particular setting may also include a completed corrective action plan prepared by the setting to remedy any issues highlighted in the site visit report sent to providers following the initial site visits in the Spring and Summer of 2016. We do not intend to submit settings for CMS review for heightened scrutiny unless we believe the setting does in fact have the qualities of a home and community based setting. The HCBS Settings working group will engage in ongoing dialogue with CMS during the heightened scrutiny process and anticipates submitting heightened scrutiny evidence to CMS on a quarterly basis beginning in July 2017.

If transitioning residents to a compliant provider/setting becomes necessary, the HCBS Settings working group will follow the transition process outlined below.

Transition of Beneficiaries to Compliant Provider

To identify settings for which heightened scrutiny should be applied, we included questions on the site survey to elicit information about the physical location of the setting and presumed characteristics of an institution (see Appendix F). Currently, there are 17 ALFs, 44 provider owned or controlled apartments and group homes, and 8 ADCs/ADHCs that meet the CMS definition for heightened scrutiny consideration. We will be reviewing these settings over the coming months to determine which settings may overcome the presumption of being institutional to submit to CMS for heightened scrutiny. The State estimates there are approximately 220 beneficiaries residing in an ALF that meet the CMS definition for heightened scrutiny. In addition, there are approximately 35 beneficiaries receiving services from a ADC/ADHC that meet the CMS definition for heightened scrutiny. Furthermore, the State estimates there are approximately 232 beneficiaries residing in a DDS provider owned or controlled residential setting that meet the CMS definition for heightened scrutiny. The State is confident that most, if not all, of these facilities will overcome the institutional presumption during CMS' heightened scrutiny review. We expect to begin submitting evidentiary packets for these settings to CMS by July 2017 (timeline row A-37, D-21) and on a quarterly basis thereafter through December 2017. These evidentiary packets will be submitted for public comment and shared with external stakeholders prior to the CMS submission. During the public comment process, the settings being submitted for heightened scrutiny to CMS will be identified by name and address, and will identify the number of individuals served at each setting.

If a setting is not in full compliance with the HCBS Setting rule based on information obtained during the provider self-assessment and on-site visit, the expectation is that the setting will come into compliance by drafting and implementing a corrective action plan with reasonable timelines for achieving compliance. We expect these providers to engage with members of the HCBS Settings working group through tailored technical assistance and attend scheduled provider trainings as part of their transition into compliance. If the provider cannot or will not come into compliance by the end of 2017, DHS will begin its process of transitioning beneficiaries from the non-compliant setting to a setting that meets all HCBS settings

requirements. DHS anticipates transitioning beneficiaries from non-compliant settings to compliant settings between March and December 2018 (timeline row AD-1).

DAAS and DDS provide continuous open enrollment for waiver service providers. Potential providers will contact the DAAS Provider Certification Unit for information on ARChoices Certification Standards or LCAL Certification Standards or the DDS Quality Assurance staff for information on the ACS Certification Standards. Once a provider is certified by DAAS or DDS, the provider must contact the DMS Provider Enrollment Unit to enroll as a Medicaid provider. To ensure there are an adequate number of providers available to serve those beneficiaries during the transition period, the State will use the next year (2017) to collect data and identify any gaps in service provider areas. If it is determined that there are gaps in service provider areas, the State will utilize a Request For Information to identify potential provider applicants. Any new provider will be required to meet all HCBS settings requirements.

The State's transition strategy will include a detailed transition process that provides reasonable notice and due process for beneficiaries, a timeframe, a description of the State's process to ensure sufficient services and supports are in place prior to the transition, and assurances that affected beneficiaries will receive sufficient information, opportunity, and supports to make an informed choice regarding transition to a new compliant setting. A more detailed description of the State's proposed transition process is outlined below.

1. The State will ensure that reasonable notice and due process is provided to anyone needing to transition.
2. DAAS and DDS will implement due process and transition in accordance with the division's respective operational processes.

DAAS Operational Transition Process:

3. At least a 30-day advance notice will be the minimum. Additional time will be provided to complete these transitions as needed. The State will ensure that sufficient time is permitted to safely transition individuals to another compliant setting of their choice, and to assure continuity of services.
4. Upon determining the need to transition a person, a DAAS nurse will visit face-to-face with the person to discuss the specific reason(s) for the need to transition the person and to officially begin the notification of transition process. This meeting may also include the case management entity, caregiver/guardian/conservator if applicable.
5. A formal notification letter that outlines the specific reason for the transition and the due process procedure and timeline available to the person and if applicable his/her caregiver/guardian/conservator will be sent no less than 30 days prior to transition. The general language will be provided by DAAS.
 - a. The DAAS nurse will be instructed to invite caregivers, family members, friends, case management entity, and anyone else that is important to this person. This face-to-face meeting should reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.
6. The DAAS Provider Certification Unit will send the current provider of service a formal notification letter indicating the intent to transition the person supported.
 - a. This notification should occur no less than 30 days prior to transition.
 - b. The current provider should be directed to participate with DHS, advocates or ombudsman, and other agencies, as applicable, in activities related to the transition of the person.
 - i. These activities may include, but are not limited to, participation in meetings, ongoing provision of information, and other activities as directed.
 - ii. The general language of this notification will be provided by DAAS.

7. The two notifications sent to the person supported and the provider should be sent simultaneously to ensure both parties are aware of the need to transition at the same time.
8. The DAAS nurse will ensure that the person is given ample opportunity to learn about the variety of settings that are available and are compliant with the HCBS Settings Rule.
 - a. The person should be afforded the opportunity to select from non-disability specific settings and select a roommate option if applicable.
 - b. Supports will be provided to the person to assist in transition choice and the caregiver's schedule will be accommodated to support the person in making an informed decision about an alternate setting.
 - c. Once a new provider has been selected, a person centered planning meeting will take place to define the timelines for transition, as well as identify specific supports and services needed in order to make a safe transition. The DAAS nurse will be instructed to invite caregivers, family members, friends, case management entity, and anyone else that is important to this person. This face-to-face meeting should reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.
9. The new service provider will notify the DAAS nurse in writing that the transition meeting has taken place. The written notification is to include:
 - a. The date the transition meeting occurred.
 - b. The anticipated date of transition to the new service provider.
 - c. Names of individuals that participated in the meeting.
10. The current service provider remains responsible for service delivery during the transition period and shall cooperate in maintaining continuity of services until the transfer is made. The new service provider will become responsible for approved waiver services under the continued plan of care.
 - a. Additional time should be built into the transition plan to ensure safety, continuity of services, for development of and modifications to existing settings, and to assure that all supports and services will be in place prior to the person's transition to the new provider.
11. The DAAS nurse will ensure that all supports and services are in place prior to the person's transition to the new provider.
 - a. This should be done through an on-site visit 7-10 days prior to the person transitioning and should include at a minimum the person, caregiver/guardian/conservator (if applicable), a nurse, an advocate or ombudsman, and the new provider.
 - b. Any modifications or changes identified during the on-site visit as necessary for the person's health, safety, or welfare will be addressed prior to the transition.
12. After transitions have occurred, DAAS will ensure that the nurse's first three (3) monthly contacts will occur face-to-face.

DDS Operational Transition Process:

3. At least a 90 day advance notice will be the minimum.
4. Upon determining the need to transition a person, the DDS Specialist will make a face-to-face visit to the person to discuss the specific reason(s) for the need to transition the person and to officially begin the notification of transition process. This meeting may also include the case management entity, and caregiver/guardian/conservator if applicable.
5. A formal notification letter that outlines the specific reason for the transition and the due process procedure and timeline available to the person and if applicable his/her caregiver/guardian/conservator will be sent no less than 90 days prior to transition. The general language will be provided by DDS. Notice of appeal will be included as part of this notification process.

- a. The DDS Specialist will be instructed to invite caregivers, family members, friends, case management entity, and anyone else that is important to this person. This face-to-face meeting should reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.
6. The DDS Licensure and Certification Unit will send the current provider of service a formal notification letter indicating the intent to transition the person supported.
 - a. This notification should occur no less than 90 days prior to transition.
 - b. The current provider should be directed to participate with DHS, advocates or ombudsman, and other agencies, as applicable, in activities related to the transition of the person.
 - i. These activities may include, but are not limited to, participation in meetings, ongoing provision of information, and other activities as directed.
 - ii. The general language of this notification will be provided by DDS.
7. The two notifications sent to the person supported and the provider should be sent simultaneously to ensure both parties are aware of the need to transition at the same time.
8. The DDS Specialist will ensure that the person is given ample opportunity to learn about the variety of settings, including non-disability specific settings that are available and are compliant with the HCBS Settings Rule.
 - a. The person should be afforded the opportunity to select from non-disability specific settings and select their roommate option if applicable.
 - b. Supports will be provided to the person to assist in transition choice and the caregiver's schedule will be accommodated to support the person in making an informed decision about an alternate setting.
 - c. Once a new provider/setting has been selected, a person centered planning meeting will take place to define the timelines for transition, as well as identify specific supports and services needed in order to make a safe transition. The DDS Specialist will be instructed to invite caregivers, family members, friends, case management entity, and anyone else that is important to this person. This face-to-face meeting should reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.
9. The new service provider will notify the DDS Specialist, in writing that the transition meeting has taken place. The written notification is to include:
 - a. The date the transition meeting occurred.
 - b. The anticipated date of transition to the new service provider.
 - c. Names of individuals that participated in the meeting.
 - d. Advise if the current plan of care will remain the same. If the plan of care is being revised, a revision packet will need to be submitted with the written notification of transition.
10. The current service provider remains responsible for service delivery during the transition period and shall cooperate in maintaining continuity of services until the transfer is made. The new service provider will become responsible for approved waiver services under the continued or revised plan of care.
 - a. Additional time should be built into the transition plan to ensure safety, and continuity of services, for development of and modifications to existing settings, and to assure that all supports and services will be in place prior to the person's transition to the new provider.
11. The DDS Specialist will ensure that all supports and services are in place prior to the person's transition to the new provider/setting.
 - a. This should be done through an on-site visit 7-10 days prior to the person transitioning and should include at a minimum the person, caregiver/guardian/conservator (if applicable), and the new provider. Other individuals may be invited at the request of the beneficiary.

- b. Any modifications or changes identified during the on-site visit as necessary for the person's health, safety, or welfare will be addressed prior to the transition.
12. After transitions have occurred, the DDS Specialist will ensure that the case management entity's first three (3) monthly contacts will occur face-to-face.

PARTNERS FOR INCLUSIVE COMMUNITIES - AR.0936 AUTISM WAIVER

Due to the nature of the Autism Waiver, it has been determined that the Autism Waiver complies with HCBS requirements. The Autism Waiver provides one-on-one, intensive early intervention treatment including individual assessment, treatment development, therapeutic aides, behavioral reinforcement, plan implementation, monitoring of intervention effectiveness, lead therapy, line therapy, and consultative clinical and therapeutic services for beneficiaries 18 months through 7 years of age who have been diagnosed with autism and meet ICF/IID level of care. All of the waiver services provide a team approach to intervention for children with Autism Spectrum Disorders (ASD). The intervention team includes the parents/guardians as active interventionists for their child, with requirements for them to be present and implement the intervention strategies for a minimum of 14 hours per week.

All of the settings for this waiver comply with HCBS requirements because they are all natural community settings that provide inclusive opportunities for the children with autism served by the waiver. These settings include locations such as the child's home, church, places where the family shops, restaurants, ball parks, etc. There are no segregated settings utilized in this program. This waiver does not offer services for children in residences other than their natural home with their parent/guardian. The homes, where the majority of services occur, are where the children live with their families. This waiver utilizes no residential settings operated by the State or private providers that are offered as out-of-home alternatives for living situations. The other natural community settings where services occur are not specialized or segregated settings but rather places where the family frequents and where the child with ASD has difficulty functioning. The community settings are tied to specific treatment goals where children need to learn functional skills or replacement behaviors to be able to be included in natural community locations.

TRANSITION PLAN CHART

The State is proposing to achieve and maintain full compliance with HCBS Settings requirements, as indicated by this statewide transition plan. The attached transition plan chart outlines the processes, initiation and completion dates, which DAAS, DDS and stakeholders will follow to identify and assess providers, remediate any areas of non-compliance, and conduct outreach to engage providers and other stakeholders. Items which pertain to DAAS are indicated by the use of the acronym for the Division name, DAAS, as well as by the use of the letter "A" followed by a number (e.g. A-1). Items which pertain to DDS are indicated by the use of the acronym for the Division name, DDS, as well as by the use of the letter "D" followed by a number (e.g. D-1). The chart is divided into four sections: Identification, Assessment, Remediation, and Outreach and Engagement. Components include: Action Numbers, Division, Action Items, Proposed Start Dates, Proposed End Dates, Completed (indication), Sources, Key Stakeholders, and Interventions/Outcomes (see Appendix A).

Appendix A

Table 1. Arkansas HCBS Statewide Transition Plan Timeline

Arkansas Home and Community-Based Services – Settings Transition Plan Elderly, Physical and Developmental Disability Waivers

Section 1 Identification									
Action Number	Division	Action Item	Description	Proposed Start Date	Proposed End Date	Completed	Sources	Key Stakeholders	Intervention/ Outcome
A-1	DAAS	Obtain active provider breakdown by site	State identifies HCBS service provider listings by site to include contact information and service by site using category of service	05/01/14	05/30/14	<input checked="" type="checkbox"/>	Division of Aging and Adult Services (DAAS) database	DAAS	Consolidated verified HCBS provider list
A-2	DAAS	Development of provider assessment tools (Assisted Living, Adult Day and Other Settings)	State develops/selects self-assessment tool	06/01/14	06/15/14	<input checked="" type="checkbox"/>	CMS guidance, other state developed assessment tools	DAAS, DMS	Assessment tool ready for submission to HCBS providers.
A-3	DAAS	Other standards identification (for services in the residential setting – excludes Assisted Living)	Identify and assemble with stakeholder input a comprehensive set of provider standards (licensing, policies, etc.) to be reviewed and validated to conform to HCBS rules.	01/01/15	01/01/16	<input checked="" type="checkbox"/>	Key stakeholder input, existing provider standards in policies and regulations	DAAS PPD, DAAS Provider Enrollment, DMS PPD, Adult Day Care Providers, HCBS Stakeholders (Health Care Payment Improvement Initiative)	Provider standards for enrollment and continued participation
A-4	DAAS	Other standards identification of Assisted Living	Identify a comprehensive set of provider standards (licensing, policies, etc.) to be reviewed and validated to conform to HCBS rules.	05/01/15	12/29/15	<input checked="" type="checkbox"/>	Key stakeholder input, existing provider standards in policies and regulations	DAAS PPD, DAAS Provider Enrollment, DMS PPD, AHCA, Arkansas Residential	Provider standards for enrollment and continued participation

Arkansas Home and Community-Based Services – Settings Transition Plan Elderly, Physical and Developmental Disability Waivers

								Assisted Living Association (ARALA)	
A-5	DAAS	Other standards identification of Assisted Living	Assemble with stakeholder input a comprehensive set of provider standards (licensing, policies, etc.) to be reviewed and validated to conform to HCBS rules.	05/01/15	04/01/16	<input checked="" type="checkbox"/>	Key stakeholder input, existing provider standards in policies and regulations	DAAS PPD, DAAS Provider Enrollment, DMS PPD, AHCA, Arkansas Residential Assisted Living Association (ARALA)	Provider standards for enrollment and continued participation
A-6	DAAS	Draft policy to Incorporate Assessment tool into Provider enrollment policy and application	State incorporates self-assessment requirement into provider enrollment materials and policy for ARChoices providers	02/01/15	12/31/16	<input type="checkbox"/>	HCBS Guidance, Facility regulations, provider manuals	DAAS PPD, DAAS Provider Enrollment, DMS PPD	Compliance expectations clearly outlined in provider manual
A-7	DAAS	Draft policy to Incorporate Assessment tool into Assisted Living Provider enrollment policy and application	State incorporates self-assessment requirement into provider enrollment materials and policy for Living Choices providers	07/01/15	12/31/16	<input type="checkbox"/>	HCBS Guidance, Facility regulations, provider manuals	DAAS PPD, DAAS Provider Enrollment, DMS PPD	Compliance expectations clearly outlined in provider manual
A-8	DAAS	Promulgate amended provider manual (ARChoices)	Publish changes for public comment, incorporate comments, receive approval through legislative review,	08/01/15	01/01/16	<input checked="" type="checkbox"/>	Provider manuals	DAAS PPD, DAAS Provider Enrollment, DMS PPD	Criteria implemented

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			implement change for ARChoices provider manual						
A-9	DMS	Promulgation of amended provider manual (Assisted Living)	Publish changes for public comment, incorporate comments, receive approval through legislative review, implement change for Living Choices provider manual	09/01/15	10/01/16	<input checked="" type="checkbox"/>	Provider manuals	DAAS PPD, DAAS Provider Enrollment, DMS PPD	Criteria implemented
D-1	DDS	Other standards identification (for services in the residential setting)	Identify and assemble with stakeholder input a comprehensive set of provider standards (licensing, policies, etc.) to be reviewed and validated to conform to HCBS rules.	09/01/14	07/01/15	<input checked="" type="checkbox"/>	2007 DDS Certification Standards, CMS Final Rule, DDS staff, Providers, Key Stakeholders and Provider Organizations	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Provider standards for enrollment and continued participation
D-2	DDS	Revise DDS Certification Standards and	Standards and Policies are revised to incorporate specific federal HCBS requirements	8/01/16	12/31/17	<input type="checkbox"/>	DDS Certification Standards	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Revised Standards to comport with federal regulation
D-3	DDS	Promulgation of revised DDS Certification Standards	Submit and receive Executive branch approval.	12/01/16	2/01/17	<input type="checkbox"/>	DDS Certification Standards	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Certification Standards

Arkansas Home and Community-Based Services – Settings Transition Plan Elderly, Physical and Developmental Disability Waivers

D-4	DDS	Promulgation of revised Certification Standards	Publish document for informal public comment, incorporate comments	02/01/17	03/01/17	<input type="checkbox"/>	DDS Certification Standards	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Certification Standards
D-5	DDS	Promulgation of revised Certification Standards	Publish document for formal public comment (reinitiated), incorporate comments	03/30/17	04/30/17	<input type="checkbox"/>	DDS Certification Standards	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Certification Standards
D-6	DDS	Promulgation of revised Certification Standards	Receive approval through legislative review; Final approval	05/01/17	06/01/17	<input type="checkbox"/>	DDS Certification Standards	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Certification Standards
D-7	DDS	Review and revise HCBS Medicaid Manual	Review and revise Medicaid Manual to align with DDS HCBS Waiver Document	09/01/14	07/01/16	<input checked="" type="checkbox"/>	CMS Final Rule, DDS staff, Providers, Key Stakeholders and Provider Organizations	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Revised HCBS Medicaid Manual
D-8	DMS	Promulgate amended Medicaid Manual	Submit and receive Executive branch approval.	12/01/16	1/15/17	<input type="checkbox"/>	HCBS Medicaid Manual	DDS staff, Providers, Provider Organizations	Promulgated Manual

Arkansas Home and Community-Based Services – Settings Transition Plan Elderly, Physical and Developmental Disability Waivers

								and DDS Quality Assurance Committee	
D-9	DMS	Promulgation of amended Medicaid Manual	Publish document for informal public comment (reinitiated), incorporate comments	02/01/17	03/01/17	<input type="checkbox"/>	HCBS Medicaid Manual	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Manual
D-10	DMS	Promulgation of amended Medicaid Manual	Publish document for formal public comment (reinitiated), incorporate comments	03/30/17	4/30/17	<input type="checkbox"/>	HCBS Medicaid Manual	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Manual
D-11	DMS	Promulgation of amended Medicaid Manual	Receive approval through legislative review and Final approval	05/01/17	06/01/17	<input type="checkbox"/>	HCBS Medicaid Manual	DDS staff, Providers, Provider Organizations and DDS Quality Assurance Committee	Promulgated Manual
D-12	DDS	Identify Provider owned, operated or controlled apartments, homes and group homes	State identifies HCBS provider owned, operated or controlled apartments, homes and group home services sites	04/01/14	05/14/14	<input checked="" type="checkbox"/>	DDS database and provider queries	DDS Providers	Verified list of sites

Arkansas Home and Community-Based Services – Settings Transition Plan Elderly, Physical and Developmental Disability Waivers

D-13	DDS	Develop self-study for provider owned or controlled apartments, homes, and group homes	State develops self-study	04/01/14	05/01/14	<input checked="" type="checkbox"/>	CMS Tool kit and DDS Staff	DDS staff and DDS providers	Self-study
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Section 2 Assessment									
Action Number	Division	Action Item	Description	Proposed Start Date	Proposed End Date	Completed	Sources	Key Stakeholders	Intervention/ Outcome
A-10	DAAS	Identified HCBS providers complete self-assessment	Enrolled and active Residential Assisted Living providers complete self-assessment	07/11/14	02/28/15	<input checked="" type="checkbox"/>	Assessment Tool, HCBS provider staff	DAAS Provider Enrollment, AHCA, HCBS providers	100% of HCBS Residential Assisted Living providers complete assessment tool
A-11	DAAS	Identified HCBS providers complete self-assessment	Enrolled and active Day Service Center providers complete self-assessment	03/01/15	05/31/15	<input checked="" type="checkbox"/>	Assessment Tool, HCBS provider staff	DAAS Provider Enrollment, AHCA, HCBS providers	100% of HCBS Day Service providers complete assessment tool
A-12	DAAS	Identified HCBS providers complete self-assessment	Enrolled and active residential Adult Family Home providers complete self-assessment	01/01/17	03/01/17	<input type="checkbox"/>	Assessment Tool, HCBS provider staff	DAAS Provider Enrollment, HCBS providers	100% of residential Adult Family Home providers complete assessment tool
A-13	DAAS	Other standards Assessment	Assess what changes are required to update provider qualification standards,	10/01/15	06/30/16	<input checked="" type="checkbox"/>	Key stakeholder input, provider standards	DAAS PPD, DAAS Provider Enrollment,	Updated provider standards for

