New Hampshire

Department of Health & Human Services

STATEWIDE TRANSITION PLAN

May 30, 2016

Acknowledgements

The State of New Hampshire has two groups leading the efforts to become fully compliant with the Home and Community Based Services expectations.

The first is the Waiver Transition Team which includes Deb Fournier, Esq., Deputy Director, Medicaid for New Hampshire's Department of Health and Human Services; Kaarla Weston, subject matter expert for Department of Health and Human Services, Long Term Supports and Services; Linda Bimbo, Project Director, and Mary St Jacques, HCBS Project Coordinator, both from the Institute on Disability. The team meets weekly to coordinate the Waiver Transition process for the State of New Hampshire.

The second group is the Advisory Task Force which is made up of 16 members and was established in March 2015 to provide consumer and stakeholder feedback on the development activities for the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. There is representation from the following groups:

- Adult Day Services Association
- Brain Injury Association
- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH's Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network

New Hampshire's transition process will continue to include those listed above as well as other stakeholder groups as we move toward full compliance with the Home and Community Based Services expectations.

Table of Contents

I. Purpose and Approach 4
II. Overview of HCBS Waivers in New Hampshire 5
A. DD/ABD Waivers and Services 5
B. Choices for Independence Waiver and Services 7
III. Approach to developing the Statewide Transition Plan 9
A. Inventory 9
1. Rules, regulations, and standards: 9
2. Inventory of eligible sites/covered settings 12
3. Review of Existing Processes 14
4. Development of Assessment Tools 19
a. Assessments 19
1) Assessment of state standards and level of compliance 19
2) Advisory Task Force 22
3) Completion of Assessments 23
4) Validation Visits 24
a) DD/ABD Analysis and Results 27
b) Choices for Independence (CFI) Analysis and Results 74
IV. Monitoring and Ongoing Compliance 117
V. Settings Not in Compliance 132
1. Request for Heightened Scrutiny 133
2. Relocation of Beneficiaries 136
VI. Public Comment and Related Changes 138
VII. APPENDIX: 141

I. Purpose and Approach

In March of 2014, the Centers for Medicare and Medicaid Services (CMS) put into effect new regulatory requirements for Medicaid-funded Home and Community Based Services (HCBS) settings, including residential and non-residential settings. The regulations require that home and community based waiver services are provided in community-like settings and describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the "community-like" settings be defined by the nature and quality of the experiences of the individual receiving services.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes, but is not limited to, opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community, just as people who live in the community but who do not receive HCBS, do.

All states are required to develop a plan to show how they will establish compliance with these new regulations. New Hampshire submitted an initial draft framework of its plan to CMS in March of 2015. That draft framework was comprised of four main components: (1) Identification: review of existing state standards, policies, regulations, and statute to determine state level changes that are needed to align with the federal requirements; (2) Assessment: development, implementation and validation of assessments completed by providers and participants; (3) Remediation: development of a comprehensive, statewide transition plan based on assessment results; and (4) Outreach and Engagement: engagement of stakeholders in the transition plan process.

From April 2015 through December 2015, New Hampshire was engaged in the first three elements of this plan: identification, assessment and remediation. The culmination of that work informed the remediation steps within the following Statewide Transition Plan.

An interdisciplinary team, called the Waiver Transition Team (WTT), also identified as the Transition Work Group in the initial Transition Framework, was tasked with the development of this plan. The WTT is comprised of representatives from New Hampshire Department of Health and Human Services (NH DHHS) which houses New Hampshire's single state Medicaid agency, and the division of Long-Term Supports and Services (LTSS) as well as the University of New Hampshire Institute on Disability - University Center for Excellence in Disability (UCED). NH DHHS partnered with the University of New Hampshire Institute on Disability (IOD) to manage the assessment and plan development process. The IOD is an experienced research and project management organization that provided data collection, data analysis and remediation planning based on the assessment work it conducted.

Throughout the assessment process, the Waiver Transition Team met monthly with the HCBS Advisory Taskforce, comprised of 16 members representing HCBS waiver participants, HCBS waiver providers, and other New Hampshire advocates and stakeholders. The Waiver Transition Team worked with the Advisory Taskforce during the development of

the assessment tools as well as during the implementation of the assessment instruments, incorporating many of the suggestions and concerns expressed by the members of that taskforce into its assessment work.

The following Statewide Transition Plan describes the steps New Hampshire proposes to take to assure that Medicaid-funded HCBS sites in New Hampshire achieve full and ongoing compliance with the HCBS settings requirements, with specific timeframes for identified actions and deliverables.

II. Overview of HCBS Waivers in New Hampshire

New Hampshire's Department of Health and Human Services is the state's largest agency; it provides services for at risk and vulnerable individuals, children, families and seniors and administers programs and services ranging from cash assistance and nutritional support to supports and services for mental health services, developmental disabilities, acquired brain disorders, substance abuse and public health. DHHS is also the single state Medicaid agency and as such is the hub for the administration of all four of the Home and Community Based Services Medicaid-funded waivers in New Hampshire. Waivers, approved by CMS, allow states to provide long-term care services in home and community settings rather than institutional settings.

There are four approved Section 1915(c) Medicaid Waivers in New Hampshire:

- The Developmental Disabilities Waiver: #NH 0053.R05.00
- The Acquired Brain Disorders Waiver: #NH 4177.R04.00
- The In-Home Supports Waiver: #NH 0397.R02
- The Choices for Independence Waiver: #NH 0060.R06.01

New Hampshire completed an in-depth review of the four waivers. After careful consideration, the state determined that its In-Home Support Waiver, which provides services for children with developmental disabilities in their homes, includes settings that are considered in compliance because all services are provided in the participant's home. These settings will be included in the ongoing monitoring plan to ensure compliance, especially in relation to isolation. The three other waivers include settings that require review for compliance with the new Federal requirements: 1) services for individuals with a developmental disability (DD), 2) services for individuals with an acquired brain disorder (ABD), and 3) Choices for Independence (CFI) – services for individuals 65+ years, and individuals with physical and other disabilities ages 18-64 years.

A. DD/ABD Waivers and Services

The New Hampshire developmental services system, under the administration of the New Hampshire Bureau of Developmental Services, offers individuals with developmental disabilities (DD) and acquired brain disorders (ABD) a wide range of supports and services within their own communities through the DD and ABD Waivers.

Services may include service coordination, comprehensive residential and non-residential supports, community support services, supported employment, personal care services, respite, environmental modifications and assistive technology. There are ten Area Agencies

designated by the State of New Hampshire to oversee the provision of services under the DD/ABD waivers. The Area Agencies provide services themselves and/or contract with vendor agencies, home providers and families to support participants. The provider of services is determined by the participant.

The following service areas were included in the Settings Rule Review:

- **He-M 1001: Community Residence**

  A community residence is defined as an agency residence or family residence that provides residential supports (typically, adult foster care home or staffed residence), and is certified under He-M 1001.

- **He-P 814: Residential Care and Supported Residential Care Level (4 or more)**

  A community residence which supports more than three individuals and is licensed versus certified.

- **He-P 807: Residential Treatment and Rehabilitation**

  Residential Treatment and Rehabilitation Facility means a place, excluding hospitals as defined in RSA 151-C:2, which provides residential care, treatment and comprehensive specialized services relating to the individual's medical, physical, psychological, vocational, educational and or substance abuse therapy needs.

- **He-M 507: Community Participation Services (CPS) (Day Services)**

  CPS means habilitation, assistance, and instruction provided to individuals that:

  (1) Improve or maintain their performance of basic living skills;
  (2) Offer vocational and community activities, or both;
  (3) Enhance their social and personal development;
  (4) Include consultation services, in response to individuals' needs, and as specified in service agreements, to improve or maintain communication, mobility, and physical and psychological health; and
  (5) At a minimum, meet the needs and achieve the desired goals and outcomes of each individual as specified in the service agreement.

- **He-M 518: Employment Services -** embedded in budgets that are typically within 507, 525, & 521

  (a) Establish the requirements for employment services for persons with developmental disabilities and acquired brain disorders served within the state community developmental services system who have an expressed interest in working;
  (b) Provide access to comprehensive employment services by staff qualified pursuant to He-M 518.10; and
  (c) Make available, based upon individual need and interest:
  (1) Employment;
  (2) Training and educational opportunities; and
  (3) The use of co-worker supports and generic resources, to the maximum extent possible.

- **He-M 525: Participant Directed and Managed Services (PDMS)** combined/ day services only

  Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

- **He-M 521: PCS (Personal Care Services)** combined/ day services only

  Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

The following service areas are considered to be in compliance based on the Setting Rule Review. These services are provided in the participant's home and are residential services only:

- **He-M 525: PDMS (Participant Directed Managed Services)** Residential only

  Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

- **He-M 521: PCS (Personal Care Services)** Residential only

  Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

B. <u>Choices for Independence Waiver and Services</u>

The CFI program, under the administration of the New Hampshire Bureau of Elderly and Adult Services, is designed to support adults with chronic illnesses and the elderly. It does so by providing long term supports and services (LTSS) for individuals that are clinically eligible for nursing home placement, but choose to remain living in the community or at home. The definition of "community" under this waiver is broad and includes many types of non-nursing home care such as Assisted Living and Residential Care Homes.

Supports and services are provided to individuals at these types of residences as long as the costs of services do not exceed a certain percentage of what the costs would otherwise be if they were provided in a nursing home. CFI offers participants a degree of consumer direction or self-direction in which they are able to choose some of their care service providers.

The following service areas were included in the Settings Rule Review:

- **He-P 818: Adult Day Services**

  Adult Day Program (ADP) means a program that provides one or more of the following services, for fewer than 12 hours a day, to participants 18 years of age and older:

  (1) Supervision;
  (2) Assistance with ADLs;
  (3) Nursing care;
  (4) Rehabilitation;
  (5) Recreational, social, cognitive and physical stimulation; and
  (6) Nutrition.

- **He-P 813: Adult Family Care Residence**

  Adult family care (AFC) means a housing option for eligible individuals under the New Hampshire choices for independence waiver program, which includes a combination of personal care, homemaking and other services that are provided to a person in the certified residence of an unrelated individual in accordance with a person-centered plan.

- **He-P 804: Assisted Living Residence, Residential Care Services**

  Assisted living residence–residential care (ALR-RC) means a long term care residence providing personal assistance at the residential care level pursuant to RSA 151:9, VII(a)(1).

- **He-P 805: Supported Residential Health Care Services**

  Supported residential health care facility (SRHCF) means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9VII(a)(2).

The following service areas were considered to be in compliance based on the Setting Rule Review. The services are provided in a participant's home:

- **He-P 601: Certified Other Qualified Agencies**

  "Other qualified agency (OQA)" means an entity certified in accordance with He-E 601 to offer personal care services and/or intermediary services.

- **He-P 809: Home Health Care Services**

  "Home health care provider (HHCP)" means any organization or business entity, whether public or private, whether operated for profit or not, which is engaged in arranging or providing, directly or through contract arrangement, one or more of the following services: nursing services, home health aide services, or other therapeutic and related services, which can include but are not limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services and homemaker services which may be of a preventative, therapeutic, rehabilitative, health guidance or supportive nature to persons in their places of residence.

- **He-P 819: Case Management Services**

"Case management agency (CMA)" means an organization employing 2 or more people that, in consultation with the client in the client's place of residence, arranges for and coordinates the delivery of care and services to meet the physical, emotional, medical, nursing, financial, legal and social services needs of the client.

- **He-P 822: Home Care Services**
  "Home care service provider agency (HCSPA)" means any organization or business entity, except as identified in He-P 822.02(e), whether public or private, whether operated for profit or not, which is engaged in providing, through its employees, personal care services and/or homemaker services which may be of a supportive nature to persons in their places of residence.

III. Approach to developing the Statewide Transition Plan

New Hampshire submitted a Transition Framework to CMS on March 16, 2015 that provided an outline of the action items to be followed in the development of a comprehensive Statewide Transition Plan. See Attachment A in the Appendix. The following section details the implementation of the Transition Framework:

A. Inventory

1. Rules, regulations, and standards:

A thorough list of state rules, regulations, policies, and standards that may relate to the HCBS settings rule was compiled. A comprehensive assessment of the extent to which New Hampshire standards, rules, regulations and other requirements comply, do not comply or are silent with the Federal HCBS settings requirements was conducted by waiver type.