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Section 2 Assessment									
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			licensure regulations, enrollment education and provider training, and other related policies, etc. to conform to HCBS rules					AHCA, Arkansas Residential Assisted Living Association (ARALA), Adult Day Care Providers, Long Term Care Advisory Group, HCBS Stakeholders (Health Care Payment Improvement Initiative)	enrollment and continued participation
A-14	DAAS	Complete follow-up assessment by telephone	Follow-up assessment by telephone and in writing with Residential Assisted Living administrators to clarify responses on provider self-assessment survey	02/01/15	03/15/15	<input checked="" type="checkbox"/>	Self-assessment responses	DAAS, AHCA, Facility Administrators	Identify responses that were questionable from the self-assessment
A-15	DAAS	Complete follow-up assessment by telephone	Follow-up assessment by telephone with Day Program administrators to clarify responses on provider self-assessment survey	01/01/16	02/29/16	<input checked="" type="checkbox"/>	Self-assessment responses	DAAS, AHCA, Facility Administrators	Identify responses that were questionable from the self-assessment

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Section 2 Assessment									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
A-16	DAAS	Complete follow-up assessment by phone	Follow-up assessment by telephone with residential Adult Family Home providers to clarify responses on provider self-assessment survey	01/01/17	03/01/17	<input type="checkbox"/>	Self-assessment responses	DAAS, Facility administrators	Identify responses that were questionable from the self-assessment
A-17	DAAS	Self-assessment data are compiled and analyzed	Self-assessment responses for Residential Assisted Living settings are analyzed to identify facilities that meet the requirement, those with issues that need further investigation and those that are questionable.	10/01/15	11/30/15	<input checked="" type="checkbox"/>	Self-assessment responses	DAAS, AHCA, Arkansas Residential Assisted Living Association (ARALA), Adult Day Care Providers, Long Term Care Advisory Group, HCBS Stakeholders (Health Care Payment Improvement Initiative)	Identify those in compliance and those needing follow-up
A-18	DAAS	Self-assessment data are compiled and analyzed	Self-assessment responses for Day Service Center settings are analyzed to identify facilities that meet the requirement, those with issues that need further	03/01/16	04/30/16	<input checked="" type="checkbox"/>	Self-assessment responses	DAAS, AHCA, Arkansas Residential Assisted Living Association (ARALA), Adult Day Care	Identify those in compliance and those needing follow-up

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			investigation and those that are questionable.					Providers, Long Term Care Advisory Group, HCBS Stakeholders (Health Care Payment Improvement Initiative)	
A-19	DAAS	Self-assessment data are compiled and analyzed	Self-assessment responses for residential Adult Family Home settings are analyzed to identify facilities that meet the requirement, those with issues that need further investigation and those that are questionable.	03/01/17	03/31/17	<input type="checkbox"/>	Self-assessment responses	DAAS, Adult Family Home providers, HCBS stakeholders	Identify those in compliance and those needing follow-up
A-20	DAAS	Self-assessment Results and Report Presentation	State will produce a report of Residential Assisted Living settings and present findings and post on relevant websites	11/01/15	12/31/15	<input checked="" type="checkbox"/>	Self-assessment and follow-up assessment tools, analysis of data	DAAS, DMS, AHCA, Arkansas Residential Assisted Living Association (ARALA), Adult Day Care Providers, Long Term Care Advisory Group, HCBS	Public distribution and awareness of HCBS setting compliance to include transparent compliance status of providers

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								Stakeholders (Health Care Payment)	
A-21	DAAS	Self-assessment Results and Report Presentation	State will produce a report for Day Service Center settings and present findings and post on relevant websites	04/01/16	04/30/16	<input checked="" type="checkbox"/>	Self-assessment and follow-up assessment tools, analysis of data	DAAS, DMS, AHCA, Arkansas Residential Assisted Living Association (ARALA), Adult Day Care Providers, Long Term Care Advisory Group, HCBS Stakeholders (Health Care Payment)	Public distribution and awareness of HCBS setting compliance to include transparent compliance status of providers
A-22	DAAS	Conduct On-site visits to DAAS affected providers	On-site observations and interviews with persons who reside in or receive care from Residential Assisted Living settings providers	01/01/16	06/30/16	<input checked="" type="checkbox"/>	DAAS providers and waiver beneficiaries	DAAS providers, waiver beneficiaries, DAAS staff	Compliance report
A-23	DAAS	Conduct On-site visits to DAAS affected providers	On-site observations and interviews with persons who receive care from Day Service Center settings providers	05/01/16	07/15/16	<input checked="" type="checkbox"/>	DAAS providers and waiver beneficiaries	DAAS Providers, waiver beneficiaries DAAS staff	Compliance report

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A-24	DAAS	Conduct On-site visits to DAAS affected providers	On-site observations and interviews with persons who receive care from residential Adult Family Home providers	04/01/17	04/30/17	<input type="checkbox"/>	DAAS providers and waiver beneficiaries	DAAS providers, waiver beneficiaries, DAAS staff	Compliance report
A-25	DAAS	Issue Compliance Report	Report to each Organization that owns, operates or controls a Residential Assisted Living setting facility of characteristics regarding compliance with Final Rule	07/01/16	08/31/16	<input checked="" type="checkbox"/>	Affected DAAS providers	DAAS Providers, DAAS staff	Provider response to report
A-26	DAAS	Issue Compliance Report	Report to each Organization that owns, operates or controls a Day Service Center setting facility of characteristics regarding compliance with Final Rule	07/15/16	10/30/16	<input checked="" type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Provider response to report
A-27	DAAS	Issue Compliance Report	Report to each provider of an Adult Family Home setting of characteristics regarding compliance with Final Rule	04/01/17	04/30/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Provider response to report
A-28	DAAS	Report Response	Residential Assisted Living setting organizations submits a plan of correction and policies	06/01/16	12/31/16	<input type="checkbox"/>	Affected DAAS providers	DAAS Providers, DAAS staff	Approval letters
A-29	DAAS	Report Response	Day Service Center setting organizations submits a plan of correction and policies	10/01/16	12/31/16	<input type="checkbox"/>	Affected DAAS providers	DAAS Providers, DAAS staff	Approval letters

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A-30	DAAS	Report Response	Residential Adult Family Home providers submits a plan of correction and policies	06/01/17	05/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Approval letters
A-31	DAAS	Issuance of Approval	Letter of approval for each Residential Assisted Living settings provider in compliance with Final Rule	01/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS Providers, DAAS staff	Continued HCBS funding
A-32	DAAS	Issuance of Non-Approval	Letter of non-approval for each Residential Assisted Living settings provider not in compliance with Final Rule	01/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Continued HCBS funding
A-33	DAAS	Issuance of Approval	Letter of approval for each Day Service Center settings provider in compliance with Final Rule	01/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Continued HCBS funding
A-34	DAAS	Issuance of Non-Approval	Letter of non-approval for each Day Service Center settings provider not in compliance with Final Rule	01/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Continued HCBS funding
A-35	DAAS	Issuance of Approval	Letter of approval for each residential Adult Family Home provider in compliance with Final Rule	08/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Continued HCBS funding
A-36	DAAS	Issuance of Non-Approval	Letter of non-approval for each residential Adult Family Homes provider not in compliance with Final rule	08/01/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS providers, DAAS staff	Continued HCBS funding

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A-37	DAAS	Heightened Scrutiny (Assisted Living, Adult Day, Adult Family Home)	In collaboration with affected providers, submit evidentiary packets to CMS for heightened scrutiny	7/31/17	12/31/17	<input type="checkbox"/>	Affected DAAS providers	DAAS Providers and DAAS Staff	Continued HCBS funding
A-38	DAAS	Heightened Scrutiny (Assisted Living, Adult Day and other Settings)	Publish list of Providers under heightened scrutiny	06/15/17	06/15/17	<input type="checkbox"/>	Affected DAAS providers	DAAS Providers and DAAS Staff	Continued HCBS funding
D-14	DDS	A,H&GH: Distributed Self-Study	Self-study tool based on “Exploratory Questions...” document included in CMS toolkit	04/08/14	04/13/14	<input checked="" type="checkbox"/>	DDS Database	DDS Providers who completed the study	Provider Awareness of how their practice aligns with Final Rule
D-15	DDS	A,H&GH: Ensure 100% return	Follow-up with Providers to ensure 100% submission of Self-study	04/08/14	05/28/14	<input checked="" type="checkbox"/>	DDS Database	DDS Providers who complete the study	Provider Awareness of how their practice aligns with Final Rule
D-16	DDS	A,H&GH: Conduct On-site visits	On-site observations & interviews with persons who reside in apartments, homes & Group Homes owned, operated or controlled by Provider	07/08/14	07/15/16	<input checked="" type="checkbox"/>	DDS Providers	DDS Providers DDS Staff	Compliance Report

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<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
D-17	DDS	DDS Staff Homes	On-site observations & interviews with persons who reside in private homes of paid staff.	2/01/17	4/30/17	<input type="checkbox"/>	DDS Providers	DDS Providers DDS Staff	Compliance Report
D-18	DDS	A,H&GH, Staff Homes: Issue Compliance Report and Request Policies	DDS issued initial feedback regarding compliance with Final Rule to each Provider; DDS requested policy regarding compliance with Final Rule	04/28/16	05/31/17	<input type="checkbox"/>	DDS Providers	DDS Providers who own, operate or control apartments, homes, Group Homes, Staff Homes & DDS Staff	Provider response to Report and Plan of Correction if Applicable
D-19	DDS	A,H&GH, Staff Homes: Report Response and Policies	Providers submits a plan of correction and policies	05/1/16	05/31/17	<input type="checkbox"/>	DDS Providers	DDS Providers who own, operate or control apartments, homes or Group Homes, Staff Homes and DDS Staff	Provider feedback regarding policies
D-20	DDS	A,H&GH, Staff Homes: Issuance of letter of standing	DDS response letter of standing related to the Final Rule. Based upon submission of documentation and observation	01/01/17	5/31/17	<input type="checkbox"/>	DDS Providers	DDS Providers who own, operate or control apartments, homes, Group Homes, Staff	Continued HCBS funding

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Section 2 Assessment									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
								Homes and DDS Staff	
D-21	DDS	A,H&GH, Staff Homes: Heightened Scrutiny	In collaboration with identified Providers, submit evidentiary packets to CMS for heightened scrutiny of settings	07/31/17	12/31/17	<input type="checkbox"/>	DDS Providers	DDS Providers and DDS Staff	Continued HCBS funding
D-22	DDS	A,H&GH, Staff Homes: Heightened Scrutiny	Publish list of Providers under Heightened Scrutiny	06/15/17	06/15/17	<input type="checkbox"/>	DDS Providers	DDS Providers and DDS Staff	Continued HCBS funding
D-23	DDS	Transition Results and Report Presentation	DDS produces report by provider type and posts on relevant websites	09/01/18	12/30/18	<input type="checkbox"/>	On-site visits, Compliance Reports, Provider Response and Policies	DDS staff, Providers, Provider Organizations, Advocacy Groups and DDS Quality Assurance Committee	Public awareness of HCBS setting compliance
Section 3 Remediation									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
A-39	DAAS	Comprehensive Transition Plan	Develop a Transition Plan package that summarizes the state of the state at the end of the initial assessment period and establishes a plan for comprehensively	12/31/16	05/31/17	<input type="checkbox"/>	Assessment results, key stakeholder input	DAAS, DMS, Advocacy groups	Fully developed transition plan

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Section 3 Remediation									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
			addressing all components of compliance with HCBS rules						
A-40	DAAS	Policy Development	Develop revised policies and procedures for provider manuals to address ongoing monitoring and compliance	09/30/16	12/31/16	<input type="checkbox"/>	DAAS, DMS, Office of Policy and Legal Services	Medicaid recipients, provider network, advocacy groups	Establish adverse action and appeals processes applicable to providers who fail to comply with HCBS rules
A-41	DAAS	Provider Training and Education	Disseminate Provider Information Memo to residential and non-residential providers	11/15/16	12/31/16	<input type="checkbox"/>	DAAS staff	DAAS providers, DAAS staff	Educate providers on Final Rule
A-42	DAAS	Provider Training and Education	Design and implement plan for incorporating necessary training and education into provider enrollment orientation and provider employee training	01/01/16	06/30/17	<input type="checkbox"/>	Key stakeholder input, provider standards	DAAS, DMS, Provider enrollment, HCBS staff, provider network, advocates	Educate providers on new rules
A-43	DAAS	Provider Training and Education (Assisted Living)	Design and implement plan for incorporating necessary training and education into provider enrollment orientation and provider employee training	02/01/16	07/31/17	<input type="checkbox"/>	Key stakeholder input, provider standards	DAAS, DMS, Provider enrollment, HCBS staff, provider network, advocates	Educate providers on new rules

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Section 3 Remediation									
Action Number	Division	Action Item	Description	Proposed Start Date	Proposed End Date	Completed	Sources	Key Stakeholders	Intervention/ Outcome
A-44	DAAS	Ongoing Monitoring of compliance	State will incorporate HCBS requirements into policy for ongoing monitoring, training required for auditors and monitors, training process for handling concerns and other issues of noncompliance	10/01/15	Ongoing	<input type="checkbox"/>	Provider Manuals	Medicaid members, advocates, providers, DAAS Quality Assurance, DAAS	Ongoing provider compliance audits in compliance with new HCBS rules
D-24	DDS	Wavier Alert	DDS will issue a Waiver Alert to providers regarding changes to Respite Services	12/01/16	3/31/17	<input type="checkbox"/>	Provider Standards	DDS Staff, Providers	Educate providers on new rules
D-25	DDS	Provider Training and Education	Design and implement plan for incorporating necessary training and education into provider enrollment orientation and provider employee training	01/01/16	6/30/17	<input type="checkbox"/>	Key stakeholder input, provider standards	DDS, DAAS, DMS, Provider enrollment, HCBS staff, provider network, advocates	Educate providers on new rules
D- 26	DDS	Ongoing Monitoring of compliance	State will incorporate HCBS requirements into policy for ongoing monitoring, training required for auditors and monitors, training process for handling concerns and other issues of noncompliance	11/30/16	Ongoing	<input type="checkbox"/>	Standards and Policy 1091	DDS & Providers	Continued HCBS funding for compliant Providers
AD-1	DDS DAAS	Transitioning Beneficiaries	State will transition clients from non-compliant providers to compliant providers	03/01/18	12/31/18	<input type="checkbox"/>	CMS HCBS Guidance, Key stakeholder input, HCBS transition plan	DAAS & DDS Providers, DAAS & DDS staff, waiver beneficiaries	Members reside in compliant HCBS Setting

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Section 4 Outreach & Engagement									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
AD-2	DMS	Public Notice – Draft Transition Plan	DMS makes public notice through multiple venues to share updated transition plan, including processes and outcomes of systemic and site specific assessments	08/17/16	09/19/16	<input checked="" type="checkbox"/>	CMS HCBS Guidance, Key stakeholder input, existing provider standards in policies and regulations	DAAS, DDS, DMS, Provider enrollment, provider network, advocates	Public notice with transition plan
AD-3	DMS	Public Comment – Initial Transition Plan	DMS/DAAS/DDS commence collection of public comment through multiple methods	08/17/16	09/19/16	<input checked="" type="checkbox"/>	Comments from the public	DAAS, DDS, DMS, Provider enrollment, provider network, advocates	Public Notice posted with transition plan
AD-4	DAAS DDS DMS	Public Comment – Collection and Plan revisions	DMS/DAAS/DDS incorporates appropriate changes to the initial transition plan based on public comments	09/19/16	9/30/16	<input checked="" type="checkbox"/>	Comments from the public	DAAS, DDS, DMS, Provider enrollment, provider network, advocates	Completed transition plan
AD-5	DMS	Public Comment – Retention	DMS will store public comments and state responses for CMS and the general public	08/17/16	9/30/16	<input checked="" type="checkbox"/>	Comments from the public	DAAS, DDS, DMS, Provider enrollment, provider network, advocates	Public comments stored

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Section 4 Outreach & Engagement									
<i>Action Number</i>	<i>Division</i>	<i>Action Item</i>	<i>Description</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Completed</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
AD-6	DAAS DDS DMS	Posting of revisions to initial document	DMS will post the rationale behind any substantive change to the transition plan	09/30/16	12/31/16	<input checked="" type="checkbox"/>	Comments from the public, DAAS, DMS, DDS, CMS HCBS regulations	DAAS, DDS, DMS, Provider enrollment, provider network, advocates	Posted Rationale
AD-7	DAAS DDS DMS	Public Awareness Campaign	DHS designs and implements public awareness campaign to educate consumers and family members of their rights under the settings regulations.	07/01/15	Ongoing	<input type="checkbox"/>	DMS, DAAS and DDS	DAAS, DDS, DMS, Provider enrollment, provider network, advocates, clients, public	Member and other interested parties have an understanding of changes and impacts
A-45	DAAS	Provider training and education	Design, schedule, and conduct training for providers on waiver compliance, changes they can expect to see in which they will be required to comply	07/01/15	Ongoing	<input type="checkbox"/>	DMS, DAAS	HCBS Providers, DAAS, DMS	Providers have an understanding of changes and impacts
D-27	DDS	Provider training and education	Present changes to or new information regarding HCBS at Provider Conferences	09/01/15	Ongoing	<input type="checkbox"/>	DDS and DMS	HCBS Providers, DDS, DMS	Providers understand changes and impacts
AD-8	DAAS DDS DMS	Public Comment – Ongoing input	DHS will leverage various stakeholder groups to periodically present and seek feedback to comprehensive transition plan development	07/01/15	Ongoing	<input type="checkbox"/>	DMS, DAAS and DDS	HCBS Providers, DAAS, DMS	Public comments for incorporation into policy and regulations

Appendix B

Table 2. Arkansas HCBS Statewide Transition Plan Summary of Public Comments and State's Response

Table 2. Arkansas Statewide Transition Plan Public Comments & State’s Response

Comments	Responses
<p>This question may not have anything to do with the meeting today but I feel it needs some thought. Our residents utilize the Medicaid transportation on a daily basis in our facility. This is to transport them to medical appointments. These companies that provide this service also transport many kids. We are not able to schedule a morning appointment unless we agree for the resident to be picked up 2-3 hours before the appointment because of transporting these kids. Often times these residents are missed and their appointment times are missed because of this. A 2 hour appointment ends of being a 5-6 hour appointment. My point is why can’t the facility bill Medicaid for these transportation services? Most facilities already have a van or bus. In addition to making sure our residents are taken care of; they are returned to the facility in a timely manner. Medicaid is already paying the transport companies. It would be of great benefit to the elderly of Arkansas.</p>	<p>The State appreciates these comments; however, they pertain to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>One commenter stated that they oppose any attempt by the state to allow settings that are located on the grounds of, or immediately adjacent to, a public institution, or those settings that have the effect of isolating individuals from the broader community to receive HCBS funding. The state has indicated in the plan, that some settings meeting this characteristic may be submitted to CMS for heightened scrutiny review.</p>	<p>The State appreciates this comment. Settings located on the grounds of, or immediately adjacent to, a public institution or those settings that have the effect of isolating individuals from the broader community are presumed institutional according to the HCBS Settings final rule. However, these settings may, in fact, exhibit all of the qualities of an HCBS Settings as outlined in the HCBS Settings final rule. Therefore, the state will be gathering evidence for these settings that may overcome this presumption to submit to CMS for heightened scrutiny review. The purpose of the evidentiary packet is to provide evidence that highlights how the setting overcomes the institutional presumption and exhibits all the qualities of an HCBS Setting as outlined in the HCBS Settings final rule. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.</p>
<p>Within the latest application for the §1915(c) Home and Community-Based Services Waiver to CMS, the state discourages supported employment for consumers who cannot work more than 15 hours a week. While the state allows for exceptions with proper justification, this arbitrary regulation creates a disincentive to</p>	<p>The State appreciates these comments related to supported employment and will consider these comments during the rule making and policy revision process. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>

<p>providers within the system to provide employment supports to consumers. Therefore, ICM opposes this requirement and recommends the removal of any time restrictions hindering consumers from pursuing competitive and integrated employment.</p>	
<p>Within the latest application for the §1915(c) Home and Community-Based Services Waiver to CMS, the state encourages the use of shared staffing arrangements where possible. We believe the encouragement of shared staffing can unintentionally isolate individuals from the broader community. Shared staffing arrangements carry the potential of hindering individualized choice highlighted within the final rule for home and community-based services and create a congregate arrangement limiting community engagement options for consumers.</p>	<p>The State appreciates these comments related to shared staffing. These comments pertain to the ACS Waiver renewal and are outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>The state currently requires the Division of Developmental Disabilities to conduct a review of the consumer’s plan of care prior to the approval and initiation of services. It has been our experience for reviewers to question the consumer’s plan of care including their goals and daily activities often resulting in an unjustified reduction in services. This arbitrary questioning and reduction in requested services negatively impacts consumer autonomy and well-being; therefore, we oppose this current process.</p>	<p>The State appreciates these comments and they will be considered during the rule making and policy revision process. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>Within the latest application for the §1915(c) Home and Community-Based Services Waiver to CMS, the state allows for restrictive intervention during the course of the delivery of home and community-based services, which is defined as “procedures that restrict or limit an individual’s freedom of movement, restricts access to their property, prevents them from doing something they want to do, or removes something they own or have earned”. Restrictive intervention by a home and community-based provider violates the consumer’s right to freedom and therefore we oppose the inclusion of this rule in the waiver application.</p>	<p>The State appreciates these comments; however, they pertain to the ACS Waiver renewal and are outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>In Arkansas, there is currently a ten year waiting list for individuals with developmental disabilities desiring to receive home and community based services through the §1915(c) Home and Community-Based Services Waiver. This excessive waiting</p>	<p>The State appreciates this comment; however, it pertains to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>

<p>length does not allow for community based supports to be an option for consumers and is contrary to Olmstead v. L.C. and the final rule for home and community-based services. We therefore oppose the wait list.</p>	
<p>The state currently caps the daily rate for supportive living services within the §1915(c) Home and Community-Based Services Waiver at \$391.95. This rate cap is based on the average daily cost to provide care to an individual consumer living within state-operated Intermediate Care Facilities otherwise known as Human Development Centers (HDC). However, the average cost to provide care to consumers living within an HDC has increased substantially from \$391.95 since it was originally calculated. Operating through a cost-based reimbursement methodology, HDCs have realized an increase in reimbursement consistent with the continual increase in operating costs, while community providers have not. We oppose this lack of parity and recommend that the state raise the maximum daily reimbursement rate for community providers to equal the current average daily cost of providing care to an individual residing with an HDC to further support the least restrictive setting intent of Olmstead v. L.C. and the final rule for home and community-based services.</p>	<p>The State appreciates this comment; however, it pertains to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>Providers should receive prompt responses to corrective action plans in order to provide adequate time to address concerns identified by DHS.</p>	<p>The State appreciates this comment. The process for reviewing corrective action plans is on-going and will be completed in a manner that allows for sufficient dialogue between the provider and the State. The State expects this dialogue to continue over the next 12-15 months as providers move into a state of compliance with the HCBS Settings final rule.</p>
<p>An appeal process for determinations of heightened scrutiny or non-compliance should be provided and documented. The process should provide for expedited processes given the relatively short timeline for final decisions on compliance.</p>	<p>The state appreciates this comment and has added language about the appeals process on pg. 19-20 of the Statewide Transition Plan under the section labeled “Remediation”. The appeals process is also described on pg.19 of the Statewide Transition Plan under the section labeled “Ongoing Assessment of Settings”.</p>
<p>The plan does not specify the role of the individual provider in development of the “evidentiary packet” and the decision regarding whether a provider qualifies to be submitted for heightened scrutiny. Public notice and public comment are</p>	<p>The State appreciates these comments and has added language to the Statewide Transition Plan on pg. 21 to specify the role of individual providers in providing documentation for the evidentiary packets. In reference to the public notice and public comment, CMS guidance</p>

<p>generally not the most conducive setting to deal with specific provider issues and to engage in back-and-forth discussions necessary to resolution. We recognize the technical assistance, training, and other feedback will be occurring during the time leading up to these decision points; however, we would encourage DHS to maximize the opportunities for individual provider input. This is likely to result in a better outcome and minimize the need for appeals of DHS decisions.</p>	<p>suggests that these forums be included as part of the heightened scrutiny process and are to be completed prior to the State submitting evidentiary packets to CMS for heightened scrutiny review.</p>
<p>If the evidence used to determine DHS policy compliance with the rule or individual provider settings compliance with the rule applies a standard that is higher than what is currently used, adequate funding levels should be provided in order for providers to meet the standard for compliance. For example, revisions to the definition of supported employment to match the Employment First State Leadership Mentoring Program will result in additional costs to providers. Funding should be increased to match the standards before providers are expected to meet the standards.</p>	<p>The State appreciates these comments related to supported employment and will consider these comments during the rule making and policy revision process. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>Physical location in particular appears to be a significant barrier that several providers will face – either a remote location that makes community integration difficult or the fact that setting is located adjacent to or near another setting of a prohibited type. Many of these settings are, by definition, not portable. In some cases, location is the result of local zoning regulations or prior business and service models that encouraged co-location of services. Overcoming this barrier without physically relocating may impose significant costs, such as transportation, and in some cases relocation may not be possible. Special consideration should be given to providers who are providing high-quality yet scarce settings in these locations in order to avoid losing services that cannot be easily or quickly replaced.</p>	<p>That State appreciates these comments and has added language to the Statewide Transition Plan on pg. 21 to specify the role of individual providers in providing documentation for the evidentiary packets. The State will accept evidence and documentation provided by individual providers with regard to the physical location of the setting and the setting’s relationship with adjacent institutions, limitations of local zoning regulations, etc. This information will be included in the evidentiary packet submitted to CMS for heightened scrutiny review. The purpose of the evidentiary packet is to provide evidence that highlights how the setting overcomes the institutional presumption and exhibits all the qualities of an HCBS Setting as outlined in the HCBS Settings final rule.</p>
<p>Similarly, expectations that beneficiaries will be able to establish their own daily routines may require different reimbursement methodologies to reflect beneficiary choices. Flexible methodologies should be implemented prior* to the required date for compliance with the standards.</p>	<p>The State appreciates this comment; however, it pertains to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.</p>

<p>The timeframe established for completion of the compliance determination process is relatively short and leaves little, if any, room for slippage. Contingency plans should be put in place in the event the circumstances beyond DHS's or providers' control prevent meeting the deadlines in the transition plan.</p>	<p>That State appreciates this comment. The process for determining compliance is on-going and will be completed in a manner that allows for sufficient dialogue between the provider and the State. The State expects this dialogue to continue over the next 12-15 months as providers move into a state of compliance with the HCBS Settings final rule. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>The RN assessment questionnaire is so heavily slanted towards those with dementia, that those with that diagnosis are the only ones to reach tier III and IV in terms of diagnosis. We are admitting them, only to find that they are not really appropriate for our facility...elopement risks, incontinent of B&B, noncompliant with showers, meds, etc. The residents, who have true medical issues and require the most of our attention, are assessed tier I and II. It just doesn't seem that the questionnaire is objective.</p>	<p>The state appreciates these comments; however, they pertain to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>One commenter stated that they need clarification on how long the waiver is effective. If a resident enters in May under the waiver; discharges in August...is that slot held open until the following May (in other words, a full 12 months) or does the slot become open the minute a 702 is received that says they have been discharged from the facility?</p>	<p>The state appreciates this comment; however, it pertains to an issue outside the scope of the Statewide Transition Plan. No changes were necessary and none were made to the Statewide Transition Plan as a result of these comments.</p>
<p>HCBS Rules should be incorporated into monitoring tools or trainings for DDS and DAAS staff.</p>	<p>The state appreciates this comment and has included language in the Statewide Transition Plan on pg. 6-7 that states that DAAS Registered Nurses, Case Managers, and Certification staff as well as DDS ACS Waiver staff and Licensure and Certification staff have been trained on the HCBS Settings rule. The State is also committed to including information on the HCBS Settings rule in annual training opportunities for the aforementioned DAAS and DDS staff.</p>
<p>The presumption that the Adult Family Homes meet the HCBS requirements needs additional examination.</p>	<p>The State appreciates this comment and as we move forward we will ensure that all settings covered under the HCBS Settings rule reflect community characteristics. For any home in which HCBS waiver beneficiaries are living with paid staff, who own the home and are not related to the individual, the state considers these to have elements of provider-owned or controlled settings, and as such will plan to assess, validate, and remediate these as needed to assure full compliance with the HCBS Settings rule.</p>

<p>Regional training opportunities should incorporate a review of the STP to ensure continued participation.</p>	<p>The State appreciates this comment and agrees that a review of the Statewide Transition Plan during regional trainings would be beneficial to all parties. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.</p>
<p>The state must advertise each regional session in a manner that will effectively reach HCBS participants and their families. and</p>	<p>The State appreciates this comment and has added language in the Statewide Transition Plan on pg. 18 in the section labeled “Remediation” to reflect the need to advertise the regional training sessions in a manner to effectively reach all stakeholders including providers, beneficiaries and their families, advocates, etc. The State will utilize the small stakeholder group to help advertise these regional training sessions and will post this information on the Arkansas HCBS website as it becomes available (http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx).</p>
<p>The state should provide some standard language explaining the rules and the coming changes for providers to share with beneficiaries.</p>	<p>The State appreciates this comment and will consider drafting standard language for providers and beneficiaries about the upcoming activities and timeline of those activities. Currently, information is available via the Arkansas HCBS website http://humanservices.arkansas.gov/daas/Pages/HCBS-Settings-Home.aspx. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.</p>
<p>The state should flag for review any setting that requires minor changes to policies and thus only merits a desk review, to occur during the next licensure evaluation.</p>	<p>The State appreciates this comment and will consider the comment during the ongoing assessment process. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.</p>
<p>One commenter requests the state provide a blueprint for how it intends to incorporate reviewing for compliance with HCBS settings rules for its existing regulatory survey protocol.</p>	<p>The State appreciates the comment. The Statewide Transition Plan includes language on pg. 19 in the section labeled “Ongoing Assessment of Settings” that describes the ongoing assessment process for DAAS and DDS.</p>
<p>The state should make use of the small stakeholder group during the heightened scrutiny process and provide full information about the heightened scrutiny settings that meet CMS’ guidance prior to releasing the list for public comment.</p>	<p>The State appreciates the comment and will consider the comment during the heightened scrutiny process. The Statewide Transition Plan includes language on pg. 20-22 in the section labeled “Heightened Scrutiny” to reflect the opportunity for stakeholders to contribute information to assist the state in identifying potential settings that meet the CMS definition for possible heightened scrutiny consideration as well as the opportunity for stakeholders to contribute information to the heightened scrutiny evidentiary packets prior to submission to CMS. No changes were</p>

	necessary and none were made to the Statewide Transition Plan as a result of this comment.
The state should have a provision within the STP for reviewing the current array of settings and identifying additional capacity to be built to ensure compliance.	The State appreciates this comment about building capacity. The State is exploring ways to build greater capacity within our special needs population provider network. The State is also focused on providing technical assistance to our current providers in order to bring them into compliance with the settings rule. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.
The DAAS operational transition period should be at least 60 days, and preferably 90 days, to be consistent with DDS.	The State appreciates this comment; however, the DAAS 30-day transition period is currently used when transitioning a beneficiary from one setting to another as outlined in the ARChoices and Living Choices waivers. The State is willing to take a closer look at our transition timelines to more effectively meet the needs of our special needs populations. No changes were necessary and none were made to the Statewide Transition Plan as a result of this comment.
The state should implement safeguards to minimize incidents of participants relinquishing their waiver services during the transition process. The state should increase the capacity of non-disability specific settings to meet the requirements of the rule.	The State appreciates the comment and will consider formalizing a process to safeguard clients during transitions.

Appendix C

Arkansas HCBS Policy Crosswalks

Table 3. Assisted Living Facility Level II Policy Crosswalk

Table 4. Adult Day Care and Adult Day Health Care Policy Crosswalk

Table 5. DDS Group Homes and Apartments Policy Crosswalk

Assisted Living Facility Level II Policy Crosswalk

The following documents were reviewed: Arkansas Code Ann. § 20-10-1701 through 20-10-1709, Arkansas Code Ann. § 20-10-1005, the Rules and Regulations for Assisted Living Facilities Level II in Arkansas, the Living Choices Assisted Living Provider Manual, the AAS-9503 ARChoices Person-Centered Service Plan, and the RN Handbook (procedure manual). The results shown here indicate whether the language in these three documents supported the federal regulations, conflicted with the federal regulations, or was silent in respect to the federal regulations. A more detailed crosswalk follows this summary.

Ark. Code Ann. § 20-10-1701 through 20-10-1709 <https://www.lexisnexis.com/hottopics/arcodet/>

Ark. Code Ann. § 20-10-1005 <http://www.lexisnexis.com/hottopics/arcodet/Default.asp>

Rules and Regulations for Assisted Living Facilities Level II <http://humanservices.arkansas.gov/dms/olteDocuments/alfii.pdf>

Living Choices Assisted Living Provider Manual <https://www.medicaid.state.ar.us/Provider/docs/lcal.aspx>

AAS-9503 ARChoices Person-Centered Service Plan

RN Handbook (procedure manual)

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>the client’s freedom of choice. The most current provider listing must be used.</p> <p>Assisted Living Reassessment Process</p> <p>7. Show client current provider listing. Read each provider choice to the client and ensure that you protect the client’s freedom of choice. A current provider listing must be used.</p> <p>Freedom of Choice and Provider Listing Internal Process</p> <ul style="list-style-type: none"> At each assessment and reassessment, the DAAS RN must inform the client of his/her legal guardian/family member of all certified providers in the individual's service delivery area. The Living Choices provider list is available on the DHS Share. The DAAS RN must check the provider list on all office days prior to visits to ensure that the most current provider list is used. The most current provider list must be made available to each client and applicant on assessment and reassessment. THE PAID CAREGIVER CANNOT SIGN FOR THE CLIENT ON THE FREEDOM OF CHOICE OR THE PROVIDER LISTING. <p>Freedom of Choice Notice</p> <p>Federal law states that you have the right to choose which agency or agencies you want to provide approved services. Attached is a list of providers available in your area. You do not have to choose the same provider that helped you apply for the Medicaid waiver Program.</p>		
<p>The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>Ark. Code Ann. § 20-10-1702</p> <ul style="list-style-type: none"> Facilities that promote the dignity, individuality, privacy, and decision-making ability of those persons <p>ALF Level II Rules and Regulations 505</p>	<p>Partially Compliant</p> <p>Partially Compliant</p>	<p>The state has reviewed the ALF Level II Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> • Ensure that a minimum of one phone jack is available in each resident’s apartment or unit for the resident to establish private phone service in his or her name. Residents shall be able to make phone calls in private. <p>ALF Level II Rules and Regulations 603.1</p> <ul style="list-style-type: none"> • A resident has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws and regulations of this state and the United States except where lawfully restricted. The resident has the right to be free of interference, coercion, discrimination, or reprisal in exercising these civil rights. • Be treated with respect, kindness, consideration, and recognition of his or her dignity and individuality, without regard to race, religion, national origin, sex, age, disability, marital status, sexual orientation or source of payment. This means that the resident: <ul style="list-style-type: none"> (i.) has the right to make his or her own choices regarding personal affairs, care, benefits, and services, (ii.) has the right to be free from abuse, neglect, and exploitation, and (iii.) if protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of his or her affairs to the extent permitted by law • Be allowed unaccompanied access to a telephone • Have privacy while attending to personal needs, and a private place for receiving visitors or associating with other residents, unless providing privacy would infringe on the rights of other residents. The right applies to medical treatment, written 	<p>Partially Compliant</p>	<p>settings compliance for existing providers and any new providers.</p> <p>The state will issue a PIM to our HCBS residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM bulletin will be distributed to HCBS providers by December 31, 2016.</p> <p>This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p> <p>Section G-2 of the Arkansas Living Choices waiver prohibits all restraints.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	perform, with or without assistance, all the functions necessary for independent living, including sleeping; sitting; dressing; personal hygiene; storing, preparing, serving and eating food; storage of clothing and other personal possessions;		provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.
The setting facilitates individual choice regarding services and supports, and who provides them.	<p>ALF Level II Rules and Regulations 603.1</p> <ul style="list-style-type: none"> • Have the right and be allowed to choose and retain a personal physician or advance practice nurse • Participate in the development of the individual direct care services and health care services plan portions of his or her occupancy admission agreement that describes the resident’s direct care services and how the needs will be met • Be given the opportunity to refuse medical treatment or services after the resident or his or her responsible party: <ul style="list-style-type: none"> (i.) is advised by the person providing services of the possible consequences of refusing treatment or services, and (ii.) acknowledges that he or she understands the consequences of refusing treatment or services • Be allowed to execute an advance directive or designate a guardian in advance of need to make decisions regarding the resident’s health care should the resident become incapacitated. 	Compliant	This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.
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	<p>ALF Level II Rules and Regulations 602</p> <p>Except in cases of provisional placements, in the event of involuntary transfer or discharge of a resident, the assisted living facility shall:</p> <ul style="list-style-type: none"> a. Discuss with the resident the decision to transfer or discharge the resident; 	Compliant	This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to to the Legislative Public

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants under the landlord/tenant law of the State, county, city, or other designated entity. For setting in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<p>b. Inform the resident of the reason for the transfer or discharge;</p> <p>c. Inform the resident of any available alternative to the transfer or discharge;</p> <p>d. Provide a thirty (30) day written notice of transfer or discharge, unless an immediate discharge is required to ensure the welfare of the resident or the welfare of other residents may be immediately affected or the conditions found in Ark. Code Ann. § 20-10-1005(a)(1) exist. The written notice shall contain, at a minimum:</p> <ol style="list-style-type: none"> 1. The reason or reasons for the transfer or discharge; 2. Except for a transfer pursuant to Section 404.9, a statement of the resident's right of appeal; 3. Except for a transfer pursuant to Section 404.9, a statement that an appeal must be made to the Office of Long Term Care; 4. Except for a transfer pursuant to Section 404.9, a statement that the notice of appeal must be made within seven (7) calendar days of the written notice of transfer or discharge to the resident. <p>e. In the event an immediate transfer or discharge is required pursuant to the conditions set forth in Section 602(d), the assisted living facility shall advise the resident or his or her responsible party, and immediate arrangements shall be made based on the written occupancy admission agreement to transfer or discharge such resident to an appropriate facility.</p> <p>f. Where there is no responsible party or the responsible party is unwilling to act, the assisted</p>		<p>Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p> <p>This written agreement is signed by the resident during the admission process and included as part of the Occupancy Admission Agreement. The transfer/discharge process outlined in the ALF Level II Rules and Regulations 602 and Ark. Code Ann. 20-10-1005 provides a more favorable due process for eviction than the current Arkansas landlord tenant law.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>living facility shall notify the Department of Human Services' Adult Protective Services for the county in which the assisted living facility is located and other appropriate agencies when transfer assistance is needed.</p> <p>g. Provide a copy of pertinent information that must include:</p> <ol style="list-style-type: none"> 1. Identifying information including social security number and Medicaid number if there is one, and birth date; 2. Responsible party contact information; 3. Summary of needs/problems including medications, treatments and diagnosis; 4. Social history, if available; <p>h. Refund to the resident or his or her responsible party any security deposit, less appropriate deductions for damage or specific charges made to the assisted living facility by or on behalf of the resident.</p> <p>i. Document in the resident's file the reasons for the transfer or discharge. Prior to making such transfer or discharge, the assisted living facility shall:</p> <ol style="list-style-type: none"> 1. Develop a transfer or discharge plan consistent with the occupancy admission agreement; 2. Document in the resident's file the following: <ol style="list-style-type: none"> A. The reason for the transfer or discharge; B. The strategies used, if any, to prevent involuntary transfer or discharge; C. The fact that the resident or his or her responsible party was informed and the manner in which they were informed; 		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>D. The name, address, and telephone number of the individual or location to which the resident is to be transferred or discharged.</p> <p>j. If it is determined that there is a medical need for a transfer to another health care facility because the assisted living facility cannot meet the resident's needs, such transfers shall be initiated promptly. The registered nurse shall be notified and shall ensure:</p> <ol style="list-style-type: none"> 1. That the resident is receiving appropriate care prior to transfer or discharge; 2. That discharge or transfer occurs in a manner consistent with the medical needs of the resident including arrangements for appropriate transportation. 		
<p>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.</p>	<p>ALF Level II Rules and Regulations 905</p> <ul style="list-style-type: none"> • Each independent apartment or unit shall have an individual lockable entrance and exit. • Each independent apartment or unit shall have at least the following: <ul style="list-style-type: none"> ○ An individual lockable entrance and exit...Keys, code or other opening devise for the door to the independent apartment or unit shall be supplied to residents...All apartments or units shall be accessible by means of a master key or similar system that is available at all times in the facility and for use by designated staff. 	<p>Compliant</p>	<p>This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p>
<p>Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.</p>	<p>ALF Level II Rules and Regulations 505</p> <ul style="list-style-type: none"> • Ensure that there shall be only one resident to an apartment or unit except in situations where residents are husband and wife or are two consenting adults who have voluntarily agreed 	<p>Compliant</p>	<p>This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>in writing to share an apartment or unit that has been executed by the resident or responsible party as appropriate.</p>		<p>settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p>
<p>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.</p>	<p>ALF Level II Rules and Regulations 603.1</p> <ul style="list-style-type: none"> Be allowed to retain and use personal possessions, including, but not limited to, clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other residents 	<p>Compliant</p>	<p>This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>ALF Level II Rules and Regulations 700.3.2</p> <ul style="list-style-type: none"> As part of the basic charge, each assisted living facility must make available food for three (3) balanced meals, as specified in Section 601.3 (a)(6), and make between-meal snacks available. Potable water and other drinking fluids shall be available at all times. Meals shall be served at approximately the same time each day. There shall be no more than five (5) hours between breakfast and lunch and no more than seven (7) hours between lunch and the evening meal. Variations from these stated parameters may be permitted at the written request of the 	<p>Non-Compliant</p>	<p>The state has reviewed the ALF Level II Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.</p> <p>The state will issue a PIM to our HCBS residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>Provider owned or controlled residential settings: Any modifications must be supported by a specified need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: 1) identify a specific and individualized assessed need; 2) document the positive interventions and supports used prior to any modifications to the person-centered service plan; 3) document less intrusive methods of meeting the need that have been tried but did not work; 4) include a clear description of the condition that is directly proportionate to the specific assessed need; 5) include regular collection and review of data to measure the ongoing effectiveness of the modification; 6) include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated; 7) include the</p>		<p>Silent</p>	<p>The state has reviewed the ALF Level II Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.</p> <p>The state will issue a PIM to our HCBS residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM bulletin will be distributed to HCBS providers by December 31, 2016.</p> <p>This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
informed consent of the individual; and 8) include an assurance that interventions and supports will cause no harm to the individual.			

Summary of Assisted Living Facility Level II Policy Crosswalk

Upon review of the Ark. Code Ann. § 20-10-1701 through 20-10-1709, Arkansas Code Ann. § 20-10-1005, Rules and Regulations for Assisted Living Facilities Level II, the Living Choices Assisted Living Provider Manual, the AAS-9503 Living Choices Person-Centered Service Plan, and the RN Handbook (procedure manual), the following federal regulations are supported: setting is integrated in and supports access to the greater community; setting includes opportunities to engage in community life; setting includes opportunities to control personal resources; setting is selected by the individual from among setting options; setting facilitates individual choice regarding services and supports; residency agreement is in place that offers protections from eviction; setting offers privacy in sleeping or living unit; choice of roommate; freedom to furnish and decorate sleeping or living unit; and physically accessible setting.

Upon review of the Ark. Code Ann. § 20-10-1701 through 20-10-1709, Arkansas Code Ann. § 20-10-1005, Rules and Regulations for Assisted Living Facilities Level II, the Living Choices Assisted Living Provider Manual, the AAS-9503 Living Choices Person-Centered Service Plan, and the RN Handbook (procedure manual), the following federal regulations are partially supported: ensures rights to privacy, respect, and freedom from coercion and restraint; setting optimizes individual initiative, autonomy, and independence in making life choices; freedom and support to control own schedules and activities; and access to visitors.

Upon review of the Ark. Code Ann. § 20-10-1701 through 20-10-1709, Arkansas Code Ann. § 20-10-1005, Rules and Regulations for Assisted Living Facilities Level II, the Living Choices Assisted Living Provider Manual, the AAS-9503 Living Choices Person-Centered Service Plan, and the RN Handbook (procedure manual), the following federal regulations are not supported: opportunities to seek employment and work in competitive integrated settings and modifications supported by specific and justified need in person-centered service plan.

Note: This requirement has been added to the Living Choices Assisted Living (LCAL) Provider Manual as a Provider Assurance. The LCAL provider manual was promulgated with an effective date of February 1, 2016. HCBS settings policy has been incorporated into this manual. It went to the Legislative Public Health and Rules and Regulations Committees for review and approval in September 2016. Now that these rules are established in the provider manuals, certification procedures will be adjusted to comply with the new rules by July 1, 2017. The state has reviewed the ALF Level II Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.

Note: The state will issue a Provider Information Memo (PIM) to our HCBS residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM will be distributed to HCBS residential providers by December 31, 2016.