The following were reviewed:

New Hampshire Statutes & Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis
1915(c) Waiver Settings for Individuals with Developmental Disabilities and Acquired Brain Disorders

Statute		Title
RSA 126-A:19-24	http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-19.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-20.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-21.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-22.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-23.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-24.htm	Community Living Facilities
RSA Ch. 137-K	http://www.gencourt.state.nh.us/rsa/html/x/137-k/137-k-mrg.htm	Brain and Spinal Cord Injuries
RSA Ch.	http://www.gencourt.state.nh.us/rsa/html/NHT	Residential Care and Health

151	OC/NHTOC-XI-151.htm	Facility Licensing
RSA Ch. 161-I	http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm	Personal Care Services
RSA Ch. 161-J	http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm	Assisted Living Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 170-A	http://gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-A.htm	Interstate Compact on the Placement of Children
RSA Ch. 170-E	http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-E.htm	Child Day Care, Residential Care, and Child-Placing Agencies
RSA Ch. 171-A	http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-171-A.htm	Services for the Developmentally Disabled
RSA Ch. 171-B	http://www.gencourt.state.nh.us/rsa/html/XII/171-B/171-B-mrg.htm	Involuntary Admission for Persons Found Not Competent to Stand Trial
RSA Ch. 540	http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm	Actions Against Tenants
RSA Ch. 540-A	http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm	Prohibited Practices and Security Deposits
RSA Ch. 540-B	http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm	Rental of Shared Facilities
Rules		**Title**
Pt. He-C 6446	http://www.gencourt.state.nh.us/rules/state_agencies/he-c6400.html	Foster Family Care Licensing Requirements
Pt. He-M 202	http://www.gencourt.state.nh.us/rules/state_agencies/he-m200.html	Rights Protection Procedures for Developmental Services
Pt. He-M 310	http://www.gencourt.state.nh.us/rules/state_agencies/he-m300.html	Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
Pt. He-M 503	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Eligibility and the Process of Providing Services
Pt. He-M 505	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Establishment and Operation of Area Agencies
Pt. He-M 506	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Staff Qualifications and Staff Development Requirements for Developmental Service Agencies
Pt. He-M 507	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Community Participation Services
Pt. He-M	http://www.gencourt.state.nh.us/rules/state_age	Respite Services

513	ncies/he-m500.html	
Pt. He-M 517	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Medicaid –Covered HCBS for Persons with Developmental Disabilities and Acquired Brain Disorders
Pt. He-M 518	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Employment Services
Pt. He-M 521	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home
Pt. He-M 522	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder
Pt. He-M 524	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	In-Home Supports
Pt. He-M 525	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Participant Directed and Managed Services
Pt. He-M 526	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Designation of Receiving Facilities for Developmental Services
Pt. He-M 1001	http://www.gencourt.state.nh.us/rules/state_agencies/he-m1000.html	Certification Standards for Community Residences
Pt. He-P 814	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p814.pdf	Community Residences and the Residential Care and Supported Residential Care Level
Pt. He-P 807	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p807.pdf	Residential Treatment and Rehabilitation Facilities

New Hampshire Statutes & Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis

1915(c) Waiver Settings for Choices for Independence Waiver

Statute		Title
RSA Ch. 151	http://www.gencourt.state.nh.us/rsa/html/xi/151/151-mrg.htm	Residential Care and Health Facility Licensing
RSA Ch. 151-E	http://www.gencourt.state.nh.us/rsa/html/XI/151-E/151-E-mrg.htm	Long-Term Care
RSA Ch. 161-I	http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm	Personal Care Services
RSA Ch.	http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-	Assisted Living

161-J	J-mrg.htm	Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 161-M	http://www.gencourt.state.nh.us/rsa/html/XII/161-M/161-M-mrg.htm	Senior Citizens Bill of Rights
RSA Ch. 540	http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm	Actions Against Tenants
RSA Ch. 540-A	http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm	Prohibited Practices and Security Deposits
RSA Ch. 540-B	http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm	Rental of Shared Facilities
Rules		**Title**
Pt. He-E 801	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Choices for Independence Program
Pt. He-E 803	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Adult Medical Day Care Services
Pt. He-E 805	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Targeted Case Management Services
Pt. He-P 601	http://www.gencourt.state.nh.us/rules/state_agencies/he-p600.html	Certified Other Qualified Agencies
Pt. He-P 804	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p804.pdf	Assisted Living Residence-Residential Care Licensing
Pt. He-P 805	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p805.pdf	Supported Residential Health Care Facility Licensing
Pt. He-P 809	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p809.pdf	Home Health Care Providers
Pt. He-P 813	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p813.pdf	Adult Family Care Residence
Pt. He-P 818	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p818.pdf	Adult Day Programs
Pt. He-P 819	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p819.pdf	Case Management Agencies
Pt. He-P 822	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p822.pdf	Home Care Service Provider Agencies

2. Inventory of eligible sites/covered settings

Based on the list of settings types that were eligible for inclusion in the settings review process, New Hampshire developed a Master List of settings. This Master List included type of service (by regulation number), provider name, site address, and contact information. For the DD/ABD Waiver sites under 521 and 525, the information was organized by DUCK (Division Unique Client Key) number.

The information for the Master List was accessed on March 30, 2015 from the Department of Health and Human Services' Office of Program Support (the certification and licensing entity for the State of New Hampshire), and Long Term Supports and Services for the services provided in family homes that were identified to be included. Over time, the list was revised for various reasons, including the providers no longer in business, setting currently not providing services, and/or new providers being identified. The Master List continued to change over the course of the initial phase of the transition process in order to effectively address all eligible settings. Part of the ongoing monitoring efforts identified later in this document are meant to ensure ongoing updating, monitoring and revision of the list as provider information changes. Additionally, New Hampshire's expectation is full compliance for new settings, as well as ongoing compliance for existing settings. These benchmarks are addressed in detail in the ongoing monitoring section of this plan.

The following chart details the number of DD/ABD setting types, by service, that were determined by the review, to be included in the plan:

Oversight Provided by:	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	DHHS-LTSS (Bureau of Developmental Services)	DHHS-LTSS (Bureau of Developmental Services)
Regulation #	He-M 1001	He-P 807	He-P 814	He-M 507 He-M 518	He-M 525	He-M 521
Service Area	Community Residence	Residential Treatment/ Rehab	Community Residence 4 or more	Day Services (CPS) Employment Services	PDMS combined	PCS combined
Type of Service	Res	Res	Res	Non-Res	Non-Res	Non-Res
Program Identifier	Certification #	License #	License #	Certification #	Duck #	Duck #
Waiver Funding	DD / ABD	ABD	DD/ABD	DD / ABD	DD / ABD	DD / ABD
Total # of sites per service setting	1046	3	22	63	770	80
Waiver Total	**TOTAL DD/ABD SITES = 1,984**					

The following chart details the number of CFI setting types, by service, that were determined by the review, to be included in the plan:

Oversight Provided by:	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)
Regulation #	HeP-818	HeP-813	He-P 804 & 805
Service Area	Adult Day Services	Adult Family Care Residences	Residential Care
Type of Service	Non-Res	Res	Res
Program Identifier	License #	License #	License #
Waiver Funding	CFI	CFI	Primarily CFI with a few DD/ ABD
Total # of sites per service setting	13	3	73
Waiver Total	**TOTAL CFI SITES = 89**		

3. Review of Existing Processes

In order to determine New Hampshire's current level of compliance, the Waiver Transition Team reviewed existing processes across the three eligible waivers to evaluate their current contribution to determining compliance as well as the development of targeted surveys.