Adult Day Care/Adult Day Health Care Policy Crosswalk

The following documents were reviewed: Rules and Regulations for Adult Day Care Providers in Arkansas, the Rules and Regulations for Adult Day Health Care Providers in Arkansas, and the ARChoices in Homecare Provider Manual, and the AAS-9503 ARChoices Person-Centered Service Plan. The results shown here indicate whether the language in these three documents supported the federal regulations, conflicted with the federal regulations, or was silent in respect to the federal regulations. A more detailed crosswalk follows this summary.

Rules and Regulations for Adult Day Care Providers in Arkansas <http://humanservices.arkansas.gov/dms/oltcDocuments/adc.pdf>

Rules and Regulations for Adult Day Health Care Providers in Arkansas <http://humanservices.arkansas.gov/dms/oltcDocuments/adhc.pdf>

ARChoices in Homecare Provider Manual, 201.105 Provider Assurances <https://www.medicaid.state.ar.us/Provider/docs/archoices.aspx>

AAS-9503 ARChoices Person-Centered Service Plan

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>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.</p>	<p>ARChoices in Homecare Home and Community-Based Waiver 201.105 Provider Assurances</p> <ul style="list-style-type: none"> • All providers must meet the...Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301 (c)(4)-(5). • Settings that are HCBS must be integrated in and support full access of beneficiaries receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings...to the same degree of access as beneficiaries not receiving Medicaid HCBS. • HCBS Settings must have the following characteristics: <ul style="list-style-type: none"> ○ The setting is integrated in and supports full access of beneficiaries receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings...to the same degree of access as beneficiaries not receiving Medicaid HCBS. 	<p>Compliant</p>	<p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p>
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>ADC Rules and Regulations 405 Bill of Rights, ADHC Rules and Regulations 404 Bill of Rights</p> <ul style="list-style-type: none"> • In addition to the provisions of Section 404.1(1) and (2), each client in the Adult Day Care has the right to, and the facility shall ensure that clients shall: <ul style="list-style-type: none"> ○ Be permitted to participate in activities of social, religious, or community groups unless the participation interferes with the rights of others. ○ Be allowed to immediately leave the Adult Day Care facility, either temporarily or permanently, subject to contractual or financial obligations as specified in Section 401.1. 	<p>Partially Compliant</p>	<p>The state has reviewed the ADC/ADHC Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.</p> <p>The state will issue a PIM to our HCBS non-residential providers specifying that they</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>ARChoices in Homecare Home and Community-Based Waiver 201.105 Provider Assurances</p> <ul style="list-style-type: none"> • All providers must meet the...Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301 (c)(4)-(5). • Settings that are HCBS must be integrated in and support full access of beneficiaries receiving Medicaid HCBS to the greater community, including...engage in community life...to the same degree of access as beneficiaries not receiving Medicaid HCBS. • HCBS Settings must have the following characteristics: <ul style="list-style-type: none"> ○ The setting is integrated in and supports full access of beneficiaries receiving Medicaid HCBS to the greater community, including...engage in community life...to the same degree of access as beneficiaries not receiving Medicaid HCBS. 	Compliant	<p>must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM bulletin will be distributed to HCBS providers by December 31, 2016.</p> <p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p>
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>ARChoices in Homecare Home and Community-Based Waiver 201.105 Provider Assurances</p> <ul style="list-style-type: none"> • All providers must meet the...Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301 (c)(4)-(5). • Settings that are HCBS must be integrated in and support full access of beneficiaries receiving Medicaid HCBS to the greater community, including...control personal resources...to the same degree of access as beneficiaries not receiving Medicaid HCBS. • HCBS Settings must have the following characteristics: <ul style="list-style-type: none"> ○ The setting is integrated in and supports full access of beneficiaries receiving Medicaid HCBS to the greater community, including...control personal resources...to 	Compliant	<p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> ▪ Has the right to be free from abuse, neglect, and exploitation. ○ Not to be confined to his or her chair. ○ Be allowed unaccompanied access to a telephone. ○ Have privacy while attending to personal needs, and a private place for receiving visitors or associating with other clients, unless providing privacy would infringe on the rights of other clients. The right applies to medical treatment, toileting and bathing, written communications, telephone conversations, and meeting with family. ○ Be allowed to determine his or her dress, hairstyle, or other personal appearance according to individual preference, except the client has the responsibility to maintain personal hygiene. <p>ARChoices in Homecare Home and Community-Based Waiver 201.105 Provider Assurances</p> <ul style="list-style-type: none"> • All providers must meet the following Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301 (c)(4)-(5). • HCBS settings must have the following characteristics: <ul style="list-style-type: none"> ○ Ensures an individual’s rights of privacy, dignity and respect and freedom from coercion and restraint. <p>ARChoices waiver, section G2</p> <ul style="list-style-type: none"> • The state does not permit or prohibits the use of restraints. 	Compliant	<p>providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM bulletin will be distributed to HCBS providers by December 31, 2016.</p> <p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p> <p>Section G2 of the ARChoices waiver prohibits the use of restraints.</p>
The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is	<p>ADC Rules and Regulations 405 Bill of Rights, ADHC Rules and Regulations 404 Bill of Rights</p> <ul style="list-style-type: none"> • In addition to the provisions of Section 404.1(1) and (2), each client in the Adult Day Care has the right to, and the facility shall ensure that clients shall: 	Compliant	The state has reviewed the ADC/ADHC Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>not limited to, daily activities, physical environment, and with whom to interact.</p>	<ul style="list-style-type: none"> ○ Be permitted to participate in activities of social, religious, or community groups unless the participation interferes with the rights of others. ○ Be provided a schedule of individual and group activities appropriate to individual client’s needs, interests and wishes. ○ ...has the right to make his or her own choices regarding personal affairs, care, benefits, and services. ○ Not be prohibited from communicating in his or her native language with other clients or personnel/staff/employees. ○ Be allowed communication, including personal visitation with any person of the client’s choice, including family members, representatives of advocacy groups, and community service organizations. ○ Has the right and be allowed to choose and retain a personal physician or advance practice nurse. ○ Participate in the development of the individual care that describes the client’s direct care services and how the needs will be met. ○ Be given the opportunity to refuse medical treatment or services after the client or his or her responsible party: <ul style="list-style-type: none"> ▪ Is advised by the person providing services of the possible consequences of refusing treatment or services, and ▪ Acknowledges that he or she understands the consequences of refusing treatment or services. ○ Be allowed to determine his or her dress, hairstyle, or other personal appearance according to individual preference, except the client has the responsibility to maintain personal hygiene. 		<p>the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.</p> <p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> • All providers must meet the following Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301 (c)(4)-(5). • HCBS settings must have the following characteristics: Facilitates individual choice regarding services and supports and who provides them. 		<p>Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The PIM bulletin will be distributed to HCBS providers by December 31, 2016.</p> <p>ARChoices Provider Manual and Provider Assurances were updated to reflect the HCBS requirements on January 1, 2016.</p>

Summary of Adult Day Center/Adult Day Health Center Policy Crosswalk

Upon review of the Rules and Regulations for Adult Day Care Providers in Arkansas, the Rules and Regulations for Adult Day Health Care Providers in Arkansas, the ARChoices in Homecare Provider Manual and Provider Assurances, the AAS-9503 ARChoices Person-Centered Service Plan, the following federal regulations are supported: setting includes opportunities to seek employment and work in competitive settings; setting includes opportunities to control personal resources; setting is selected by the individual from among setting options; and setting optimizes individual initiative, autonomy, and independence in making life choices.

Upon review of the Rules and Regulations for Adult Day Care Providers in Arkansas, the Rules and Regulations for Adult Day Health Care Providers in Arkansas, the ARChoices in Homecare Provider Manual and Provider Assurances, the AAS-9503 ARChoices Person-Centered Service Plan, the following federal regulations are partially supported: setting is integrated in and supports access to the greater community; setting includes opportunities to engage in community life; and setting ensures rights to privacy, respect, and freedom from coercion and restraint.

Upon review of the Rules and Regulations for Adult Day Care Providers in Arkansas, the Rules and Regulations for Adult Day Health Care Providers in Arkansas, the ARChoices in Homecare Provider Manual and Provider Assurances, the AAS-9503 ARChoices Person-Centered Service Plan, the following federal regulations are not supported: setting facilitates individual choice regarding services and supports and who provides them.

Note: The state would like to acknowledge that the ARChoices provider manual and provider assurances were updated to reflect the HCBS requirements on January 1, 2016. The state will review the ADC/ADHC Rules and Regulations to ensure that the facilities that receive HCBS funding will be compliant with the HCBS Settings rule. The DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers.

Note: The state will issue a Provider Information Memo (PIM) to our HCBS non-residential providers specifying that they must bring themselves into compliance with the HCBS Settings rule even though the state has not codified the HCBS Settings rule into state statute or licensing regulations. The state will also issue an additional PIM to our HCBS non-residential providers explaining the requirement that the experiences of individuals receiving HCBS in non-residential settings must be consistent with those individuals not receiving HCBS, for example the same access to food and visitors. All PIMs will be distributed to HCBS non-residential providers by December 31, 2016.

DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

The following documents were reviewed in the systemic assessment: DDS Certification Standards for ACS Waiver Services, Medicaid Manual for DDS ACS Waiver, ACS Waiver renewal application, DDS Policy 1091 Certification Standards for non-center based services. The results shown here indicate whether the language in the aforementioned documents supported the federal regulations, conflicted with the federal regulations, or was silent in regard to the federal regulations. A more detailed crosswalk follows this summary.

DDS Certification Standards for ACS Waiver Services

http://humanservices.arkansas.gov/dds/dds_docs/Certification_Standards_for_ACS_Waiver_Services.pdf

Medicaid Manual for DDS ACS Waiver https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/DDSACS/DDSACS_II.doc

ACS Waiver renewal application

http://humanservices.arkansas.gov/dds/waiverDocs/Application_for_1915c_HCBS_Waiver_%20Draft_AR.006.05.00_Jul_01_2016.html

Ark. Code Ann. § 20-48-602 <http://www.lexisnexis.com/hottopics/arcod/Default.asp>

Ark. Code Ann § 20-48-606 <http://www.lexisnexis.com/hottopics/arcod/Default.asp>

Table 5. DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>The 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.</p>	<p>DDS Certification Standards 508.1(B-1-b) Whenever a service or program is being provided to a person with a developmental disability, that service or program shall be provided to promote community integration, in least restrictive of the person’s rights. 508.1(B-3a.6) Ensures the individual’s orientation and integration to the community, its services and resources. 801 ACS non-medical transportation services are provided to enable individuals served to gain access to DDS ACS and other community services, activities, and resources. 1405(D-1a) Facilities must be able to provide individuals access to community resources. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual. 1902(A) (2) The services are focused on home and community integration and engagement in productive activities. 1903(E) (1) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual. 1904(G) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>The goals of HCBS Waiver are to:</p> <p>1) Support the person in all major life activities, 2) Promote community inclusion through integrated employment options and community experiences.</p> <p>Support of the person includes:</p> <p>7) Integration into the life and activities of the person's community.</p> <p>Attachment 2 DDS has developed and will promulgate standards that support and promote the belief that individuals must have full access to the benefits of community living and have the opportunity to receive services in the most integrated setting appropriate.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Residential habilitation supports are to assist the person to acquire, retain or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community.</p> <p>Community integration experiences include activities intended to instruct the person in daily living & community living skills in integrated settings. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities & supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the participant's individual needs.</p>		<p>community integration, including giving individuals the same degree of access as those not receiving Medicaid HCBS.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Appendix C-2: General Service Specifications (2 of 3) ii. The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. Persons are provided access to community resources and supports and are encouraged to build community relationships.</p> <p>Ark. Code Ann. § 20-48-602 The General Assembly declares that it is the goal of this subchapter to improve the quality of life of all developmentally disabled persons and to integrate developmentally disabled persons into the mainstream of society by ensuring them the availability of community residential opportunities in the residential areas of this state. In order to implement this goal, this subchapter should be liberally construed toward that end.</p> <p>A.C.A. § 20-48-606 (2) Assurance that adequate arrangements are made for the residents of family homes to receive such care and habilitation as are necessary and appropriate to their needs and to further their progress towards independent living and that they have access to appropriate services such as public transportation, health care, recreation facilities, and shopping centers;</p>	<p>Compliant</p>	
<p>The setting includes opportunities to seek employment and work in competitive integrated settings to the</p>	<p>DDS Certification Standards 1701 Supported employment is designed for individuals for whom competitive employment at or above minimum wage is unlikely or who,</p>	<p>Partially Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate a new definition of supported employment that fully</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>because of their disabilities, need intensive ongoing support to perform in a competitive work setting. The services consist of paid employment conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed.</p> <p>1801 Community experiences help to improve community acceptance, employment opportunities and general well-being.</p> <p>1703 In accordance with the federal definition, the provider work setting must provide frequent, daily social interaction among people with and without disabilities.</p> <p>DDS ACS Waiver Manual Section II</p> <p>211.000 ... a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>215.000 Supported employment is paid employment that is conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed. Integration requires that a beneficiary work in a place where no more than eight people with disabilities work together and where co-workers without disabilities are present in the work setting or in the immediate vicinity.</p> <p>215.100 Supported Employment Exclusions Supported employment requires related activities to be identified and included in outcomes with an accompanying work plan submitted as documentation of need for service.</p>	<p>Partially Compliant</p>	<p>addresses the HCBS requirements and was developed as part of the state’s participation in the U.S. Department of Labor’s Employment First State Leadership Mentoring Program.</p> <p>DDS ACS Waiver Manual The State will amend the Waiver Manual to incorporate a new definition of supported employment that fully addresses the HCBS requirements and was developed as part of the state’s participation in the U.S. Department of Labor’s Employment First State Leadership Mentoring Program.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Payment for employment services excludes:</p> <p>A. Incentive payments made to an employer of waiver beneficiaries to encourage or subsidize an employer’s participation in the program.</p> <p>B. Payments that are passed through to waiver beneficiaries.</p> <p>C. Payments for training that are not directly related to the waiver beneficiary’s employment.</p> <p>D. Reimbursement if the beneficiary is not able to perform the essential functions of the job. The functions of a job coach are to “coach,” not to do the work for the person.</p> <p>E. ACS waiver supported employment services when the same services are otherwise funded under the Rehabilitation Act of 1973 or Public Law 94-142. This means that such services must be exhausted before waiver-supported employment services can be approved or reimbursement can be claimed.</p> <p>F. Services provided in a sheltered workshop or other similar type of vocational service furnished in a specialized facility.</p> <p>ACS 1915(C) Waiver Application (2) The goals of HCBS Waiver are to: 1) Support the person in all major life activities,</p>	<p>Compliant</p>	<p>ACS Waiver Application The state will update the ACS Waiver renewal application to incorporate a new</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>2) Promote community inclusion through integrated employment options and community experiences.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Supported employment services consist of intensive, ongoing supports that enable participants for whom competitive employment at or above the minimum wage is unlikely, or who because of their disabilities need on-going supports to perform in a competitive work setting. Supported employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed...Supported employment provides integrated work settings where there is frequent, daily social interaction among people without disabilities.</p> <p>Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>		<p>definition of supported employment that fully addresses the HCBS requirements and was developed as part of the state's participation in the U.S. Department of Labor's Employment First State Leadership Mentoring Program.</p>
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards 508.1(B-1-b) Whenever a service or program is being provided to a person with a developmental disability, that service or program shall be provided to promote</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>community integration, in least restrictive of the person's rights.</p> <p>508.1(B-3a.6) Ensures the individual's orientation and integration to the community, its services and resources.</p> <p>801 ACS non-medical transportation services are provided to enable individuals served to gain access to DDS ACS and other community services, activities, and resources.</p> <p>1405(D-1a) Facilities must be able to provide individuals access to community resources. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p> <p>1902(A) (2)</p> <p>1903(E) (1) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p> <p>1904(G) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p> <p>DDS ACS Waiver Manual Section II</p> <p>211.000 The purpose of the ACS waiver is to support beneficiaries of all ages who have a developmental disability, meet the institutional level of care, and require waiver support</p>	<p>Partially Compliant</p>	<p>DDS ACS Waiver Manual</p> <p>The State will remove clinic language from section 213.000(A)(5), and incorporate specific HCBS Settings Rule language concerning community engagement, including giving individuals the same degree of access as those not receiving Medicaid HCBS.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>services to live in the community and thus preventing institutionalization. ... a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>213.000 (A) (5) Community experiences include activities intended to instruct the person in daily living and community living skills in a clinic and integrated setting. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities and supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the beneficiary's individual needs.</p> <p>ACS 1915(C) Waiver Application (2) The goals of HCBS Waiver are to: 1) Support the person in all major life activities, 2) Promote community inclusion through integrated employment options and community experiences. Support of the person includes:</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>7) Integration into the life and activities of the person's community.</p> <p>Attachment 2 DDS has developed and will promulgate standards that support and promote the belief that individuals must have full access to the benefits of community living and have the opportunity to receive services in the most integrated setting appropriate.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Residential habilitation supports are to assist the person to acquire, retain or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community.</p> <p>Community integration experiences include activities intended to instruct the person in daily living & community living skills in integrated settings. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities & supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the participant's individual needs.</p> <p>Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule...</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Persons are provided access to community resources and supports and are encouraged to build community relationships.</p> <p>A.C.A. § 20-48-602 The General Assembly declares that it is the goal of this subchapter to improve the quality of life of all developmentally disabled persons and to integrate developmentally disabled persons into the mainstream of society by ensuring them the availability of community residential opportunities in the residential areas of this state. In order to implement this goal, this subchapter should be liberally construed toward that end.</p> <p>A.C.A. § 20-48-606 (2) Assurance that adequate arrangements are made for the residents of family homes to receive such care and habilitation as are necessary and appropriate to their needs and to further their progress towards independent living and that they have access to appropriate services such as public transportation, health care, recreation facilities, and shopping centers;</p>		
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards</p> <p>401.1 (B) At a minimum, the following rights shall be ensured: Having control over their own financial resources.</p> <p>401.1 (C) Being able to receive, purchase, have and use their own personal property.</p> <p>405 (A) The organization shall develop and implement policies/procedures demonstrating it</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>has a system in place to protect the financial interests of the persons served.</p> <p>405 (B) Persons served and/or their guardians have access to records of their funds at all times.</p> <p>405 (C) The organization shall implement policies that define:</p> <ol style="list-style-type: none"> 1. How the persons served will give informed consent for the expenditure of funds. 2. How the persons served will access the records of their funds. 3. How funds will be segregated for accounting purposes. 4. Safeguards in place to ensure that funds are used for the designated and appropriate purposes. 5. How interest will be credited to the accounts of the persons served. <p>405 (E) The organization shall provide protection of financial interests as identified and/or addressed in service plans of individuals served. Protection of financial interests provides that:</p> <ol style="list-style-type: none"> 1. Funds from public and private support are received by the individuals. 2. Individuals receive and spend their money in a normalized fashion. 7. Individuals shall participate in or make purchases individually, depending on each individual's ability. <p>411 Individuals shall have the right to obtain and retain private property.</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.</p>	<p>502.1 An individual or their legal guardian may choose a single provider (business entity) to deliver both case management and direct services.</p> <p>508 (A) The organization shall include the person served and/or legal guardian as an active participant giving direction in all aspects of the planning and revision processes. The person may have other representatives present as desired.</p> <p>(B) Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization.</p> <p>508.1 The Individualized Plan of care:</p> <p>A. Shall be developed and implemented with the input of the person served and/or their legal guardian.</p> <p>B. Shall Identify:</p> <p>1. Most appropriate environment</p> <p>a. Documentation of discussion of most appropriate environment appropriate for individual strengths and needs</p> <p>b. In general, the concept of most appropriate environment means that whenever a service or a program is being provided to a person with a developmental disability, that program or service shall be provided to promote community integration, in least restrictive of the person's rights and provides a setting in which he/she can function effectively. It should be the setting that is most like normal and in which the individual can function with necessary</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>supportive assistance. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible.</p> <ol style="list-style-type: none"> 1. Individuals shall be in contact as much as possible with those who do not have disabilities 2. Plan of cares will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual. Document this item with a summary of the discussion by the entire team about the most appropriate alternatives <p>DDS ACS Waiver Manual Section II 201.000 Waiver beneficiaries have the freedom of choice of service providers.</p> <p>ACS 1915(C) Waiver Application 5. Assurances D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group is:</p> <ol style="list-style-type: none"> 1. Informed of any feasible alternatives under the waiver; and, 2. Given the choice of either institutional or home and community-based waiver services. <p>Appendix C-2: General Service Specifications (ii)</p>	<p>Partially Compliant</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning setting selection and setting option.</p> <p>DDS ACS Waiver Application The State will amend the ACS Waiver Application to incorporate specific HCBS Settings Rule language concerning setting selection and setting option.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C: C-5: Home and Community-Based Settings DDS staff offers each person a choice of both case management and direct service providers.</p> <p>Appendix D-1:Service Plan Development (f) DDS staff explain the HCBS Waiver program, service options, and provider choice, and gives written information in a face-to-face meeting with the person and any legal representative. When desired by the person and any legal representative, DDS provides information by phone, mail, or email... DDS ensures that person may choose providers of each service in the service plan.</p>		
<p>The setting ensures an individual’s rights of privacy; dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>DDS Certification Standards 401.1 (A) At a minimum, the following rights shall be ensured: Being free from physical or psychological abuse or neglect, retaliation, humiliation, and from financial exploitation. 401.1 (E) Having Privacy. 401.1 (H) Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of the provider or agent, in conflict with a physician’s order or as a substitute for treatment, except when a physical restraint is in furtherance of health and safety of the individual.</p>	<p>Compliant</p>	<p>DDS Certification Standards The State permits the use of physical restraints when the challenging behavior threatens the health or safety of the individual or others. The State will incorporate additional language that allows modification to the HCBS regulation through documentation in the Person centered service plan, adhering to all criteria found in the federal regulation 42 CFR 441.301(c)(viii)(A) through (H).</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix G-2: Safeguards Concerning Restraints and Restrictive interventions (a) (i) DDS does not permit medications to be used to modify behavior or for the purpose of chemical restraint. Chemical Restraint means the use of medication for the sole purpose of preventing, modifying, or controlling challenging behavior that is not associated with a diagnosed co-occurring psychiatric condition...</p> <p>DDS does not permit the use of mechanical restraints. Mechanical Restraint means any physical apparatus or equipment used to limit or control challenging behavior. This apparatus or equipment cannot be easily removed by the person and may restrict the free movement, or normal functioning, or normal access to a portion or portions of a person's body, or may totally immobilize a person...</p> <p>DDS Standards stipulate that providers prohibit maltreatment or corporal punishment of individuals. DDS Standards also require that providers guarantee an array of rights which includes the right to be free from the use of a physical or chemical restraint, medications, or isolation as punishment for the convenience of the provider except when a physical restraint is</p>		<p>individual's rights of privacy; dignity, respect, and freedom from coercion and restraint. The State permits the use of physical restraints when the challenging behavior threatens the health or safety of the individual or others. The State will incorporate additional language that allows modification to the HCBS regulation through documentation in the Person centered service plan, adhering to all criteria found in the federal regulation 42 CFR 441.301(c)(viii)(A) through (H).</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule... Persons are granted access to visitors at times convenient to the individual. Individuals are allowed a choice of roommates, if they are in a shared bedroom.</p> <p>Appendix D-1 (d)(7) Participant Engagement From the time an individual first makes contact with DDS to apply for HCBS Waiver services, they are informed of their rights to make choices about each aspect of the services that are available. It is the responsibility of every person at the state and the provider level to make sure that the individual is aware of and exercises their rights and to ensure that the process is driven to the maximum extent possible by the individual.</p>	Partially Compliant	<p>DDS ACS Waiver Application The State will amend the ACS Waiver application to incorporate specific HCBS Settings Rule language concerning individual initiative, autonomy and independence in making life choices.</p>
<p>The setting facilitates individual choice regarding services and supports, and who provides them.</p>	<p>DDS Certification Standards 401.1 (D) At a minimum, the following rights shall be ensured: Actively and meaningfully making decisions affecting their life. 401.1 (M) Informed consent or refusal or expression of choice regarding: 1. Service delivery 2. Release of information 3. Concurrent Services 4. Composition of the service delivery team.</p>	Compliant	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>402.4 (A) All possible service options, including those not presently provided by the program.</p> <p>502.1 An individual or their guardian may choose a single provider (business entity) to deliver both case management and direct services.</p> <p>508.1 The Individualized Plan of care: A. Shall be developed and implemented with the input of the person served and/or their legal guardian.</p> <p>508.1(3)(a) Individuals shall have a person-centered plan of care. The planning process shall support the individual in decision making and choosing options by:</p> <ol style="list-style-type: none"> 1. Actively involving the individual in the person-centered plan development and implementation 2. Reflect the individual’s choice of services which are relevant to the individual’s age, abilities, life goals/outcomes <p>511 Change in Direct Service or Case Management Provider An individual/guardian may initiate a request to change direct service provider/case management provider by contacting (written or verbally) the assigned DDS Coordinator or Specialist, or their case manager.</p> <p>DDS ACS Waiver Manual Section II 201.000 Waiver beneficiaries have the freedom of choice of service providers.</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>211.000 The goal is to create a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>6. Additional Requirements (E) Free Choice of Provider. In accordance with 42 CFR 431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan...</p> <p>Appendix C: C-5: Home and Community-Based Settings DDS staff offers each person a choice of both case management and direct service providers. The chosen case management provider assesses the person's needs and wants and facilitates the development of the person-centered plan, which is approved by DDS staff.</p> <p>Appendix D-1: Service Plan Development (d) The team must document each identified risk and write PCSP with individualized mitigation strategies. The strategies must be designed to</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>respect the needs and preferences of the participant.</p> <p>Appendix D-1: Service Plan Development (f) DDS ensures that person may choose providers of each service in the service plan... DDS staff supports the person to make a choice of provider without any specific recommendations that could sway the person's choice.</p>		
<p>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 under the landlord/tenant law of the State, county, city, or other designated entity. For setting in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<p>DDS ACS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>	<p>Silent</p> <p>Silent</p>	<p>DDS ACS Waiver Manual The State will amend DDS ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p> <p>ACS Waiver Application The State will amend DDS ACS Waiver application to incorporate specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p>
	<p>DDS Certification Standards</p>		<p>DDS Certification Standards</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>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.</p>	<p>1405 (G) Bedroom areas: 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms. 2. Shall have doors that do not have vision panels. a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual’s documented individual behavior needs. 3. When shared by one or more individuals, the program shall actively address the need to designate space for privacy and individual interests</p> <p>1406 (E) Bedroom areas: 1. Are arranged so that privacy is assured for individuals. 2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests.</p> <p>1903 (H) Bedroom areas: 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms. 2. Shall have doors that do not have vision panels. a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual’s documented individual behavior needs. 3. When shared by one or more individuals, the program shall actively address the need to</p>	<p>Partially Compliant</p>	<p>The State will rewrite DDS Certification Standards to incorporate more specific language concerning lockable units.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>designate space for privacy and individual interests.</p> <p>1904 (E) Bedroom areas:</p> <ol style="list-style-type: none"> 1. Are arranged so that privacy is assured for individuals. 2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests. 3. Are compatible with the physical needs of the individuals. <p>DDS ACS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii)</p> <p>The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) ...provide access to typical facilities in a home such as a kitchen with cooking facilities, small dining areas, and provide for privacy and easy access to resources and activities in the community...Each group home contains bedrooms and bathrooms that allow privacy.</p>	<p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning lockable units.</p> <p>ACS Waiver Application The State will amend ACS Waiver application to include more specific language concerning lockable units.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.</p>	<p>DDS Certification Standards 1902 (A)(3) Participants shall be safe and secure in their homes and communities, taking into account their informed and expressed choices.</p> <p>DDS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. Appendix C-2 (c)(ii) Individuals are allowed a choice of roommates, if they are in a shared bedroom.</p>	<p>Silent</p> <p>Silent</p> <p>Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate specific HCBS Settings language concerning choice of roommates.</p> <p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings language concerning choice of roommates.</p>
<p>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.</p>	<p>DDS Certification Standards 1903 (I)(1-3) The individual shall decorate his/her bedroom in an individual style which will respect the care of the property. 1. Persons served determine the décor in their private quarters. 2. Persons self-direct and provide input regarding decor in the home. Individual preferences shall be taken into consideration.</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>3. Persons served are given opportunities to access the community to purchase decorative items for their home. Staff provides assistance and counsel regarding budgeting for long-range planning.</p> <p>DDS ACS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. Appendix C-2 (c)(ii) The living and dining areas are provided with furnishings that promote the functions of daily living and social activities.</p>	<p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to incorporate specific HCBS Settings language concerning freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p> <p>DDS ACS Waiver Application The State will amend ACS Waiver application to incorporate specific HCBS Settings language concerning freedom to furnish and decorate their sleeping and living units within the lease or other agreement.</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>DDS Certification Standards 401.1 (D) At a minimum, the following rights shall be ensured: Actively and meaningfully making decisions affecting their life.</p>	<p>Silent</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to include specific language concerning the freedom of individual's to control their own schedule and access to food at any time.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>DDS ACS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>	<p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to include specific HCBS Settings Rule language concerning the freedom of individual's to control their own schedule and access to food at any time.</p> <p>ACS Waiver Application The State will amend ACS Waiver application to include specific HCBS Settings Rule language concerning the freedom of individual's to control their own schedule and access to food at any time.</p>
<p>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</p>	<p>DDS Certification Standards 401.1 (F) Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.</p> <p>DDS ACS Waiver Manual Section II</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii)</p>	<p>Partially Compliant</p> <p>Silent</p> <p>Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to include specific HCBS Settings Rule language concerning individual's right to have visitors of their choosing at any time.</p> <p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to include specific HCBS Settings Rule language concerning individual's right to have visitors of their choosing at any time.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) Persons are granted access to visitors at times convenient to the individual.</p>		
<p>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</p>	<p>DDS Certification Standards</p> <p>1404.1 (A)(1) Accessibility Requirements The organization shall ensure architectural accessibility at each facility based on the individual’s needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.</p> <p>1404.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1405 (B) Individuals shall be allowed free use of all space within the group living facility/alternative living site with due regard for privacy, personal possessions of other residents/staff, and reasonable house rules.</p> <p>1405 (G) (4) Physical arrangements shall be compatible with the physical needs of the individuals.</p> <p>1406 (H)(6) Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual’s living in the home.</p> <p>1608.1 (A)(1) Accessibility Requirements</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>A. The organization shall ensure architectural accessibility at each facility based on the individual’s needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.</p> <p>1608.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1901.1(A)(1) Accessibility Requirement</p> <p>A. The organization shall ensure architectural accessibility at each facility based on the individual’s needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.</p> <p>1901.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1903 (J)(6) Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual’s living in the home.</p> <p>DDS ACS Waiver Manual Section II</p>		<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning physical accessibility.</p> <p>DDS ACS Waiver Application</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix D-1 (e) The Standards also require that case management and direct service provider minimize certain personal safety risks by imposing certain "physical plant" requirements without compromising the natural, home-like atmosphere in any setting in which the individual resides.</p>		<p>The State will amend ACS Waiver application to incorporate more specific HCBS Settings Rule language concerning physical accessibility.</p>
<p>Provider owned or controlled residential settings: Any modifications of the additional residential conditions except for the setting be physically accessible requirement, must be supported by a specified need and justified in the person-centered service plan. The</p>	<p>DDS Certification Standards 502 A case manager shall be designated in writing and shall organize the provision of services for every individual served. The case manager shall provide the individual or parent/guardian with the name and contact information in writing.</p>	<p>Partially Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate specific HCBS Settings Rule language concerning modifications of the residential conditions being documented in the person-centered service plan. All of the requirements will be included.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>following requirements must be documented in the person-centered service plan: 1) identify a specific and individualized assessed need; 2) document the positive interventions and supports used prior to any modifications to the person-centered service plan; 3) document less intrusive methods of meeting the need that have been tried but did not work; 4) include a clear description of the condition that is directly proportionate to the specific assessed need; 5) include regular collection and review of data to measure the ongoing effectiveness of the modification; 6) include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated; 7) include the informed consent of the individual; and 8) include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>A. For every individual served, the case manager shall:</p> <ol style="list-style-type: none"> 1. Assume responsibility for intake into program, assessment of service needs and supports, planning and services to the person 2. Coordinate the plan of care 3. Cultivate the individual’s participation in the services and supports 4. Monitor and update services and supports to assure that: <ol style="list-style-type: none"> a. The person is adequately oriented b. Services proceed in an orderly, purposeful, and timely manner <p>504 Medical prescription for services and level of care shall be obtained annually</p> <p>A. An initial prescription for services and level of care (within 30 days), signed by qualified medical personnel, shall be on file prior to admission</p> <p>B. Prescription for services and level of care</p> <p>C. Prescription for medications</p> <ol style="list-style-type: none"> 1. For all prescribed medications, the provider shall develop and implement a medication management plan and update as necessary. 2. For all prescribed psychotropic medications due to behaviors, the provider shall develop and implement a behavior management plan and update as necessary. <p>506 When applicable, the provider shall obtain a psychiatric evaluation by a qualified mental health professional within thirty (30) days of admission. Results of the evaluation and any recommendations shall be incorporated into the</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>individual’s plan of care within 30 days of receipt of the evaluation report to ensure continuity of service delivery. When a psychiatric evaluation cannot be obtained within thirty (30) days of admission, the provider shall document efforts made to obtain the evaluation. Documentation shall include the date(s) contact(s) was made, the type of contact(s) made, and the results of the contact(s). Documentation shall be maintained in the individual’s file for review by DDS.</p> <p>507 A service needs assessment must be completed on every individual seeking services. A copy of the assessment must be maintained on file in the individual’s file.</p> <p>A. A Health and Safety Assurances Assessment (HSAA) shall be included as a component of the needs assessment in order to safeguard the individual against physical, mental and behavioral risks. The person and/or their legal representatives shall be involved in:</p> <ol style="list-style-type: none"> 1. Assessments of health and safety factors (i.e., physical and mental health diagnoses, behavioral episodes, lifestyle choices) as identified by the individual/parent/guardian or as identified in previous evaluations/assessments or behavioral reports. 2. Decisions to accept or reject such risks 3. Identification of actions to be taken to minimize risks 4. Identification of individuals responsible for those actions 		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>508 Every individual shall have a written Individualized Plan of care</p> <p>A. The organization shall include the person served and/or legal guardian as an active participant giving direction in all aspects of the planning and revision processes. The person may have other representatives present as desired.</p> <p>B. Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization</p> <p>C. Individual choice shall be determined by a comprehensive assessment which addresses:</p> <ol style="list-style-type: none"> 1. Relevant medical history 2. Relevant psychological information 3. Relevant social information 4. Information on previous direct services and supports 5. Education 6. Strengths 7. Abilities 8. Needs 9. Preferences 10. Desired outcomes 11. Cultural background 12. Other issues, as identified <p>508.1 The Individualized Plan of care:</p> <p>A. Shall be developed and implemented with the input of the person served and/or their legal guardian.</p> <p>B. Shall Identify:</p> <ol style="list-style-type: none"> 1. Most appropriate environment 		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>a. Documentation of discussion of most appropriate environment appropriate for individual strengths and needs</p> <p>b. In general, the concept of most appropriate environment means that whenever a service or a program is being provided to a person with a developmental disability, that program or service shall be provided to promote community integration, in least restrictive of the person's rights and provides a setting in which he/she can function effectively. It should be the setting that is most like normal and in which the individual can function with necessary supportive assistance. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible.</p> <p>1. Individuals shall be in contact as much as possible with those who do not have disabilities</p> <p>2. Plans of care will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual. Document this item with a summary of the discussion by the entire team about the most appropriate alternatives</p> <p>508.2 Short-term objectives (3-6 months' time frame) may be either habilitative in nature or service related objectives. Short-term objectives shall be develop and implemented, as needed, for each of the annual goals. Objectives</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>describe sequential steps and expected outcomes needed to reach the annual goal(s).</p> <p>A. Each objective must have criteria for success that states what the individual must do to complete the objective.</p> <p>B. Short-term objectives will have methods/materials for implementation and give a simple statement describing the procedures to be used in individual training.</p> <p>C. The person responsible for implementation of each short-term and service-objective shall be specified. Utilization of title is recommended. This could be the individual or legal guardian.</p> <p>D. Short-term objectives shall have an initiation date, a target date, and, when completed, a completion date</p> <p>E. Target dates (for habilitation goals):</p> <ol style="list-style-type: none"> 1. The target date shall be individualized and noted at the same time of the initiation date and the projected date when the individual can realistically be expected to achieve an objective. 2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and objectives. If the starting or target dates need to be revised, mark through, initial and put in a new date. 3. The ending date shall be entered in as the person completes each objective. <p>704 The CM shall make regular contact with the individual as required by the ACS Waiver</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Plan. The CM must document all contact in the individual’s file. Documentation shall include the date and time of the visit, location, who was present during the visit, a summary of the visit, any requests by the individual for change in services or new services, and shall be signed by the CM and the individual. At a minimum, the CM must make one contact annually at the individual’s place of residence.</p> <p>A. For Limited Service Level, a minimum of one contact per month with at least one face-to-face contact per quarter must be conducted.</p> <p>B. For Extensive Service Level, a minimum of one face-to-face visit per month must be conducted.</p> <p>C. For Pervasive Service Level, a minimum of one personal visit and one other contact per month must be conducted.</p> <p>DDS ACS Waiver Manual Section II 230.200 Eligibility Assessment Based on intellectual and behavioral assessment submitted by the provider, the ICF/IID level of care determination is performed by the Division of Developmental Disabilities. The ICF/IID level of care criteria provides an objective and consistent method for evaluating the need for institutional placement in the absence of community alternatives. The level of care determination must be completed and the beneficiary deemed eligible for ICF/IID level of care prior to receiving ACS Waiver services. Recertification, based on intellectual and</p>	<p>Partially Compliant</p>	<p>DDS ACS Waiver Manual Section II The State will amend DDS ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning modifications of the residential conditions being documented in the person-centered service plan. All of the requirements will be included</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>behavioral assessments submitted by the provider at appropriate age milestones, will be performed by DDS to determine the beneficiary's continuing need for an ICF/IID level of care. The annual level of care determination is made by a QMRP (physician).</p> <p>230.400 Person Centered Service Plan Prior to expiration of the interim plan of care, each beneficiary eligible for ACS waiver services must have an individualized, specific, written person centered service plan developed by a multi-agency team and approved by the DDS authority. The members of the team will determine services to be provided, frequency of service provision, number of units of service and cost for those services while ensuring the beneficiary's desired outcomes, needs and preferences are addressed. Team members and a physician, via the DDS 703 form, certify the beneficiary's condition (level of care) and appropriateness of services initially and at the annual continued stay review. The person centered service plan is conducted once every 12 months in accordance with the continued stay review date or as changes in the beneficiary's condition require a revision to the person centered service plan.</p> <p>The person centered service plan must be designed to assure that services provided will be:</p> <p>A. Specific to the beneficiary's unique circumstances and potential for personal growth.</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>B. Provided in the least restrictive environment possible.</p> <p>C. Developed within a process assuring participation of those concerned with the beneficiary’s welfare. Participants of the multi-agency team included the beneficiary’s chosen case manager, the beneficiary or legal representative and additional persons whom the beneficiary chooses to invite to the planning meeting, as long as all rules pertaining to confidentiality and conflict of interest are met...</p> <p>D. Monitored and adjusted to reflect changes in the beneficiary’s needs. A person centered service plan revision may be requested at any time the beneficiary’s needs change.</p> <p>E. Provided within a system which safeguards the beneficiary’s rights.</p> <p>F. Documented carefully, with assurance that appropriate records will be maintained.</p> <p>G. Will assure the beneficiary’s and others’ health and safety. The person centered service plan development process identifies risks and makes sure that they are addressed through backup plans and risk management agreements. A complete description of backup arrangements must be included in the person centered service plan.</p> <p>230.410 (C) Person Centered Service Plan Required Documentation Narrative justification for the revision to the initial plan of care must, at a minimum justify the need for requested services. Narrative justification for</p>	<p>Compliant</p>	

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>annual continued stay reviews must address utilization of services used or unused within the past year, justify new services requested and address risk assessment.</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>2. Brief Waiver Description All services must be delivered based on an individual person-centered service plan (PCSP), which is based on service needs assessments, has measurable goals, specific objectives, measures progress through data collection, and is overseen and updated by the person's case manager through consultation with the team, which includes the person receiving services.</p> <p>Appendix B-6 (d) The initial determination of eligibility for both the HCBS Waiver and ICF/IID requires the same type of evaluations. These include an evaluation of functional abilities that does not limit eligibility to persons with certain conditions, an evaluation of the areas of need for the person, a social history, and psychological evaluation applicable to the category of developmental disability, which are intellectual disability, cerebral palsy, epilepsy, autism, spina bifida, Down syndrome or other</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>condition that causes a person to function as though they have an intellectual disability or developmental disability. The DDS Psychology Team is responsible for determining initial eligibility for the HCBS Waiver. This eligibility process mirrors eligibility for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) institutional care. The same criteria as specified in "B1b" is applied for both HCBS Waiver and ICF/IID initial evaluations and reevaluations...</p> <p>Annually, and before the end of the current PCSP year, DDS notifies the HCBS Waiver case management provider of the need for PCSP renewal and the date for the next full evaluation by the DDS Psychology Team. For a full evaluation by the DDS Psychology Team, the provider must submit IQ testing report, if required, and adaptive functioning test results, based on age and the DDS 703 Physician's form.</p> <p>Appendix D (d) a. Interim Service Plan (ISP): When a person accesses HCBS Waiver services for the first time, the person is issued a prior approved interim service plan for up to 60 days. The Interim Service plan may include case management and supportive living for direct case supervision.</p> <p>DDS staff tracks the expiration dates of ISPs and ensure that a PCSP is complete before the interim plan expires.</p> <p>b. PCSP:</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>1. Development, Participation and Timing The case manager is responsible for scheduling and coordinating the PCSP development meeting, including inviting other participants and making sure that the location and the participants are acceptable to the HCBS Waiver participant. If the HCBS Waiver participant objects to the presence of any individual, that person may not attend the meeting. Aside from any objections from the HCBS Waiver participant or their legal guardian, the team may consist of professionals who might assist with generic resources, professionals who conducted assessments or evaluations, and friends and persons who support the participant may attend the meetings. DDS staff will attend if the participant invites them. The case manager is responsible for managing and resolving any disagreements which occur during the PCSP development meeting.</p> <p>2. Assessment Types, Needs, Preferences, Goals and Health Status Prior to development of the PCSP, DDS requires that the case manager secures a functional assessment and any evaluations that are specific to the needs of the individual. In addition to psychological testing to include a measure of IQ and the adaptive behavior assessments conducted to establish eligibility, the case manager may secure social histories, medical, physical and mental histories, a current physician evaluation, an assessment of educational needs, physical, speech and</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>occupational therapy evaluations, as well as a risk assessment. Licensed professionals conduct applicable assessments. Other assessments which do not require a licensed person, are conducted by persons who are most familiar with the individual.</p> <p>3. Information regarding availability of services The DDS staff informs the participant of available waiver services at the time of initial application. After the case manager has completed the functional assessment and met with the individual to discuss which services are needed based on the services, DDS meets with the individual again to offer choice of provider for each service need identified that will be addressed through the provision of HCBS services in the PCSP. The case manager has the responsibility to present information regarding service availability during the PCSP development process.</p> <p>4. Addressing goals, needs and preferences and assignment of responsibilities DDS prescribes the elements of the PCSP that requires that PCSP developers address how the team discussed, planned for and incorporated the individual's goal, needs (including health care needs), and preferences, as well as any cultural considerations. DDS requires that the developers designate who is responsible for implementation of and monitoring the PCSP. DDS requires that the PCSP be reviewed and prior authorized prior to implementation of services. During the onsite review of each</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>provider, Certification and Licensure staff reviews PCSPs to make sure all elements are included.</p> <p>5. Coordination of services The case manager has the responsibility for coordinating and monitoring the implementation of all services identified in the PCSP, including waiver, state plan and generic services. The case manager must coordinate with the direct service providers to ensure quality service delivery.</p> <p>6. Updating PCSP The case manager is responsible for making sure that the PCSP is updated at least annually. They are also responsible for making sure that the PCSP is reviewed quarterly so that the team may identify goals that may need to be added, removed or revised and that there are no unnecessary or inappropriate services and supports. The team uses the data gathered by the implementer of the PCSP as they work with the individual to determine if goals should change. The team also relies on input from the individual regarding whether they want to work on new or revised goals. The participant may request an update of their PCSP at any time.</p> <p>7. Participant Engagement From the time an individual first makes contact with DDS to apply for HCBS Waiver services, they are informed of their rights to make choices about each aspect of the services that are available. It is the responsibility of every person at the state and the provider level to</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>make sure that the individual is aware of and exercises their rights and to ensure that the process is driven to the maximum extent possible by the individual. During the person-centered planning meeting, every person present is responsible for supporting and encouraging the individual to express their wants and desires and to then incorporate those into the PCSP.</p> <p>Appendix D-2 (a) DDS Standards also require that the case manager, along with the team, must review the PCSP at least quarterly. The team must review the participant's objectives and determine if they are accomplished, to be continued, or should be modified or discontinued. The team must use participant's input, data collection and case notes to make decisions as they review the PCSP.</p>		

Summary of DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

Upon review of the *DDS Certification Standards for ACS Waiver Services*, the following federal regulations were supported: setting is integrated in and supports access to the greater community; includes opportunities to engage in community life; opportunities to control personal resources; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; setting facilitates individual choice regarding services and supports, and who provides them; freedom to furnish and decorate their sleeping or living units; is physically accessible to the individual.