New Hampshire has many systems/groups in place that support review and compliance for services provided under the Home and Community Based Services waivers. They include:

- Certification or Licensing
  - Office of Program Support (OPS)
    - Conduct annual (DD/ABD, CFI) or bi-annual (DD/ABD) visits to provider sites to ensure compliance with state laws and regulations
    - When deficiencies are identified, they are reviewed by the Bureau Liaison who works in the region of the site receiving the deficiency
  - Provider agencies (DD/ABD)
    - Conduct monitoring review of those sites meeting specific criteria in between Office of Program Support certification/licensing visits
  - Department of Health and Human Services Long Term Supports and Services (DHHS-LTSS)
    - Requests are made to them for the certification of services being provided in private family homes (under He-M 525 or He-M 521)
    - Ongoing compliance expectations are monitored by the Area Agency
- Complaint Reporting (DD/ABD, CFI)
  - Bureau of Elderly and Adult Services (BEAS)
    - Completes complaint investigations for participants using criteria identified in state law
  - Disability Rights Center
    - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related problems

  - Office of Client and Legal Services (OCLS)
    - Completes complaint investigations for participants receiving services under the DD/ABD waiver, using criteria outlined in the state regulations
    - Complaints of abuse, neglect and exploitation are investigated by BEAS in addition to OCLS
  - Ombudsman's Office
    - Follow up on concerns on behalf of participants in Long Term Care settings
- Human Rights Committees (DD/ABD)
  - Each Area Agency serving individuals with Developmental Disabilities and Acquired Brain Disorders has a stakeholder committee that oversees the implementation of behavior plans and rights restrictions. Any restrictions to participants' rights must be approved by the committee as well as the individual and/or guardian and/or representative.
- Statewide Quality Improvement Committee (DD/ABD)
  - Includes representation from all ten Area Agencies
  - Identifies trends and areas for improvement across the DD/ABD system
  - Representative from DHHS-LTSS attends the meetings
- National Core Indicators (NCI) Process (DD/ABD)
  - The DD/ABD waiver participants are part of the NCI consumer survey process. Data is collected by highly trained interviewers related to service delivery and that data is compared to other states participating in the NCI process. The data is used to identify trends and quality measures to improve the supports being provided to participants. Surveys completed in New Hampshire are:
    - Consumer Surveys
    - Family/Guardian Surveys
- Employment Data Process (DD/ABD)
  - The state collects employment data for all participants under the DD/ABD waiver who are working. The data is collected and reports are distributed to stakeholders identifying number of those employed, number of hours worked, rate of pay, benefits, etc.
- Risk Identification, Mitigation, and Planning Process (CFI)
  - Process through Bureau of Elderly and Adult Services that supports a participant's desire to live life the way they choose while providing the safeguards necessary to protect his/her health and welfare
- Risk Management Committee Process (DD/ABD)
  - Statewide committee focused on a continuum of care for individuals experiencing challenging behaviors through the use of assessment, plans and collaboration
- Health Risk Screening Tool (HRST) Process (DD/ABD)
  - Process used to identify and track health risks making it possible to design a plan tailored to meet the unique health and safety needs of each individual in the least restrictive setting.
  - Process completed by the Service Coordinator and reviewed by the nurse
- Assistive Technology and Equipment Center (ATEC) (DD/ABD)
  - Highly specialized clinical program providing evaluation and consultation services in the area of assistive technology.
- Elderly and Incapacitated Adult Fatality Review Committee (DD/ABD/CFI)

  - Legislatively mandated committee with representation from DHHS-LTSS, Ombudsman's office, New Hampshire Hospital, Victims Advocate, Coroner's Office, and Licensing and Certification.
  - The committee performs comprehensive systemic reviews on fatalities involving elderly and incapacitated adults. Areas for improvement are identified, addressed, and trends are published.
- Bureau of Developmental Services (DD/ABD)
  - Re-designation process:
    - Area Agencies go through a process every five years to be designated as the agency to oversee services for a particular area of the state. The process is outlined in He-M 505, Establishment and Operation of Area Agencies. The purpose of the rule is to define the procedures and criteria for the establishment, designation, and re-designation of area agencies, and to define their role and responsibilities. The process is performed by DHHS-LTSS staff and provides feedback to the Area Agency for areas of improvement.
  - Service Coordination Review (DD/ABD):
    - Each Area Agency completes a record review self-assessment of an identified number of records. DHHS-LTSS staff then complete a review of the records to ensure compliance. A report is written and corrective action steps are identified. Agencies submit corrective action which is reviewed to determine ongoing compliance.
    - Separate review processes occur for:
      - In Home Support Services
      - Participant Directed and Managed Services
      - Other service types
  - Complaint Investigation Review (DD/ABD):
    - Every six months the Bureau reviews the founded complaints and meets with provider agencies to ensure that recommendations from the complaints have been implemented through on-site verification
  - Service Agreement review (DD/ABD):
    - Initially, and when there is a funding change, every participant's service agreement is reviewed by DHHS-LTSS for approval for ongoing services under He-M 521, 524 and 525. All others are reviewed during the re-designation process
  - Statewide Training Committee for DD/ABD services:
    - Facilitated by Community Support Network Incorporated (CSNI)
    - Includes ten area agencies and provider agencies
    - Ensures that training meets regulatory requirements
    - Identifies new areas for staff development
  - Statewide Service Coordinator Supervisor Group (DD/ABD):
    - Facilitated by DHHS-LTSS
    - Includes representation from all service coordinator organizations
    - Works collaboratively to address issues related to service delivery
  - Statewide In-Home Support Coordinators Group (DD/ABD):
    - Facilitated by CSNI
    - Includes representation from all service coordinator organizations