The following federal regulations were partially supported minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened: setting includes opportunities to seek employment and work in competitive integrated settings; is selected by the individual from among setting options including non-disability specific settings; individual has privacy in their sleeping or living unit; individuals sharing units have a choice of roommates in that setting; individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; individuals are able to have visitors of their choosing at any time; modifications must be supported by a specified need and justified in the person-centered service plan.

The DDS Certification Standards were silent concerning the federal regulation requiring a lease or legally enforceable agreement and protections from eviction under the landlord/tenant law; and individuals sharing units have a choice of roommates in that setting. Federal language and requirements do not currently exist in state policy and need to be added.

Upon review of the *Medicaid Waiver Manual*, the following federal regulation was supported: setting facilitates individual choice regarding services and supports.

The following federal regulations were partially supported, minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened: is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community; setting includes opportunities to seek employment and work in competitive integrated settings; includes opportunities to engage in community life; opportunities to control personal resources; is selected by the individual from among setting options including non-disability specific settings; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; modifications must be supported by a specified need and justified in the person-centered service plan.

The following federal regulations were silent. Federal language and requirements do not currently exist in state policy and need to be added: 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 under the landlord/tenant law; individual has privacy in their sleeping or living unit; individuals sharing units have a choice of roommates in that setting; freedom to furnish and decorate their sleeping or living units; individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; individuals are able to have visitors of their choosing at any time; is physically accessible to the individual.

Upon review of the *ACS Waiver application*, the following federal regulations were supported: setting includes opportunities to seek employment and work in competitive integrated settings; includes opportunities to engage in community life; setting facilitates individual choice regarding services and supports, and who provides them; individuals sharing units have a choice of roommates in that setting; individuals are able to have visitors of their choosing at any time.

The following federal regulations were partially supported minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened : setting is integrated in and supports access to the greater community; opportunities to control personal resources; is selected by the individual from among setting options including non-disability specific settings; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; individual has privacy in their sleeping or living unit; freedom to furnish and decorate their sleeping or living units; individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; is physically accessible to the individual; modifications must be supported by a specified need and justified in the person-centered service plan.

The ACS Waiver application was silent concerning the federal regulation requiring a lease or legally enforceable agreement and protections from eviction under the landlord/tenant law. Federal language and requirements do not currently exist in the waiver application and need to be added. This policy will be re-written to incorporate the specific HCBS settings language required to comport with the federal regulations.

Appendix D

Arkansas HCBS Residential Provider Self-Assessment Survey

HCBS Provider Self-Assessment

Setting Name:

Person completing survey:

Setting Address:

Telephone Number:

Number of Beds in Setting:

Email Address:

Characteristics that are expected to be present in all home and community-based settings and associated traits that individuals in those settings might experience:

1. **The setting was selected by individuals.**
 - a. Do you give individuals the choice of available options regarding where to live?
Yes No
 - b. Do you give individuals opportunities to visit other settings?
Yes No
 - c. Do the settings reflect an individual's needs and preferences?
Yes No
2. **Individuals participate in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.**
 - a. Do individuals regularly access the community and would they be able to describe how they access the community?
Yes No
 - b. Do individuals have a choice of who assists in facilitating the activity and where they go?
Yes No
 - c. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?
Yes No
 - d. Do individuals come and go at any time?
Yes No
 - e. Do individual talk about activities occurring outside of the setting?
Yes No
3. **Individuals are employed or active in the community outside of the setting.**
 - a. Do individuals work in integrated community settings?
Yes No
 - b. If an individual would like to work, is there activity that ensures the option is pursued?
Yes No
 - c. Do individuals participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?
Yes No
4. **Individuals have their own bedrooms or share a room with a roommate of choice.**
 - a. Do you give individuals a choice of a roommate?
Yes No
 - b. Do individuals talk about their roommate(s) in a positive manner?
Yes No
 - c. Do individuals express a desire to remain in a room with their roommate?
Yes No
 - d. Do married couples share or not share a room by choice?
Yes No

- e. Do individual know how they can request a roommate change?
Yes No
- 5. Individuals choose and control a schedule that meets their wishes in accordance with a person-centered plan.**
- a. Do you make clear to individuals they are not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?
Yes No
 - b. Does the individual's schedule vary from others in the same setting?
Yes No
 - c. Do individuals have access to such things as a television, radio, and leisure activities that interest them and can they schedule such activities at their convenience?
Yes No
- 6. Individuals control their personal resources.**
- a. Do individuals have a checking or savings account or other means to control their funds?
Yes No
 - b. Does the individual have access to their funds?
Yes No
 - c. Do you make clear to individuals they are not required to sign over their paychecks to the provider?
Yes No
- 7. Individuals choose when and what to eat.**
- a. Do individuals have a meal at the time and place of their choosing?
Yes No
 - b. Can individuals request an alternative meal if desired?
Yes No
 - c. Are snacks accessible and available anytime?
Yes No
 - d. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?
Yes No
- 8. Individuals choose with whom to eat or to eat alone.**
- a. Are individuals required to sit at an assigned seat in a dining area?
Yes No
 - b. Do individuals converse with others during meal times?
Yes No
 - c. Do individuals have the choice to eat privately?
Yes No
- 9. Individual choices are incorporated into the services and supports received.**
- a. Does staff ask individuals about their needs and preferences?
Yes No
 - b. Do individuals know how to make a service request?
Yes No
 - c. Do individuals express satisfaction with the services being received?
Yes No
 - d. Do you accommodate requests for services and supports?
Yes No
 - e. Do you facilitate choice in a manner that leaves individuals feeling empowered to make decisions?
Yes No

10. Individuals choose from whom they receive services and supports.

- a. Can individuals identify other providers who render the services they receive?
Yes No
- b. Do individuals express satisfaction with the provider selected or have they asked for a meeting to discuss a change?
Yes No
- c. Do individuals know how and to whom to make a request for a new provider?
Yes No

11. Individuals have access to make private telephone calls/text/email at the individual's preference and convenience.

- a. Do individuals have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?
Yes No
- b. Is the telephone or other technology device in a location that has space around it to ensure privacy?
Yes No
- c. Does the individual's room have a telephone jack, WI-FI or ETHERNET jack?
Yes No

12. Individuals are free from coercion.

- a. Is information about filing a complaint posted in an obvious location and in an understandable format?
Yes No
- b. Are individuals' comfortable discussing concerns?
Yes No
- c. Do individuals know the person to contact or the process to make an anonymous complaint?
Yes No
- d. Can individuals file an anonymous complaint?
Yes No
- e. Do individuals in the setting have different haircut/hairstyle and hair color?
Yes No

13. Individuals, or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan.

- a. Do individuals know how to schedule Person-Centered Planning meetings?
Yes No
- b. Can individuals explain the process to develop and update their plan?
Yes No
- c. Were individuals present during the last planning meeting?
Yes No
- d. Do you make the planning meeting occur at a time and place convenient for individuals to attend?
Yes No

14. The setting does not isolate individuals from individuals in the broader community not receiving Medicaid HCBS.

- a. Do individuals receiving HCBS live in a different area of the setting separate from individuals not receiving Medicaid HCBS?
Yes No
- b. Is the setting in the community among other private residences, retail businesses?
Yes No

- c. Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?
Yes No
 - d. Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?
Yes No
 - e. Are visitors present?
Yes No
 - f. Are visitors restricted to specified visiting hours?
Yes No
 - g. Are visiting hours posted?
Yes No
 - h. Is there evidence that visitors have been present at regular frequencies?
Yes No
 - i. Are visitors restricted to specific meeting areas?
Yes No
- 15. Facility protocols or practices do not limit individuals' choices.**
- a. Do your protocols or practices prohibit individuals' access to food at any time?
Yes No
 - b. Do your protocols or practices require restrictions such as posted visiting hours or schedules?
Yes No
 - c. Are individuals prohibited from engaging in legal activities?
Yes No
- 16. The setting is an environment that supports individual comfort, independence and preferences.**
- a. Do you make sure individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?
Yes No
 - b. Do you make sure all communication (written and oral) is conducted in a language that the individual understands?
Yes No
 - c. Do you provide assistance in private, as appropriate, when needed?
Yes No
- 17. Individuals have unrestricted access in the setting.**
- a. Do you have gates, Velcro strips, locked doors, or other barriers preventing individuals to enter or exit from certain areas of the setting?
Yes No
 - b. Do you make sure individuals receiving Medicaid Home and Community-Based services can access amenities such as a pool or gym used by others on-site?
Yes No
 - c. Do you make sure the setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?
Yes No

18. The physical environment meets the needs of those individuals who require supports.

- a. Do you provide needed supports to individuals to assist them to move about the setting as they choose, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
Yes No
- b. Do you make sure appliances are accessible to individuals (e.g. the washer and dryer are front loading for individuals in wheelchairs)?
Yes No
- c. Do you make sure tables and chairs are at a convenient height and location so that individuals can access and use the furniture comfortably?
Yes No

19. Individuals have full access to the community.

- a. Do individuals come and go at will?
Yes No
- b. Do you make sure individuals can move about inside and outside the setting as opposed to sitting by the front door?
Yes No
- c. Is there a curfew or other requirement for a scheduled return to the setting?
Yes No
- d. Do individuals in the setting have access to public transportation?
Yes No
- e. Are there bus stops nearby or are taxis available in the area?
Yes No
- f. Do you make sure a van is available to transport individuals to appointments, shopping, etc.?
Yes No
- g. Do you make sure bus and other public transportation schedules and telephone numbers are posted in a convenient location?
Yes No
- h. Do you facilitate training in the use of public transportation?
Yes No
- i. Do you make sure other resources are provided for individuals to access the broader community where public transportation is limited?
Yes No

20. Individual's rights to dignity and privacy are respected.

- a. Do you keep health information about individuals private?
Yes No
- b. Do you post schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area for all to view?
Yes No
- c. Do you make sure individuals, who need assistance with grooming, are groomed as they desire?
Yes No
- d. Do you make sure individuals' nails are trimmed and clean?
Yes No

21. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.

- a. Do individuals wear their bathrobes all day long?
Yes No

- b. Do you make sure individuals are dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?
Yes No
- 22. Staff communicates with individuals in a dignified manner.**
- a. Do individuals greet and chat with staff?
Yes No
 - b. Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?
Yes No
 - c. Does staff talk to other staff about an individual as if the individual was not present or within earshot of other persons living in the setting?
Yes No
 - d. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?
Yes No

Characteristics that are expected to be present in all provider-owned or controlled home and community-based settings and associated traits that individuals in those settings might experience:

- 1. Modifications of the setting requirements for individuals are supported by an assessed need and justified in the person-centered plan.**
 - a. Does documentation note if positive interventions and supports were used prior to any plan modifications?
Yes No
 - b. Do you document less intrusive methods of meeting the need that were tried previously?
Yes No
 - c. Does the plan includes a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?
Yes No
- 2. Individuals have privacy in their sleeping space and toileting facility.**
 - a. Do you make sure furniture is arranged as individuals prefer, and does the arrangement assure privacy and comfort?
Yes No
 - b. Can individuals close and lock the bedroom door?
Yes No
 - c. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?
Yes No
- 3. Individuals have privacy in their living space.**
 - a. Do you have cameras present in the setting?
Yes No
 - b. Do you make sure the furniture is arranged as individuals prefer to assure privacy and comfort?
Yes No

- c. Do staff or other residents always knock and receive permission prior to entering an individual's living space?
Yes No
 - d. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with individuals?
Yes No
- 4. **Individuals have comfortable places for private visits with family and friends.**
 - a. Do you make sure the furniture is arranged to support small group conversations?
Yes No
- 5. **Individuals furnish and decorate their sleeping and or living units in the way that suits them.**
 - a. Are individuals' personal items, such as pictures, books, and memorabilia present and arranged as the individual desires?
Yes No
 - b. Do the furniture, linens, and other household items reflect the individual's personal choices?
Yes No
 - c. Do individuals' living areas reflect their interests and hobbies?
Yes No
- 6. **There is a legally enforceable agreement for the unit or dwelling where the individual resides.**
 - a. Do individuals have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?
Yes No
 - b. Do individuals know their rights regarding housing and when they could be required to relocate?
Yes No
- 7. **Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.**
 - a. Do individuals know how to relocate and request new housing?
Yes No
 - b. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?
Yes No

Appendix E

Arkansas HCBS Non-Residential Provider Self-Assessment Survey

Exploratory Questions:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

- Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?

_____ Yes _____ No

Explain _____

- Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?

_____ Yes _____ No

Explain _____

- Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?

_____ Yes _____ No

Explain _____

- Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?

_____ Yes _____ No

Explain _____

- Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?

_____ Yes _____ No

Explain _____

• Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?

Yes No

Explain _____

• Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?

Yes No

Explain _____

• Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?

Yes No

Explain _____

2. The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)

• Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?

Yes No

Explain _____

3. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)

• Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?

Yes No

Explain _____

- Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?

Yes No

Explain _____

- Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?

Yes No

Explain _____

- Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?

Yes No

Explain _____

- Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?

Yes No

Explain _____

- Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

Yes No

Explain _____

- Does the setting offer a secure place for the individual to store personal belongings?

Yes No

Explain _____

4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)

- Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?

Yes No

Explain _____

- Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?

Yes No

Explain _____

- Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?

- Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?

Yes No

Explain _____

- Does the setting post or provide information on individual rights?

Yes No

Explain _____

- Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?

Yes No

Explain _____

5. The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)

- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?

Yes No

Explain _____

- Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?

Yes No

Explain _____

• Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?

_____ Yes _____ No

Explain _____

• Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?

_____ Yes _____ No

Explain _____

Appendix F

Arkansas HCBS Residential Site Review Survey

Arkansas HCBS Residential Site Review Survey Tool

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

Your setting has been selected for an on-site validation review based on a random sample of provider self-assessments received, or if you were a setting that did not complete and submit a provider self-assessment. This process will utilize the tool attached to verify the level of compliance with the CMS Regulatory Requirements. The format of the site review survey tool is consistent with the areas that were requested to be completed on the provider self-assessment. You may be asked to provide documentation that supports your level of compliance with these regulations as part of this on-site validation process. Additionally, there may be areas where beneficiary responses will be sampled in order to determine level of compliance with the HCBS settings requirements.

Instructions

The site review survey tool contains a set of questions designed to measure this setting's level of compliance with federal HCBS guidelines.

CMS Regulatory Requirements:

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

Section A – Provider Information

Date:

On-site Reviewers:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

- Assisted Living
- Provider Controlled Apartment
- Provider Controlled Group Home
- Staff Home

Current number of persons served, regardless of funding source _____

Current number of Medicaid beneficiaries served _____

Total Maximum census/capacity under this license _____

(Circle all that apply)

Medicaid Enrolled Provider of: Living Choices (ALF) ACS Waiver Supported Living

Section B – Integrated Setting and Community Access (Heightened Scrutiny)

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B1. Is the setting located in or attached to a building that is also a nursing home/facility or hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>
<p>B1 Comments:</p> <p>42 CFR § 441.301 (c)(5)(v)</p> <p>Intent Statement: This question relates to the physical location of the setting in regards to the physical location of nursing home/facility or hospital.</p> <p>How does site show characteristics of a HCBS setting?</p> <p>Evidence would constitute answering such things as:</p> <ul style="list-style-type: none"> • Does a nursing home, hospital or other settings exist within the same physical structure as the HCBS setting? • Is there a meaningful distinction between the two types of settings <p>Reviewers can validate by: (1) observing the setting or (2) Interviewing staff.</p>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B2. Is the setting located in a building on the grounds of, or immediately adjacent to, a public institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <ul style="list-style-type: none"> <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other 	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>

B2 Comments:

42 CFR § 441.301 (c)(5)(v)

Intent Statement: This question relates to the physical location of the setting in regards to the physical location of a public institution. The definition of a public institution is a government owned/operated facility.

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- Does a public institution exist on the grounds of or within the same physical structure as the HCBS setting?
- Does a relationship between the “institution” and the HCBS setting in question exist? If so, to what extent?
- Is the setting co-located and/or operationally (governed, directed or controlled) related, i.e., operated and controlled by the same provider?

Reviewers can validate by (1) Observing the setting or (2) Interviewing staff and beneficiaries.

Arkansas HCBS Residential Site Review Survey Tool 3/16/16, adapted from Montana’s Validation Instrument

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B3. Is the setting in a gated or secured “community”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>
<p>B3 Comments:</p> <p>42 CFR § 441.301 (c)(5)(v)</p> <p>Intent Statement: This question relates to the physical aspect of the setting being gated/secured with the intention of physically restricting people from coming and going from the setting.</p> <p>Are members allowed to interact with the broader community outside of the gated community?</p> <p>How does venue show characteristics of a HCBS setting?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • What services are provided in this setting? Do these services have the effect of isolating the individuals? • Does the setting authorize interventions/restrictions that are used in institutional settings (i.e., seclusion)? • Is the setting such that multiple types of services and activities are on-site—(and beneficiary does not have the choice to leave the grounds) including housing, day services, medical, behavioral, therapeutic, social, recreational and religious activities. • Does the setting potentially reduce the beneficiary’s access to the greater/broader community life? This may constitute “isolation”. 							

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and beneficiaries, (3) Reviewing activity schedule/calendars/sign out sheets or (4) Reviewing resident agreements and handbooks for clarification regarding services provided and if there are restrictions on how the services are to be delivered.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B4. Does your agency own or operate multiple settings located on the same street/block as this setting (excluding duplexes and multiplexes, unless there is more than one on the same street)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

B4 Comments:

42 CFR § 441.301 (c)(5)(v)

This question is to determine if there are multiple settings located on the same street or on the same block.

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- **Is the setting co-located and operationally related, i.e., is the setting governed, directed or controlled by the same provider?**
- **Is this setting a congregate setting where there is a significant amount of shared programming? Shared staff going from location to another location?**
- **Do beneficiaries walk back and forth between facilities within their neighborhood? (E.g. Where group homes are co-located on a single site or within close proximity of each other.**

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and management of the facility, (3) Reviewing licensing records in terms of governance structure for associated facilities or (4) Reviewing resident agreements and handbooks for clarification regarding services provided and how the services are to be delivered.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
B5. Are beneficiaries at this setting required to receive medical, behavioral, or therapy services on-site?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

B5 Comments:

42 CFR § 441.301 (c)(5)(v)

Intent Statement: To determine if beneficiaries are required to see physicians, therapists, etc. who come to their home versus choosing to see a provider at their office in the community.

Evidence would constitute answering such things as:

- What services (behavioral, medical or therapy) are provided to the beneficiary in this setting?
- Who provides that service, an internal facility staff or an outside provider?
- Did the beneficiary have a choice of locations to receive these services?

Reviewers can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided, (2) Interviewing staff and beneficiaries or (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, resident agreements and resident handbooks.

*This does not include in-home nursing services provided by an RN or LPN or supportive living services.

Section C – Community Integration

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C1. In addition to on-site activities, does the setting provide opportunities for beneficiaries to participate in community events, activities, and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C1 Comments:

42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)

Evidence would constitute answering such things as:

- Determine whether the beneficiary participates regularly in typical community life outside of the setting to the extent the beneficiary desires.
- Are individuals restricted from participating in activities outside of the setting?
- Does the beneficiary get to participate in the selection of the activities or events they participate in?
- If the beneficiary would like to work is there activity that ensures this option is pursued? *This prompt is only applicable in work or day settings.*
- Do the beneficiaries have the opportunity to participate regularly in non-work activities in an integrated community setting for the time they desire?
- Do the beneficiaries have the opportunity to have relationships with people outside of the setting?

- Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and from outside activities?

Reviewers can validate by (1) Observing the setting for posted information, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (3) interviewing staff, beneficiaries and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C2. Does the setting share information with beneficiaries about community events and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C2 Comments:

42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)

Evidence would constitute answering such things as:

- Within the setting, is information posted that announces community events or activities outside of the setting? Are there flyers/calendars posted within the setting that announce community events? Are other materials available to individuals to promote activities outside of the setting—such as pamphlets, schedules of church services/community events?
- Does the schedule of activities show events and activities that occur outside of the setting? Are there phone numbers or websites available so beneficiaries can find out more information if so desired?
- Does staff talk with beneficiaries about events and activities that are occurring outside of the setting?

- Do beneficiaries participate in the selection of the activities they are interested in outside of the setting?
- Do the beneficiaries know how to make arrangements for attendance at these activities?
- Are beneficiaries required to sign in/sign out for attendance to outings within the community?

Reviewers can validate by (1) Observing the setting for posted information, (2) Interviewing staff, beneficiaries and others or (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
C3. Can the beneficiary attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

C3 Comments:

42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)

Evidence would constitute answering such things as:

- Does the evaluator witness beneficiaries coming and going without restrictions?
- Does staff talk with beneficiaries about events and activities that are occurring outside of the setting? Do they know who to ask about scheduling these activities?
- Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?
- Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and getting back from outside activities?
- Is public transportation available in the community?

- If public transportation is available, are bus and other transportation schedules and telephone numbers posted in a convenient location?
- Do beneficiaries talk about activities occurring outside of the setting? Do they know how to go about attending these activities?

Reviewers can validate by (1) Observing the setting, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (3) Interviewing staff, beneficiaries and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C4a. Are there restrictions on individual beneficiary schedules? <u>If no, skip to D1a.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C4a Comments:

42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)

Evidence would constitute answering such things as

- Do beneficiaries choose and control their own schedule in accordance with a person-centered plan?
- How are individuals made aware that they are not required to follow a set schedule which is not part of their agreed upon plan?

- Can the beneficiary come and go at reasonable times?
- Are there visitors present? Are visiting hours posted?
- Are there restricted visitor meeting areas and restricted visiting hours?

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff, beneficiaries, family members/friends and others or (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C4b. If yes, were the restrictions developed with and agreed upon by beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C4b Comments:

42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(F), 42 CFR § 441.725 (a)

Evidence would constitute answering such things as:

- Does the setting have a council/group or other such body that includes beneficiaries living in the setting? Does this group make decisions/recommendations for the entire residence?
- Does the facility have policies and procedures on how beneficiaries participate in such decisions?

- Does the beneficiary have a lease or, a written residency agreement?
- Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?
- Are beneficiaries protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?
- If required to relocate does the beneficiary know the process and who will assist them in the relocation process?

Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, agreement, provision, (2) Interviewing staff, beneficiaries, or family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement or (3) Reviewing records to include specific resident agreements.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D1b. If there is no lease in the setting, is there a written agreement that offers protections from eviction for beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

D1b Comments:

42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)

Intent Statement: This question is to determine if there is not a lease, that the beneficiary has a written agreement that offers the same protection as a lease.

Evidence would constitute answering such things as:

- Do beneficiaries have a written residency agreement?

- Does that document contain protections from eviction and afforded appeal rights?
- Is there evidence that the beneficiary or his/her legal representative was advised of this information and understood it accordingly?
- Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?
- If required to relocate does the beneficiary know the process and who will assist them in the relocation process?

Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, residency agreement, provision, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement or (3) Reviewing records to include specific resident agreements, whether those agreements were signed by the beneficiary or their official representative.

Section E – Living Arrangements

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E1. Does the setting have a door accessible only by key and/or locking device (key card)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E1 Comments:

42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Intent Statement: This question is to determine if the physical building has a front door that is or can be locked.

Evidence would constitute answering such things as:

Door to the facility:

- How does a beneficiary gain entry into the setting?

- Does entry require any special tool, or other device beyond simply turning a knob, pushing a bar, or pushing the door itself?
- Are there hours where the setting is unlocked and accessible by the general public and hours when the setting is locked?
- Is there ability for the resident or building staff to “buzz in” or admit visitors? If yes, do they do so promptly?

Individual room doors:

- Can these rooms be locked, or are these rooms locked? How does one unlock them? Is the lock functional?
- Who has the option to lock the doors? Staff or resident? Or Both?
- Are individuals free to come and go from their rooms as they choose?

Reviewers can validate by (1) Self-entry into the setting or observation of others entry into the setting or (2) Interviewing staff, beneficiaries, family members and others.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E2. May the beneficiary lock the bathroom door for privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E2 Comments:

42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Intent Statement: Is there a physically usable lock on the bathroom door?

Evidence would constitute answering such things as:

- Is there a lock on the bathroom door? Is the lock functioning?
- If there is no door or lock what is the mechanism to ensure beneficiary privacy when using the bathroom?
- Do beneficiaries know that they can lock the door? How are they informed of this?
- What would happen if the door locked and the beneficiary could not open from the inside? Is there a mechanism for opening from the outside?

Reviewers can validate by (1) Observing the setting, (2) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (3) Interviewing staff, beneficiaries, family members to assess their understanding of the beneficiary privacy rights or (4) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary's abilities or restrictions.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E3. Does the beneficiary have the option of locking his/her bedroom door for privacy when they choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E3 Comments:

42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Intent Statement: The intent of this question is to determine if there is physically a usable lock on the beneficiary's bedroom door.

Evidence would constitute answering such things as:

- Can the beneficiary rooms be locked? Is the lock functioning? How does one unlock them?
- Who is allowed to lock them? Staff or beneficiary? Or both?
- What is the locking mechanism? Are beneficiaries free to come and go from their rooms as they choose?
- If in a shared living arrangement do both beneficiaries have access to a key or the ability to lock bedroom when they choose?

Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the resident privacy rights or (3) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary's abilities or restrictions.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E4. Does staff knock on the door and/or ring a doorbell for access to the beneficiary's private room(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E4 Comments:							
<p>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</p> <p>Intent Statement: The intent of this question is does the beneficiary have control of providing permission for who enters their private space.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • Are staff required to knock before entering a beneficiary's room? <p>Reviewers can validate by (1) Observing the setting, (2) Interviewing staff, beneficiaries, family members and others or (3) Reviewing written policies addressing privacy in beneficiary's rooms.</p>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E5. Is the setting arranged to ensure privacy during personal care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E5 Comments:							
<p>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • Is privacy afforded during hygiene care? • Do beneficiaries receive hygiene individually? • Is hygiene care provided in resident room or in another room with door for privacy? <p>Reviewers can validate by (1) Interviewing staff, beneficiaries, family members and others.</p>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E6. Does the setting offer privacy to beneficiaries while using telephone, internet or other personal communication devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E6 Comments:							
<p>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</p> <p>Intent Statement: Do beneficiaries have the ability to communicate privately with others?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> Do beneficiaries have the option of bringing phones, computers or other personal communication devices into their personal rooms to use at their own discretion? If beneficiary does not have their own phone, internet, or their own personal communication devices where can these devices be accessed for beneficiary use? Are they easily accessible to the beneficiary? What privacy practices or arrangements are in place so that beneficiaries have privacy while using these devices? Does the facility have a policy in place that discusses the use and privacy considerations of these devices located in a space other than the beneficiary's room/apt/residence? How is this communicated to beneficiaries and their families? If adaptive equipment is necessary, do beneficiaries have as much privacy as possible? <p>Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the resident privacy rights or (3) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary's abilities or restrictions.</p>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E7. Does the setting have single occupancy bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E7 Comments:							
<p>42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)</p> <p>Intent Statement: The intent of this question is to determine if there is one beneficiary living in a bedroom.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • Is there one person living in a bedroom? • Does the setting only offer single occupancy rooms? <p>Reviewers can validate by (1) Observing individual bedrooms or (2) interviewing staff, beneficiaries, family members and others.</p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E8. Does the setting have double occupancy bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E8 Comments:

42 CFR § 441.301 (c)(4)(vi)(B)(2), 42 CFR § 441.530 (a)(1)(vi)(B)(2), 42 CFR § 441.710 (a)(1)(vi)(B)(2)

Intent Statement: The intent of this question is to determine if there are two beneficiaries living in a bedroom.

Evidence would constitute answering such things as:

- Are there two beneficiaries living in a bedroom?
- Does the setting only offer double occupancy bedrooms?
- Was the beneficiary given a choice of other living arrangements/settings that had single occupancy bedrooms?

Reviewers can validate by (1) Observing the setting to verify number of residents/beds in each room, (2) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes resident rooms and conditions upon when roommates are permissible, (3) Interviewing staff, beneficiaries, and family members to assess their understanding of the resident privacy rights or (4) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary’s abilities or restrictions.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E9. Does this setting have larger than double occupancy bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E9 Comments:

42 CFR § 441.301 (c)(4)(vi)(B)(2), 42 CFR § 441.530 (a)(1)(vi)(B)(2), 42 CFR § 441.710 (a)(1)(vi)(B)(2)

Intent Statement: The intent of this question is to determine if there are three or more beneficiaries living in a bedroom.

Evidence would constitute answering such things as:

- Are there more than two beneficiaries living a bedroom?

Reviewers can validate by (1) Observing the setting to verify number of residents/beds in each room, (2) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes resident rooms and conditions upon when roommates are permissible, (3) Interviewing staff, beneficiaries, and family members to assess their understanding of the resident privacy rights or (4) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary’s abilities or restrictions.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E11. Are bedroom decorations and furniture arranged at the discretion of the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E11 Comments:							
<p>42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.530 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(B)(3)</p> <p>Intent Statement: This question relates to whether the beneficiary has the freedom to furnish and decorate.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • Are personal items visible in beneficiary rooms? • Are rooms individualized to the beneficiary residing in them? <p>Reviewers can validate by (1) Observing individual bedrooms, (2) Interviewing staff, beneficiaries, family members and others or (3) Reviewing policies regarding ability of residents to bring in own furnishings or own items.</p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E12. Do beneficiaries set their own daily routines for things such as hygiene, care delivery, recreation and meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E12 Comments:

42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)

Intent Statement: This question relates to whether the beneficiary has control over their schedule.

Evidence would constitute answering such things as:

- Do beneficiaries choose and control their own routine in accordance with a person-centered plan?
- How are beneficiaries made aware of choices in scheduling or in setting a schedule as part of their agreed upon plan?
- Is there a posted schedule of routines showing when particular events occur throughout the day? Per beneficiary per household?
- If beneficiaries need assistance do they have a choice in their daily routines, for example take their bath in the morning or at night?
- Are times posted on calendar or bulletin board, with no variation in schedule, for things such as meals or activities?
- Does the admission agreement address an individual’s right to choose his/her schedule?

Reviewers can validate by (1) Observing the setting, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members/friends and others o r (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.							
Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E13a. Do beneficiaries have full access to the setting, including the kitchen? <u>If yes, skip to QE14.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E13a Comments:							
<p>42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> Does the admission agreement address a beneficiary’s right to access the kitchen? 							
Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered							

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E14. Do beneficiaries have full access to the setting, including the dining area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E14 Comments:

42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)

Evidence would constitute answering such things as:

- Does the admission agreement address a beneficiary’s right to access the dining area?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E15. Do beneficiaries have full access to the setting, including the laundry?	<input type="checkbox"/>	<input type="checkbox"/>					
Can beneficiaries choose to do their own laundry in this setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E15 Comments:

42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)

Evidence would constitute answering such things as:

- Does the admission agreement address a beneficiary’s right to access the laundry area?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E16. Do beneficiaries have full access to the setting, including the common area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E16 Comments:							

42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)

Evidence would constitute answering such things as:

- Does the admission agreement address a beneficiary’s right to access the laundry area?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E17. Do beneficiaries have full access to the snack area, including microwave and refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E17 Comments:

42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)

Evidence would constitute answering such things as:

- Does the admission agreement address a beneficiary’s right to access the laundry area?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E18. Do beneficiaries have choice of when to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes	No
Do beneficiaries have a choice of what to eat?	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

E18 Comments:

42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)

Evidence would constitute answering such things as

- Is there a posted menu of food to be offered and served per meal/per day/per week?
- What happens if a beneficiary does not like what is on the scheduled menu? Is an alternative available upon request?
- What happens if the beneficiary becomes hungry in between meal times?
- Is the beneficiary able to access a snack if they do not want to eat the meals provided, or at the time of the meal?
- Are arrangements made for special or medical diets? Or to address food allergies?
- If meal times are set, are they discussed with beneficiaries and are beneficiaries allowed to request alternative times to eat? If able to request alternative times is there a process that is communicated to the beneficiaries on how to make this request?
- Does the admission agreement address freedom of meals and mealtimes?

Reviewers can validate by (1) Observing the environment, in particular meal times, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E19. Do beneficiaries have a choice to eat alone or with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E19 Comments:

42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)

Evidence would constitute answering such things as:

- Do beneficiaries eat in a common dining area with others?
- Are they given a choice of sitting alone or with people of their choosing?
- Can beneficiary's families eat with member if requested in advance? Is there a separate area for this activity to occur?

Reviewers can validate by (1) Observing the environment, in particular meal times, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
F2. Do you provide beneficiaries with information about his/her rights in plain language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
F2 Comments:							
<p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> ● How are beneficiary rights communicated to the individual, the individual's family or guardian? ● What other methods are used, to assist individuals who cannot utilize the written word, such as verbal/interpreter? ● Are these rights contained in an admission document of some sort? Does the beneficiary or the beneficiary's representative have to sign that they have received this information and understand it? ● Is information written in such a way that the language is understandable? Or is it written very technically and difficult to understand? ● Are house rules or beneficiary rights posted in a place that can be easily seen and read by beneficiaries, visitors and others who enter the setting? ● Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents? 							

Reviewers can validate by (1) Observing the environment for posted information, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the beneficiary rights.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
F3. Do you provide beneficiaries with a process to file a grievance if they believe their rights have been violated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

F3 Comments:

Evidence would constitute answering such things as:

- What is the facility grievance procedure policy?
- How does the facility administrator/staff make beneficiaries, resident's family or representatives aware of the internal grievance process or of their formal appeal rights?
- How are employees made aware of the processes for internal grievances or for requesting a formal appeal?
- Does the facility post anything with regard to grievance/appeal procedures? If so, where?
- Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents for purposes of requesting an appeal or filing a grievance?
- Does the admission agreement address beneficiary rights and grievance procedures?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the grievance procedure.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
G3. Does the setting include barriers which limit access such as Velcro strips, locked doors or locked cabinets or refrigerators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

G3 Comments:

42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.301 (c)(4)(iii), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.530 (a)(1)(iii), 42 CFR § 441.710 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(iii)

Intent Statement: Are cabinets locked/inaccessible for access to harmful things like cleaning chemicals and medications, but unlocked/accessible for items that would be used routinely such as food, toilet paper etc.?

Evidence would constitute answering such things as:

- Prompt—can authorized beneficiaries unlock and access secured cabinets?

Reviewers can validate by (1) Observing the environment, (2) Conferring with authorities having jurisdiction re: the level of compliance with applicable regulations or (3) Interviewing staff, beneficiaries, family members and others to determine whether these barriers exist.

END OF RESIDENTIAL SITE ASSESSMENT TOOL

Appendix G

Arkansas HCBS Non-Residential Site Review Survey

Arkansas HCBS Non-Residential Site Review Survey Tool

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

Your setting has been selected for an on-site validation review based on a random sample of provider self-assessments received, or if you were a setting that did not complete and submit a provider self-assessment. This process will utilize the tool attached to verify the level of compliance with the CMS Regulatory Requirements. The format of the site review survey tool is consistent with the areas that were requested to be completed on the provider self-assessment. You may be asked to provide documentation that supports your level of compliance with these regulations as part of this on-site validation process. Additionally, there may be areas where beneficiary responses will be sampled in order to determine level of compliance with the HCBS settings requirements.

Instructions

The site review survey tool contains a set of questions designed to measure this setting's level of compliance with federal HCBS guidelines.

CMS Regulatory Requirements:

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

Section A – Provider Information

Date:

On-site Reviewers:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

Day Setting (ADC/ADHC)

Current Number of Persons Served, regardless of funding source _____

Current number of Medicaid beneficiaries served _____

Total Maximum census/capacity under this license, if applicable _____

Section B – Integrated Setting and Community Access (Heightened Scrutiny)

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B1. Is the setting located in or attached to a building that is also a nursing home/facility or hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>
<p>B1 Comments:</p> <p>Intent Statement: This question relates to the physical location of the building in regards to the physical location of nursing home/facility or hospital.</p> <p>How does site show characteristics of a HCBS setting?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> • Does a nursing home, hospital or other settings exist within the same physical structure as the HCBS setting? • Is there a meaningful distinction between the two types of settings? <p>Reviewers can validate by: (1) Observing the setting or (2) Interviewing staff.</p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B2. Is the setting located in a building on the grounds of, or immediately adjacent to, a public institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>

B2 Comments:

Intent Statement: This question relates to the physical location of the building in regards to the physical location of a public institution. The definition of a public institution is a government owned/operated facility.

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- Does a public institution exist on the grounds of or within the same physical structure as the HCBS setting?
- Does a relationship between the “institution” and the HCBS setting in question exist? If so, to what extent?
- Is the setting co-located and/or operationally (governed, directed or controlled) related, i.e., operated and controlled by the same provider?

Reviewers can validate by (1) Observing the setting or (2) Interviewing staff and beneficiaries.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B3. Is the setting in a gated/secured “community”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>

B3 Comments:

Intent Statement: This question relates to the physical aspect of the setting being gated/secured with the intention of physically restricting people from coming and going from the setting.

Are members allowed to interact with the broader community outside of the gated community?

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- What services are provided in this setting? Do these services have the effect of isolating the individuals?
- Does the setting authorize interventions/restrictions that are used in institutional settings (i.e., seclusion)?
- Is the setting such that multiple types of services and activities are on-site—(and beneficiary does not have the choice to leave the grounds) including housing, day services, medical, behavioral, therapeutic, social, recreational and religious activities.
- Does the setting potentially reduce the beneficiary’s access to the greater/broader community life? This may constitute “isolation”.

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and beneficiaries, (3) Reviewing activity schedule/calendars/sign out sheets or (4)

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and management of the facility, (3) Reviewing licensing records in terms of governance structure for associated facilities or (4) Reviewing resident agreements and handbooks for clarification regarding services provided and how the services are to be delivered.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B5. Are beneficiaries at this setting required to receive medical, behavioral, or therapy services on-site?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

B5 Comments:

Intent Statement: To determine if beneficiaries are required to see physicians, therapists, etc. whom come to their home versus choosing to see a provider at their office in the community.

Evidence would constitute answering such things as:

- What services (behavioral, medical or therapy) are provided to the beneficiary in this setting?
- Who provides that service, an internal facility staff or an outside provider?
- Did the beneficiary have a choice of locations to receive these services?

Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) Interviewing staff, beneficiaries, and others or (3) Reviewing records to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and resident handbooks.

*This does not include in-home nursing services provided by an RN or LPN.

Section C – Community Integration

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C1. In addition to on-site activities, does the setting provide opportunities for beneficiaries to participate in community events, activities, and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C1 Comments:

Evidence would constitute answering such things as:

- Determine whether the beneficiary participates regularly in typical community life outside of the setting to the extent the beneficiary desires.
- Are individuals restricted from participating in activities outside of the setting?
- Does the beneficiary get to participate in the selection of the activities or events they participate in?
- If the beneficiary would like to work is there activity that ensures this option is pursued? *This prompt is only applicable in work or day settings.*
- Do the beneficiaries have the opportunity to participate regularly in non-work activities in an integrated community setting for the time they desire?

- Do the beneficiaries have the opportunity to have relationships with people outside of the setting?
- Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?
- Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and from outside activities?

Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing staff, beneficiaries, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C2. Does the setting share information with beneficiaries about community events and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C2 Comments:

Evidence would constitute answering such things as:

- Within the setting, is information posted that announces community events or activities outside of the setting? Are there flyers/calendars posted within the setting that announce community events? Are other materials available to individuals to promote activities outside of the setting—such as pamphlets, schedules of church

services/community events?

- Does staff talk with beneficiaries about events and activities that are occurring outside of the setting?
- Does the schedule of activities show events and activities that occur outside of the setting? Are there phone numbers or websites available so beneficiaries can find out more information if so desired?
- Do beneficiaries participate in the selection of the activities they are interested in outside of the setting?
- Do the beneficiaries know how to make arrangements for attendance at these activities?
- Are beneficiaries required to sign in/sign out for attendance to outings within the community?

Reviewers can validate by (1) Observing the setting for posted information, (2) Interviewing staff, beneficiaries, and others or (3) Reviewing records to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C3. Can the beneficiary attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C3 Comments:

Evidence would constitute answering such things as:

- Does the evaluator witness beneficiaries coming and going without restrictions?
- Does staff talk with beneficiaries about events and activities that are occurring outside of the setting? Do they know who to ask about scheduling these activities?
- Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?
- Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and getting back from outside activities?
- Is public transportation available in the community?
- If public transportation is available, are bus and other transportation schedules and telephone numbers posted in a convenient location?
- Do beneficiaries talk about activities occurring outside of the setting? Do they know how to go about attending these activities?

Reviewers can validate by (1) Observing the setting, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided, (3) Interviewing staff, beneficiaries, and others or (4) Reviewing record to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C4a. Are there restrictions on individual beneficiary schedules? <u>If no, skip to D1.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C4a Comments:							

Evidence would constitute answering such things as

- Do beneficiaries choose and control their own schedule in accordance with a person-centered plan?
- How are individuals made aware that they are not required to follow a set schedule which is not part of their agreed upon plan?
- Can the beneficiary come and go at reasonable times?
- Are there visitors present? Are visiting hours posted?
- Are there restricted visitor meeting areas and restricted visiting hours?

Reviewers can validate by (1) Observing the setting, (2) Interviewing staff, beneficiaries, family members/friends and others or (3) Reviewing records to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C4b. If there are restrictions on beneficiary schedules, were the restrictions developed with and agreed upon by beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C4b Comments:

Evidence would constitute answering such things as:

- Does the setting have a council/group or other such body that includes beneficiaries living in the setting? Does this group make decisions/recommendations for the entire residence?
- Does the facility have policies and procedures on how beneficiaries participate in such decisions?
- Does the admission agreement or other similar document provide direction for how the beneficiary can participate in such decisions?
- What is the process for determining the restriction on visiting hours/when beneficiaries can come and go? Do beneficiaries engage in the process?

Reviewers can validate by (1) Reviewing the facility program handbook/manual/document (for specific policies and procedures) which describes the involvement of beneficiaries in the decision making process, (2) Interviewing staff, beneficiaries, family members/friends and others members, (3) Reviewing records to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements or (4) Reviewing staff logs and any documents with respect to a resident council or other similar decision making body within the setting.

Section D – Non-Residential Services

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D1. Does the setting have a space for beneficiaries to secure personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

D1 Comments:

The evidence would constitute answering such things as:

- Is there a locker available for storage?
- Is there a specific place for beneficiaries to store their belongings?
- Is there access to a lock if desired to secure their items?

Reviewers can validate by (1) Observing the setting, (2) Conferring with authorities having jurisdiction re: the level of compliance with applicable regulations or (3) Interviewing staff, beneficiaries, and family members.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D2. Is the setting arranged to ensure privacy during personal care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

D2 Comments:

The evidence would constitute answering such things as:

- Is there privacy available during hygiene care?
- Do beneficiaries receive hygiene individually?
- Is there a separate room or bathroom with door for privacy during personal care?

Reviewers can validate by (1) Observing the setting or (2) Interviewing staff, beneficiaries, family members and others.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D3. Do beneficiaries have the opportunity to participate in tasks and activities matched to their skills and abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

D3 Comments:

The evidence would constitute answering such things as:

- What documentation is available to determine beneficiary's skills and abilities?
- Does the person centered plan address skills and abilities of the beneficiary?
- How are activities developed? Do beneficiaries participate in development of tasks or activities?

Reviewers can validate by (1) Observing the setting or (2) Interviewing staff, beneficiaries, family members and others.

Reviewers can validate by (1) Observing the environment, (2) Reviewing the training handbook/manual/document which describes the beneficiary rights training that is provided to staff and volunteers, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records of employee/volunteer personnel records to see if there is documentation of training.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E2. Do you provide beneficiaries with information about his/her rights in plain language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

E2 Comments:

Evidence would constitute answering such things as:

- How are beneficiary rights communicated to the individual, the individual’s family or guardian?
- What other methods are used, to assist individuals who cannot utilize the written word, such as verbal/interpreter?
- Are these rights contained in an admission document of some sort? Does the beneficiary or the beneficiary’s representative have to sign that they have received this information and understand it?
- Is information written in such a way that the language is understandable? Or is it written very technically and difficult to understand?
- Are rules or beneficiary rights posted in a place that can be easily seen and read by beneficiaries, visitors and others who enter the setting?
- Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the

admission documents?