        - Works collaboratively to address issues related to in-home support services, as outlined in He-M 524
    - Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
        - Facilitated by CSNI
        - Includes representation from all service coordinator organizations
        - Works collaboratively to address issues related to PDMS/PCS services as outlined in He-M 525 and He-M 521
    - Statewide ABD Coordinators Group (DD/ABD):
        - Facilitated by CSNI
        - Includes representation from all service coordinator organizations
        - Works collaboratively to address issues related to ABD services as outlined in He-M 522
    - Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
        - Facilitated by CSNI
        - Includes representation from all service coordinator organizations
        - Works collaboratively to address issues related to PDMS/PCS Services as outlined in He-M 525 and He-M 521
    - Office of Public Guardian/Tri-County Guardianship Services (DD/ABD, CFI):
        - DHHS-LTSS has contracts to provide guardianship for those participants who have no other option for support with decision making
    - Sentinel Event Reporting/Review process (DD/ABD):
        - Quality improvement process designed to gather information about serious health or safety situations involving individuals with DD/ABD
        - Review of situation occurs and areas for individualized and/or systemic improvements occur
    - START (Systemic, Therapeutic, Assessment, Resource, and Treatment) (DD/ABD):
        - Statewide network of certified START Coordinators representing the 10 Area Agencies supporting the needs of individuals with IDD and behavioral health needs
    - Supports Intensity Scale (SIS) Process (DD/ABD):
        - Standardized evaluation process that identifies practical supports people with developmental disabilities need to lead independent lives
        - Completed for each participant and updated every five years or as needed

In addition, New Hampshire has a variety of participant and other stakeholder groups that provide advocacy and input into the delivery of waiver services. They include:

- Board of Directors (DD/ABD):
    - Area Agencies have Boards of Directors with various stakeholder representation to oversee the Area Agency with its implementation of services
- Brain Injury Association of New Hampshire
    - Designed to create a better future through brain injury prevention, education, advocacy, and support
- Community Support Network Incorporated (CSNI)(DD/ABD):

  - Executive Directors from the ten area agencies work collaboratively on behalf of the service delivery system to ensure a uniform approach to issues impacting the participants of service
- Developmental Disabilities Council (DD/ABD):
  - An agency appointed by the governor to represent and advocate for people with developmental disabilities
- Disabilities Rights Center (DD/ABD):
  - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related problems
- Family Support Councils (DD/ABD):
  - All ten regions have a council made up of participant families who work with each region's board to oversee the work of the area agencies
- New Hampshire Association of Residential Care Homes (CFI):
  - Association representing all Residential Care Homes
  - Work to identify and address issues/concerns regarding provision of care in Residential Care Homes
- New Hampshire Adult Day Services Association (CFI):
  - Association representing all Adult Day Service providers
  - Work to identify and address issues/concerns regarding provision of care in Adult Day Service settings
- New Hampshire Legal Assistance (CFI):
  - Organization that offers clients high quality civil legal services to address the legal problems that affect their daily survival and most basic needs. These services range from simple legal information and advice to vigorous and thorough representation in all of New Hampshire's courts and before many of the local, state, and federal agencies which play large roles in their lives
- Private Provider Network (DD/ABD):
  - Representatives from vendor agencies who contract with area agencies work collaboratively to ensure consistency among vendor agencies for the benefit of the participants of service
- Quality Council (DD/ABD):
  - Legislatively created Council that is charged to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system
- Self -Advocacy Groups (DD/ABD):
  - Many of the ten area agencies have a self-advocacy group within the region. Additionally there is a statewide self-advocacy group with representation from most area agencies. The purpose is to identify issues of importance and work with other stakeholders to improve the service delivery system in its support of individuals with developmental disabilities and acquired brain disorders
- Service Coordinators (DD/ABD):
  - Required to obtain satisfaction information on a quarterly basis as outlined in He-M 503
  - Have monthly contact regarding participant's services as per He-M 503
- (Waiver Transition) Advisory Task Force (DD/ABD/CFI):

- Group of stakeholders to work with the Waiver Transition Team to develop and monitor New Hampshire's Statewide Transition Plan

Each of the processes/groups noted above have a role in the Statewide Transition Plan as outlined in our remediation plan. Please see Remediation Plan for more details.

4. Development of Assessment Tools

The Waiver Transition Team developed two surveys to contribute to the information available to determine compliance: one for providers and one for participants (see Attachments B and C in the Appendix). Questions were developed to assess whether the required characteristics were present for each type of setting (residential and non-residential). The Exploratory Questions for residential and non-residential settings provided by CMS as part of the Statewide Transition Plan Toolkit were reviewed as the New Hampshire survey questions were developed. In addition, the Advisory Task Force reviewed and contributed to the survey questions and offered their specific wording. The questions were grouped into topic areas; such as choice of setting, access to personal funds, and participation in activities and were comprised of a range of 1-5 questions to collect detailed information.

a. Assessments

1) Assessment of state standards and level of compliance

NH DHHS completed a thorough review of all standards, rules, and regulations to determine their current level of compliance with the settings requirements. The following is the state's assessment of the extent to which its standards, rules, regulations, or other requirements comply, do not comply or are silent with the Federal HCBS settings requirements.

a) DD/ABD Regulatory Review

The regulatory review identified the need for modifications. For the detailed analysis and remediation steps and timelines see Attachment F in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules.

DD/ABD REGULATORY GOAL #1			
Process: Regulatory Revision & Training	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review the regulations for HCBS settings under the DD/ABD waiver, including: a. He-M 503, Eligibility and the Process of Providing Services b. He-M 507, Community Participation Services c. He-M 518, Employment Services d. He-M 521, Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home e. He-M 522, Eligibility Determination	• Comprehensive review of regulations by legal team completed; see Attachment F in the Appendix.	Complete	DHHS-LTSS Legal Team

and Service Planning for Individuals with an Acquired Brain Disorder f. He-M 524, In-Home Supports g. He-M 525, Participant Directed Managed Services h. He-M 1001 Certification Standards for Community Residences			
2. Revise the regulations as necessary to ensure that recommendations from legal team are implemented a. He-M 503 has been revised effective 7/25/15 b. He-M 310 has been revised effective 4/25/15	• He-M 503 and He-M 310 will be used as a guidelines for additional regulatory revisions	See legal summary in Appendix	DHHS-LTSS
3. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for certification/licensing visits while regulations are being revised.	• HCBS Education Tool template form to be used while regulations are being updated	Sept. 2016 or STP approval date	Office of Program Support
4. Share form and expectations with providers		Oct. 2016	Office of Program Support
5. Revise/approve the regulations following the state's Administrative Procedures Act.	• Updated regulations will be on the New Hampshire Office of Legislative Services Web site • Regulations will be sent to all providers	See legal summary in Appendix	DHHS-LTSS
6. Provide additional training to stakeholders regarding new regulatory requirements.	• Training sessions held	Ongoing	DHHS-LTSS
7. Update Certification/Licensing tools to correspond with HCBS expectations and regulatory revisions.	• Updated Certification/Licensing tools	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
8. Identify implementation date	• Notification sent to providers	Contingent upon regulatory changes	Office of Program Support

DD/ABD Regulatory Goal #2			
Process: Update all policies related to the transition process so they correspond to the HCBS expectations	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum:		Contingent on regulatory changes	Providers

• Rights policy • Health information • Person centered planning • Staff training			
2. Policies will be submitted to Office of Program Support at certification/licensing visits	• Updated policies	At scheduled certification / licensing visit	Providers, OPS

b) CFI Regulatory Review

The regulatory review identified the need for modification. For the detailed analysis and remediation steps and timelines see Attachment G in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules:

CFI REGULATORY GOAL #1			
Process: Regulatory Revision & Training	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review the regulations for HCBS settings under the CFI waiver, including: a. He-E 801 Choices for Independence b. He-P 804 Assisted Living Residence - Residential Care Licensing c. He-P 805 Assisted Living Residence - Supported Residential Health Care Licensing d. He-P 813 Adult Family Care Residence e. He-P 818 Adult Day Programs f. He-P 819 Case Management Agencies	• Review of regulations by legal team completed; see Attachment G in the Appendix.	Complete	DHHS-LTSS Legal Team
2. Revise the regulations as necessary to ensure that expectations regarding all areas are included		See legal summary in Appendix	DHHS-LTSS, Providers, Stakeholders
3. Revise/approve the regulations following the state's Administrative Procedures Act	• Updated regulations will be available on the New Hampshire Office of Legislative Services Web site. • Regulations will be sent to all providers.	Sept. 2016 or STP approval	DHHS-LTSS, Stakeholders
4. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for licensing visits while regulations are being revised	• HCBS Education Tool template form to be used while regulations are being updated	Sept. 2016 or STP approval	Office of Program Support
5. Share tool and expectations with providers		Sept. 2016 or	Office of Program

		STP approval	Support
6. Provide training to stakeholders regarding new regulatory requirements	• Training sessions will be offered to providers, participants, families, guardians, and Case Management agencies.	Ongoing	DHHS-LTSS
7. Revise Licensing tool to correspond with HCBS expectations and regulatory revisions	• Updated Licensing tools	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
8. Identify implementation date	• Notification sent to providers	Contingent upon regulatory changes	Office of Program Support

CFI REGULATORY GOAL #2			
Process: Update all policies related to the transition process so they correspond to the HCBS expectations	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum: • Rights policy • Health information • Person centered planning • Staff training		Contingent on regulatory changes	Providers
2. Policies will be submitted to Office of Program Support at next certification/licensing visit	• Updated policies	At scheduled licensing visit	Providers

Both the DD/ABD and CFI settings will be monitored for compliance with the new regulatory updates through the certification and licensing processes. The status of sites will be monitored through the data analysis that will occur.

2) <u>Advisory Task Force</u>

New Hampshire's Advisory Task Force was established in March 2015 to provide consumer and stakeholder feedback on the development of the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. That being said, the membership was selected to represent broader groups rather than specific organizations, and eliminates the opportunity for conflicts of interest. All members provided insight into the process from a consumer advocacy perspective. Several members were supported to participate through the provision of a stipend and mileage reimbursement to attend meetings. The 16 member task force includes representatives from:

- Adult Day Services Association
- Brain Injury Association

- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH's Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network

The Advisory Task Force is facilitated by members of the Waiver Transition Team (see list on page 4) including the Institute on Disability, New Hampshire's UCED. The Advisory Task Force has met monthly since its inception and has provided valuable feedback to the regulatory inventory review, provider and participant survey processes, and other activities related to the development of a comprehensive Statewide Transition Plan. Meeting minutes can be found at http://www.dhhs.nh.gov/ombp/medicaid/draft-transition-framework.htm. The Advisory Task Force will continue to meet quarterly throughout the transition, ensuring the transparency of the process by monitoring progress and participating in the remediation steps as per the remediation plan.

3) Completion of Assessments

Provider Self Assessments - The initial survey effort included outreach to the providers recorded on the Master List requesting that they complete a self-assessment. There were 1,513 provider self-assessment responses across the three waivers including residential and non-residential providers. The surveys were distributed broadly via email, mail (when no email contact information was available), and through the Area Agency system. The surveys were not mandated and although tracking according to the Master List by site address was possible, not all respondents included their address or the waiver type. The responses were general at best with minimal documentation of compliance across 100% of domains. While we were confident of compliance in many areas, the self-assessments were not as helpful due to the volume of unanswered areas.

Participant Surveys – The data from participants was collected in several ways. Surveys were provided to Area Agency staff for DD and ABD Waiver participants and Case Managers and Ombudsman's Office for CFI participants to assist with the surveys. Additionally, Community Participation providers were asked to assist with data collection. Some participants were able to provide information and enter the data into the survey database while others submitted the information in a paper format. It was then entered into the database by IOD staff. There were 476 general participant survey responses from among the DD/ABD and CFI waivers. In addition, individual participant surveys were conducted, when possible, at each validation site visit. The questions were the same and data was entered into the database. There were 383 additional participant responses from among the DD/ABD and CFI waivers for a total of 859 survey responses.

4) Validation Visits

The following chart summarizes the number of settings that were selected for on-site validation visits for both residential and non-residential types of settings.