Reviewers can validate by (1) Observing the environment for posted information, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the beneficiary rights.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
E3. Do you provide beneficiaries with information on the process to file a grievance if they believe their rights have been violated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

E3 Comments:

Evidence would constitute answering such things as:

- What is the facility grievance procedure policy?
- How does the facility administrator/staff make beneficiaries, resident’s family or representatives aware of the internal grievance process or of their formal appeal rights?
- How are employees made aware of the processes for internal grievances or for requesting a formal appeal?

- Does the facility post anything with regard to grievance/appeal procedures? If so, where?
- Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents for purposes of requesting an appeal or filing a grievance?
- Does the admission agreement address beneficiary rights and grievance procedures?

Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the grievance procedure.

END OF NON-RESIDENTIAL SITE ASSESSMENT TOOL

Appendix H

Arkansas HCBS Residential Beneficiary Survey

Arkansas HCBS Residential Beneficiary Survey

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

The Beneficiary Survey must be conducted in person before August 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the person conducting the survey, do not influence the individual's responses. Certain questions include an option to explain when "No" is actually an appropriate response and not indicative of non-compliance.

The Arkansas DHS inter-agency HCBS working group will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the survey and submit your responses to the inter-agency HCBS working group before August 31, 2016. A member of the Arkansas HCBS working group will give you instructions about how to submit the responses you record on this Word document.

Filling out the survey:

Individuals receiving Medicaid-reimbursed HCBS for residential services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS Settings final rule. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid.

CMS Regulatory Requirements:

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

Intro to read to beneficiary before interview: The following survey will take about 30 minutes. There is no right or wrong answer. We will be asking you questions about your daily life and the support and services you get here at [insert provider name]. The reason we are talking about this is because the Arkansas Department of Human Services is trying to make sure that you have all the rights and freedoms of people who live in the community. Many others are doing the same survey. It's ok to be honest and say what you think.

Section A – General Information

Date:

Name of Reviewer:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

- Assisted Living
- Provider Controlled Apartment
- Provider Controlled Group Home
- Staff Home

Does the individual have a conservator? Yes No

If so, name of the conservator or agency:

centered service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B2. Do you know how to find out about upcoming events or activities happening in the community? Are they posted on a bulletin board for all to see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
B2 Comments:							
<p>Intent Statement: This question relates to whether the setting is integrated in and supports access to the broader community. 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> Do staff members tell you about events and activities happening in the community? 							

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
	Yes	No				Yes	No	
B3. Can you have visitors when you want to have visitors?	<input type="checkbox"/>	<input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification			<input type="checkbox"/>	<input type="checkbox"/>

B3 Comments:

Intent Statement: This question relates to whether the setting allows visitors at any time. **42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.530 (a)(1)(vi)(D), 42 CFR § 441.710 (a)(1)(vi)(D)**

Probing Questions:

- Are there rules about having visitors over?
- Can you have visitors in your room/apartment without staff being there?
- Can you invite friends or family over whenever you want?
- Can you have private visits if you want to?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered plans,

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B4. How do you get where you want to go? Can you find a ride to places you want to go?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

B4 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. **42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)**

Probing Questions:

- If public transportation is available – ask whether they know how to check the bus schedule or have the phone number for the taxi service? Can you get that information if you needed it?
- Does (insert provider name) provide a van or car to take you where you need/want to go?
- Does your family or friends take you where you need/want to go?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (<i>select all that apply</i>)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B5. Do you have the help you need to do the activities you want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification			<input type="checkbox"/>	<input type="checkbox"/>

Other

B5 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. This question also relates to whether the beneficiary is integrated into the broader community. **42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)**

Probing Questions:

- Who do you go to when you need help at home during the day? At night?
- Are you able to get to the activities you want to participate in?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Section C – Housing Protection and Due Process

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C1. Do you know who to talk to if you wanted to live somewhere else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate			<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other				
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C1 Comments:

42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)

Probing Questions:

- If you wanted to move, do you know how that happens?
- Who would help you with moving?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, residency agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the official representative.

Validation Question	Criteria Met		Information Sources (<i>select all that apply</i>)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C2. Who owns your house or apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation			<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other					
C2 Comments:							
<p>Intent Statement: This question relates to whether this specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. 42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • Who do you pay to live here? • Who do you go to if something isn't working right (like your refrigerator)? – would ask only if apartment • What happens if you break something? • Are you paying rent? • Do you have a lease or a written residency agreement? • Did you have to sign some papers when you moved in here that said what you are allowed to do and not do? • Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS? <p>Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.</p>							
Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
C3. Do you know what you can and cannot do in your house/apartment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation			Yes <input type="checkbox"/>	No <input type="checkbox"/>

- | | | | | | |
|--|--|---|--|--|--|
| | | <input type="checkbox"/> Record/Document Review
<input type="checkbox"/> Rights Modification
<input type="checkbox"/> Other | | | |
|--|--|---|--|--|--|

C3 Comments:

Intent Statement: This question relates to whether this specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. **42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)**

Probing Questions:

- What are the rules that you have to follow to live here?
- What happens if you break a rule?
- Does the individual have a written residency agreement?
- Does that document contain protections from eviction and afforded appeal rights?
- Is there evidence that the beneficiary /or his/her legal representative was advised of this information and understood it accordingly?
- Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?
- Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual (for specific policies and procedures)/document which describes the applicable tenant law, residency agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D2. Did you choose to live here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
D2 Comments:							
<p>Intent Statement: This question relates to whether this setting was selected by the individual from among setting options, including non-disability specific settings. 42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • Did someone else make the choice for you? Did you make the choice together? • Did you visit other places before choosing where you live now? • Who choose for you to live here? <p>Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.</p>							

Validation Question	Criteria Met		Information Sources <i>(Select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D4. Do you have your own room? <u>If yes, skip to D7.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Intent Statement: This question relates to whether this setting was selected by the individual from among setting options, including non-disability specific settings.
42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)

Evaluators can validate by (1) interviewing beneficiaries, family member, and others and (2) record reviews to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
	Yes	No				Yes	No	
D10. Can you close and lock your bathroom door?	<input type="checkbox"/>	<input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification			<input type="checkbox"/>	<input type="checkbox"/>
D10 Comments:								
<p>Intent Statement: This question relates to whether each individual has privacy in their living unit. 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • Do you have privacy when bathing or going to the bathroom? • Is there a lock on the bathroom door? Does the lock work? • If you don't have a lock, what do you do when you need some privacy in the bathroom? <p>Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.</p>								

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D12. Did you decorate your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
<p>D12 Comments:</p> <p><i>Note: the freedom to furnish and decorate should be considered in regard to providers' rules and policies. You should not mark "no" if a person wants something they cannot afford; that is not the point of these questions.</i></p> <p>Intent Statement: This question relates to whether the beneficiary has the freedom to furnish and decorate. 42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.530 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(B)(3)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • Can you move the furniture where you want it? • Can you hang or put up pictures if you want to? • Can you change things in your room if you want to? <p>Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing individual bedrooms and (3) reviewing policies regarding ability of residents to bring in own furnishings or own items.</p>							

Validation Question	Criteria Met		Information Sources <i>(Select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
D13. Can you eat what you want to eat? Can you eat when you want to eat it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification			Yes <input type="checkbox"/>	No <input type="checkbox"/>

D13 Comments:

Intent Statement: This question relates to whether the beneficiary has access to food at any time. **42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)**

Probing Questions:

- Is there a posted menu of food to be offered and served per meal/per day/per week?
- Do you get to help make the menu?
- What happens if you do not like what is on the scheduled menu? Can you ask for something else?
- What happens if you get hungry between meal times? What time do you eat meals (breakfast, lunch, dinner)?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meal times, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D14. Can you have a snack if you get hungry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification			<input type="checkbox"/>	<input type="checkbox"/>

D14 Comments:

Intent Statement: This question relates to whether the beneficiary has access to food at any time. **42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)**

Probing Questions:

- Do you choose the snack that you want?
- What are your favorite snacks?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meals, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
D16. Do you have access to a phone, computer or other technology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification 			<input type="checkbox"/>	<input type="checkbox"/>
D16 Comments:							
<p>Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> ● Can you have a phone or computer in your room? ● If you don't have your own phone or computer, are there any in the home that you can use? ● Can you use these whenever you want? ● Are you able to use the phone or computer in private? ● If adaptive equipment is necessary, do you have enough privacy? <p>Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.</p>							

Validation Question	Criteria Met		Information Sources <i>(Select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E2. Can you enter and exit your room/house whenever you want?	<input type="checkbox"/>	<input type="checkbox"/>	No , but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Right Modification			<input type="checkbox"/> Yes <input type="checkbox"/> No

E2 Comments:

Intent Statement: This question relates to whether the setting is physically accessible. **42 CFR § 441.301 (c)(4)(iii), 42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(iii), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(iii), 42 CFR § 441.710 (a)(1)(vi)(E)**

Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to determine ease of access and whether restrictions exist, (2) observing the environment and (3) conferring with authorities having jurisdiction re: the physical accessibility of the setting.

END OF RESIDENTIAL BENEFICIARY SURVEY

Appendix I

Arkansas HCBS Non-Residential Beneficiary Survey

Arkansas HCBS Non-Residential Beneficiary Survey

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

The Beneficiary Survey must be conducted in person before August 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the person conducting the survey, do not influence the individual's responses. Certain questions include an option to explain when "No" is actually an appropriate response and not indicative of non-compliance.

The Arkansas DHS inter-agency HCBS working group will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the survey and submit your responses to the inter-agency HCBS settings working group before August 31, 2016. The HCBS setting working group will give you instructions about how to submit the responses you record on this Word document.

Filling out the assessment:

Individuals receiving Medicaid-reimbursed HCBS for non-residential services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS requirements. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid.

CMS Regulatory Requirements:

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)*

Intro to read to beneficiary before interview: The following survey will take about 15 minutes. There is no right or wrong answer. We will be asking you questions about your daily life and the support and services you get here at [insert provider name]. The reason we are talking about this is because the Arkansas Department of Human Services is trying to make sure that you have all the rights and freedoms of people who live in the community. Many others are doing the same survey. It's ok to be honest and say what you think.

Section A – General Information

Date:

On-site Reviewers::

Setting Name:

Setting Type (*Please mark one*)

Day Setting (ADC/ADHC)

Does the individual have a conservator? Yes No

If so, name of the conservator or agency:

Section B – Community Integration

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
B1. Do you go shopping, go to church, or have lunch with friends or family? Do you do anything else with friends or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other				
B1 Comments:							
Intent Statement: This question relates to whether the setting is integrated in and supports access to the broader community.							
Probing Questions: <ul style="list-style-type: none"> • Are you able to do things in the community? • Do you get to pick which events/activities you want to do in the community? • Can you do things with your family (or friends) in the community? 							
Reviewers can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing beneficiary, family members, or advocate and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.							

Validation Question	Criteria Met		Information Sources <i>(Select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B3. Can you have visitors when you want to have visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
B3 Comments:							
<p>Intent Statement: This question relates to whether the setting allows visitors at any time.</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • Are there rules about having visitors? • Can you invite friends or family over whenever you want? • Can you have private visits if you want to? <p>Reviewers can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing beneficiary, family member, or advocate and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.</p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B4. Does this facility provide transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
B4 Comments:							
<p>Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices.</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> • If public transportation is available – ask whether they know how to check the bus schedule or have the phone number for the taxi service? Can you get that information if you needed it? • Does (insert provider name) provide a van or car to take you where you need/want to go? • Does your family or friends take you where you need/want to go? <p>Reviewers can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing beneficiary, family members, or advocate and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</p>							

END OF NON-RESIDENTIAL BENEFICIARY SURVEY

Appendix J

Arkansas HCBS Residential Site Visit Provider Report Template

HCBS Settings Residential Site Review Report Template

Date:

Name of Setting:

Setting Administrator:

Setting Address:

Administrator Email:

Administrator Phone:

On-site Reviewers:

Area 1 – Heightened Scrutiny: 42 CFR § 441.301 (c)(5)(v)

A. Setting is located in or attached to a building that is also a nursing home/facility or hospital (SiteB1):

B. Setting is on the grounds of or immediately adjacent to a public institution (SiteB2):

C. Setting is in a gated or secured “community” (SiteB3):

D. Agency/Provider owns multiple settings located on the same street/block as this setting (SiteB4):

E. Setting offers onsite day services, requires beneficiaries to receive medical, behavioral, or therapy services on-site (does not include in-home nursing services provided by RN/LPN) (SiteB5):

Area 2 – The setting is integrated and supports full access to the greater community: 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)

A. Setting provides opportunities for beneficiaries to participate in community events, activities, and services (SiteC1):

B. Setting shares information with beneficiaries about community events and activities (SiteC2, BenB2):

C. Setting allows beneficiaries to attend community activities when they want to (SiteC3, BenB1):

D. Setting places restrictions on individual beneficiary schedules, restrictions developed with and agreed upon by beneficiaries (SiteC4a, SiteC4b):

E. Transportation (BenB4):

Area 3 – The setting was selected by the individual; the individual was presented with other setting options; setting reflects the individual’s needs and preferences: 42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.710 (a)(1)(ii)

- A. Setting provides information to beneficiaries regarding the process of relocation (if desired by beneficiary) (BenC1):
- B. Setting was selected by beneficiary (BenD2):

Area 4 – The setting ensures individual rights of privacy, dignity, respect, and freedom from coercion and restraint: 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

- A. Setting has a door accessible only by key and/or locking device (key card) (SiteE1):
- B. Setting provides beneficiaries a lockable bathroom door for privacy (SiteE2, BenD10):
- C. Setting provides beneficiaries a lockable bedroom door for privacy (SiteE3, BenD7, BenD9):
- D. Setting staff knock on the door/ring doorbell before entering beneficiaries private room (SiteE4, BenD8, BenD11):
- E. Setting is arranged to ensure privacy during personal care (SiteE5):
- F. Setting offers privacy to beneficiaries using telephones, computers, or other personal communication devices (SiteE6):
- G. Setting offers only single occupancy bedrooms, unless married/life partners (SiteE7, BenD4):
- H. Setting offers double occupancy bedrooms or bedrooms with more than double occupancy (SiteE8, SiteE9):
- I. Setting provides training and continuing education, for staff and volunteers, on beneficiary rights (SiteF1):
- J. Setting provides beneficiaries information about his/her rights in plain language (SiteF2):
- K. Setting provides beneficiaries with a process to file a grievance (SiteF3):
- L. Setting provides beneficiaries freedom from barriers which limit access (SiteG3):

Area 5 – Individuals are given autonomy and encouraged to make independent life choices:

42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iii), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.301 (c)(4)(vi)(B)(2), 42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iii), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(vi)(B)(2), 42 CFR § 441.710 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(D) , 42 CFR § 441.710 (a)(1)(vi)(E), 42 CFR § 441.725 (a)(8)(b)(1)

- A. Setting allows beneficiaries the opportunity to choose their roommate, know how to request a roommate change (SiteE10, BenD5, BenD6):
- B. Bedrooms are decorated at the discretion of beneficiaries (SiteE11, BenD12):
- C. Setting allows beneficiaries to set their own schedule/daily routines (SiteE12, BenD3):
- D. Individuals choose when and what to eat, choose to eat with a group or alone, can eat in their bedrooms, living rooms or outside if they wish (SiteE18, Site E19, BenD13, BenD14):
- E. Setting allows access to visitors (BenB3):
- F. Setting provides help beneficiaries need to do the activities they want to do (BenB5):
- G. Setting provides beneficiaries access to a phone, computer, or other personal communication device, if desired by beneficiary (BenD16):
- H. Setting is physically accessible to beneficiaries (SiteG1, BenE2):
- I. Setting provides supports and accommodations to beneficiaries who need assistance moving about the setting (SiteG2, BenE1):

Area 6 – Individuals have lease agreements or other legally enforceable agreements

providing similar protections: 42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)

- A. Setting is covered by a landlord tenant law or beneficiaries have a lease (SiteD1a, BenC2, BenC3):
- B. Setting provides a written agreement that offers beneficiaries protections from eviction (SiteD1b, BenC2, BenC3):

Area 7 - Setting supports individual comfort and individuals have unrestricted access to the kitchen, common areas, laundry room, restroom, the individual's bedroom, yard and patio: 42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)

- A. Setting allows beneficiaries full access (kitchen/meal prep area, dining area, laundry area, common area, snack area (SiteE13a, SiteE13b, SiteE14, SiteE15, SiteE16, SiteE17, BenD15):

Area 8 – Residents control their personal resources: 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)

- A. Residents have a checking or savings account, have access to their funds (BenD1):

Appendix K

Arkansas HCBS Non-Residential Site Visit Provider Report

HCBS Settings Residential Site Review Report Template

Date:

Name of Setting:

Setting Administrator:

Setting Address:

Administrator Email:

Administrator Phone:

On-site Reviewers:

Area 1 – Heightened Scrutiny: 42 CFR § 441.301 (c)(5)(v)

- A. Setting is located in or attached to a building that is also a nursing home/facility or hospital (SiteB1):
- B. Setting is on the grounds of or immediately adjacent to a public institution (SiteB2):
- C. Setting is in a gated or secured “community” (SiteB3):
- D. Agency/Provider owns multiple settings located on the same street/block as this setting (SiteB4):
- E. Setting offers onsite day services, requires beneficiaries to receive medical, behavioral, or therapy services on-site (does not include in-home nursing services provided by RN/LPN) (SiteB5):

Area 2 – The setting is integrated and supports full access to the greater community: 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)

- A. Setting provides opportunities for beneficiaries to participate in community events, activities, and services (SiteC1):
- B. Setting shares information with beneficiaries about community events and activities (SiteC2, BenB2):
- C. Setting allows beneficiaries to attend community activities when they want to (SiteC3, BenB1):
- D. Setting places restrictions on individual beneficiary schedules, restrictions developed with and agreed upon by beneficiaries (SiteC4a, SiteC4b):
- E. Transportation (BenB4):

Area 3 – The setting ensures individual rights of privacy, dignity, respect, and freedom from coercion and restraint: 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

- A. Setting allows beneficiaries to be alone if you want/need to while you are at the setting (BenC5):
- B. Setting staff treats beneficiaries the way they want to be treated (BenC6):
- C. Setting is arranged to ensure privacy during personal care (SiteD2):
- D. Setting provides space for beneficiaries to secure personal belongings (SiteD1):
- E. Setting provides training and continuing education, for staff and volunteers, on beneficiary rights (SiteE1):
- F. Setting provides beneficiaries information about his/her rights in plain language (SiteE2):
- G. Setting provides beneficiaries with a process to file a grievance (SiteE3):

Area 4 – Individuals are given autonomy and encouraged to make independent life choices: 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iii), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.301 (c)(4)(vi)(B)(2), 42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iii), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(vi)(B)(2), 42 CFR § 441.710 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(D) , 42 CFR § 441.710 (a)(1)(vi)(E), 42 CFR § 441.725 (a)(8)(b)(1)

- A. Setting provides you the opportunity to participate in tasks that match your skills and abilities (SiteD3):
- B. Setting allows access to visitors (BenB3):
- C. Setting provides help beneficiaries need to do the activities they want to do (BenB5):
- D. Setting allows you to update or make changes to your plan of care (BenC4):

Appendix L

Waiver Reference Tables

Table 6. ARChoices in Homecare Waiver Reference Table

Table 7. Living Choices Assisted Living Waiver Reference Table

Table 8. Alternative Community Services Waiver Reference Table

Table 6. ARChoices in Homecare Waiver Reference Table

Service Description	Applicable HCBS Qualities	Service Settings
Adult Day Health	Non-Residential	<ul style="list-style-type: none"> • Adult Day Care Facility
Adult Day Services	Non-Residential	<ul style="list-style-type: none"> • Adult Day Care Facility
Adult Family Home	Residential – Provider Owned	<ul style="list-style-type: none"> • Home
Respite	Non-Residential	<ul style="list-style-type: none"> • Home • Hospital • Nursing Facility • Residential Care Facility • Adult Day Service • Adult Day Health • Level II Assisted Living Facility
Attendant Care Services	Residential	<ul style="list-style-type: none"> • Home • Community
Environmental Accessibility Adaptations/ Adaptive Equipment	Residential	<ul style="list-style-type: none"> • Home • Community
Home-Delivered Meals	Residential	<ul style="list-style-type: none"> • Home
Personal Emergency Response System	Residential	<ul style="list-style-type: none"> • Home

Table 7. Living Choices Assisted Living Waiver Reference Table

Service Description	Applicable HCBS Qualities	Service Settings
Extended Medicaid State Plan Prescription Drugs	Residential	<ul style="list-style-type: none"> • Level II Assisted Living Facility
Living Choices Assisted Living Services <ul style="list-style-type: none"> • Attendant Care Services • Therapeutic social and recreational activities • Periodic nursing evaluations • Limited nursing services • Assistance with medication • Medication oversight • Assistance obtaining non-medical transportation 	Residential	<ul style="list-style-type: none"> • Level II Assisted Living Facility

Service Description	Applicable HCBS Qualities	Service Settings
Case Management	Residential / Non-Residential	<ul style="list-style-type: none"> • Home • Community
Respite	Residential / Non-Residential	<ul style="list-style-type: none"> • Licensed day-care facility • Licensed day-care home • Home • Foster Home • Medicaid certified ICF • Group Home • Licensed respite facility • Licensed mental health facility
Supported Employment	Non- Residential	<ul style="list-style-type: none"> • Community
Supportive Living	Residential - Provider Owned	<ul style="list-style-type: none"> • Home
Specialized Medical Supplies	Residential	<ul style="list-style-type: none"> • Home
Adaptive Equipment	Residential	<ul style="list-style-type: none"> • Home
Community Transition Services	Residential	<ul style="list-style-type: none"> • Home
Consultation Services	Residential	<ul style="list-style-type: none"> • Home
Crisis Intervention	Residential / Non-residential	<ul style="list-style-type: none"> • Home • Community
Environmental Modifications	Residential	<ul style="list-style-type: none"> • Home
Supplemental Support	Residential / Non-residential	<ul style="list-style-type: none"> • Home • Community

Table 8. Alternative Community Services Waiver Reference Table