WAIVER	TYPE OF SETTING	TOTAL # OF SITES	# OF SITES VISITED
ABD/DD	NON-RES	913	164*
	RES	1,071	254*
CFI	NON-RES	13	13
	RES	76	43
TOTAL		2,073	474

*not mutually exclusive

A representative sample of eligible settings across the waivers was selected for validation site visits. The methodology used to determine the settings selected for on-site validation visits included:

- Input from the Advisory Task Force for settings/sites they thought should be included in the on-site visits.
    - Feedback given was included in the identification of sites if the sites met the criteria for an HCBS setting
- Input from the state's Certification and Licensing offices
    - Feedback given was included in the identification of sites
- At least one site for each provider of service was identified
    - CFI (typically had one site per provider)
    - DD/ABD (typically had multiple sites per provider)
        - Both those being served on the Developmental Disability and Acquired Brain Disorder waivers were represented in the visits
- For providers that had multiple sites, a random selection process was used:
    - The more sites a provider had, the larger the number of sites chosen for an on-site visit
    - If a provider had both non-residential and residential types of settings at least one site was chosen for each type of setting
- If a setting was identified for an on-site visit and the provider was no longer in business or the setting was serving no waiver participants, an alternative site was chosen
- Participants were selected at the site visit
- For providers who refused participation in the process, the site addresses were given to the Department of Health and Human Services' Office of Program Support (OPS) which oversees the certification and licensing process

- OPS completed unannounced on-site visits to complete the validation process.

Validation Team Members Selection and Training Process

To conduct validation field visits, New Hampshire hired a team of 15 Validation Team members and a Project Coordinator who completed on-site validation visits. The qualities that the team members needed to possess, which were identified by the Advisory Group, included a values-based philosophy, non-judgmental attitude, ability to conduct visits in a neutral manner, consistency in approach, and a commitment to the project's goal.

Each potential candidate met with the Project Director or Project Coordinator to ensure that they had the qualities required to be part of the Validation Team. The final selection of team members included a variety of experience and backgrounds. The team included:

- Institute on Disability Leadership staff. The Leadership Series is a seven-month training session for adults with disabilities, parents or family members of children with disabilities, and LEND Trainees. It is based on the national Partners in Policymaking model.
- Graduates of the Leadership Series as described above
- Family members of individuals with Intellectual Disabilities or Acquired Brain Disorders
- Former Bureau of Elderly and Adult Services Complaint Investigator
- Bureau of Developmental Services Complaint Investigator (current)
- Community Volunteer
- Former Bureau of Developmental Services Staff
- Former Employment Specialist/Direct Support Professional
- Former Director of Quality Improvement for agency supporting individuals with Intellectual Disabilities and Acquired Brain Disorders

Each team member attended training provided by the Project Coordinator or Project Director. The training was developed by the Project Director in collaboration with the Advisory Group. Training included an overview of the HCBS rule expectations, a review of the provider assessment, participant surveys, and expectations of the on-site visit. Each team member reviewed a list of provider agencies and identified potential conflicts of interest. This information was used to ensure that team members were not assigned sites that could be considered a potential conflict.

Team members were assigned sites by the Project Coordinator. During the visit, the team member completed a provider survey (see Attachment B) with the person responsible for the provision of services, and a participant survey (see Attachment C) with a recipient of services. Team members completed the surveys and noted any issues or concerns that arose. Any issues related to health and safety were immediately brought to the Project Coordinator for follow-up.[1] Data was entered into the qualtrics survey database for compilation and analysis for development of the Statewide Transition Plan.

[1] There were three issues reported to DHHS-LTSS; these were addressed immediately.

During each on-site validation visit a provider survey and participant survey was conducted when possible. This allowed a cross-walk between the provider and participant responses at a particular site.

Data analysis and results

Based on the information gathered from the provider self-assessments, provider on-site validation visits, and participant surveys (general and site specific) the following chart outlines New Hampshire's estimate of settings, both residential and non-residential, that fully comply, could comply with modifications, and those that cannot comply or are presumed to be institutional.

WAIVER	TYPE OF SETTING	TOTAL # OF SITES	# THAT FULLY COMPLY	# THAT COULD BE IN COMPLIANCE WITH REMEDIATION PLAN	# THAT ARE PRESUMED NON-HCBS REQUIRE FURTHER ACTION
ABD/DD	NON-RES	913	0	913	0
	RES	1,071	0	1,070	1
CFI	NON-RES	13	0	13	0
	RES	76	0	73	3
TOTAL		2,073	0	2,069	4

The State of New Hampshire has identified one site under the DD/ABD Waivers that would be presumed institutional because it is on the grounds of a public institution. The state has conducted an assessment at the site per the state's Heightened Scrutiny Process, as outlined in this plan in Section V (1), Heightened Scrutiny, in order to request heightened scrutiny. Details of the review can be found in Attachment H in the Appendix.

In addition, three sites under the CFI Waiver have been identified that would be presumed institutional because they are on the grounds of, or immediately adjacent to, a public institution. At this time the state is investigating options that could be implemented regarding these sites. Once that determination is made, the state will either implement the Heightened Scrutiny Process as outlined in Section V (1), Heightened Scrutiny, or notify CMS of its plan of action.

New Hampshire will be supporting all providers with resources and education regarding isolation. The state has developed a separate Isolation Monitoring Process for DD/ABD settings and CFI settings, which can be found in Attachments I and J respectively. The process outlines the specific steps that the state will be implementing through the transition process to ensure that participants are not isolated. Monitoring of the isolation issue will be ongoing and follow up actions will be taken if necessary as outlined in the process.

Across the waivers and settings we found pockets of excellence and near full compliance. The mission of the New Hampshire developmental services system is to join with local communities

to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired. Likewise, services and supports provided under the Choices for Independence Waiver are intended to assist people to live as independently as possible in safety and with dignity. However, there is always room for learning and improvement and the following remediation plans outline those opportunities.

The evaluation process resulted in identifying that both the DD/ABD and the CFI waiver systems have many best practice processes in place that could potentially be replicated from one to the other. These efforts are identified in the remediation plans below. The state did recognize that there are more monitoring efforts/processes in place under the DD/ABD waiver and that this is an opportunity for the CFI waiver providers to look at enhanced options for the provision of services. A collaborative approach will be used so that each waiver system can incorporate the other waivers' best practices into the work that is being done.

New Hampshire's Statewide Transition Plan is broken down into three phases. The first phase focuses on systemic efforts designed to educate providers, participants and stakeholders. The second phase will identify systems, practices and policies that can be enhanced, updated and/or implemented. The third phase is an assessment of the state's status toward full compliance, including a self-assessment, additional site visits, and data analysis relevant to the topic areas identified by the HCBS rule. The three phases will occur simultaneously in many cases. A diagram of the state's implementation flow chart can be found as Attachment D in the Appendix. While New Hampshire has many pockets of excellence, the focus of our Transition Plan is to identify how to enhance the current systems, ultimately having a consistent approach and implementation strategy to Home and Community Based Services across all waivers. Due to the ongoing commitment to quality services, the State of New Hampshire has developed remediation goals for all topic areas identified under the HCBS standards. Areas of excellence will be used to support settings that require further enhancement.

a) DD/ABD Analysis and Results

The following is an analysis of the data collected during the site visits. For the DD/ABD waiver settings, New Hampshire gathered information on 418 settings. There were 334 providers and 327 participants who provided information regarding residential services, day services, or both day and residential services. Some of the sites provided both types of services so the information is not mutually exclusive. The total number of visits reflects 21% of the total number of sites (1,984) providing Home and Community Based Services, which is statistically significant with a high level of confidence.

New Hampshire's DD/ABD service delivery system is broken down by geographic regions. There are ten regions in the state, each of which has an Area Agency designated by the state to oversee the services being delivered within the region. Many area agencies directly provide residential and non-residential services to participants, while some do not. Area agencies may contract with vendor agencies, as well as home care providers to support participants in both residential and non-residential settings. Typically a vendor, whether an area agency or a private

provider, has multiple settings where services are provided. All service settings are monitored through the state's certification and licensing agency. Area agencies also contract with families when the participant has determined that they want to direct/manage their own services.[2]
There are 59 vendor agencies throughout the state in addition to the ten area agencies. During the on-site visit process, team members went to 57 of the 59 vendors and all 10 of the area agencies. Typically vendors and area agencies have more than one site where they provide services. The state completed visits to 97% of the providers of service which is statistically significant. Site visits will be ongoing during the course of the transition plan. Although additional site visits will occur, it may not change the current transition plan implementation strategies identified in this plan.

Below each graph are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for DD/ABD settings, followed by topic area goals.

DD/ABD GENERAL IMPLEMENTATION STRATEGY #1			
Process: Create Standardized Service Agreement template for use by all providers.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Create Service Agreement Template to include: a. Expectations of HCBS b. Incorporating the Health Risk Screening Tool (HRST) results c. Incorporating the Supports Intensity Scale (SIS) results	• Draft Service Agreement Template	Complete	DHHS-LTSS
2. Pilot the template		Complete	DHHS-LTSS
3. Revise template based on feedback, as appropriate	• Finalized Service Agreement Template	Complete	DHHS-LTSS
4. Share final template with Advisory Task Force		Sept. 2016 or STP approval date	DHHS-LTSS
5. Provide training for providers	• Training schedule	Sept. 2016 or STP approval date	DHHS-LTSS
6. Identify implementation date a. Share with providers	• Implementation notification	Sept. 2016 or STP approval date	DHHS-LTSS, Office of Program Support
7. Use HCBS Education Tool for documenting when the Service Agreement template isn't used	• HCBS Education Tool will be used until the	Ongoing until	Office of Program

[2] Contracts are under He-M 521 and 525 and are referenced as non-residential in this plan because the residential services are considered to be in compliance since they occur in a participant's home. This process is focused on the day services.

	regulations are updated (Certification/Licensing tool is imbedded in the regulation and can't be modified without completing the state's Administrative Procedure for regulations	regulations are updated	Support, Providers
8. Update Certification/Licensing tool to include use of standardized template for Service Agreement	• Revised Certification/Licensing Tool	Contingent upon regulatory changes	Office of Program Support
9. Cite deficiencies related to use of template	• Upon completion of the regulatory revisions	Contingent upon regulatory changes	Office of Program Support
10. Analyze Data as per General Implementation Strategy # 3	• Data Report	Ongoing	Office of Program Support, Waiver Transition Team

DD/ABD GENERAL IMPLEMENTATION STRATEGY #2			
Process: Implement HCBS Education Tool to be used during certification/licensing visits while the regulatory revisions are being made. Once the regulations are revised, General Implementation Strategy # 3 will be followed and items noted on the HCBS Education Tool will be considered deficiencies.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Create HCBS Education Tool for certification/licensing visits that occur while the regulations are being revised. a. The HCBS Education Tool will identify all expectations outlined by the HCBS rule that are not currently in the regulations. b. Those expectations that are currently in the regulations would continue to be noted as a deficiency (out of compliance with the regulation)	• Draft form	Sept. 2016 or STP approval date	Office of Program Support, Waiver Transition Team
2. Present draft form to the Advisory Task Force for feedback		Sept. 2016 or STP approval date	Office of Program Support, Waiver Transition Team

3. Revise form, as applicable	• Finalized form	Sept. 2016 or STP approval date	Office of Program Support
4. Offer trainings for providers a. Identify implementation date	• Attendance	Oct. 2016	Office of Program Support, Waiver Transition Team
5. Office of Program Support staff will note any items related to the HCBS expectations	• Certification/Licensing results	Ongoing until regulations are revised	Office of Program Support
6. Analyze HCBS Education Tool data: a. Identify trends b. Systemic issues c. Provider issues d. Plan	• Data report	Ongoing	Office of Program Support, Waiver Transition Team

DD/ABD GENERAL IMPLEMENTATION STRATEGY #3			
Process: Update Certification/Licensing Process.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review and revise current certification/licensing process a. Implement a critical deficiency system similar to the one used for child care i. Include expectation that all sites be HCBS compliant when a certification application is submitted to the Office of Program Support ii. Identify criteria that would facilitate an annual certification rather than a two year certification process		June 2017	DHHS-LTSS, Office of Program Support
2. Update Application for Certification to include statement that the provider acknowledges that they are in full compliance with HCBS expectations	• Revised Application form	June 2017	Office of Program Support
3. Develop standardized process for those sites that meet the criteria for a skip-a-year certification visit Create standardized forms to be used for the internal review completed during the skip-a-year process by providers: a. Include HCBS expectations b. Include regulatory requirements c. Include critical deficiency expectations d. Process include a minimum of two	• New process finalized • Standardized forms developed • Implementation timeframe identified	June 2017	Providers, Office of Program Support

HCBS participants e. Plan of correction form			
4. Share updated process with Advisory Task Force	• Updated forms	June 2017	Waiver Transition Team
5. Provide training for providers on new procedures: a. Critical deficiency process b. Standardized process for skip-a-year monitoring c. Standardized forms for skip-a-year process d. Plans of correction e. Implementation date	• Mandatory Training for providers	July - Sept. 2017	Office of Program Support
6. Analyze certification data to include: a. Identify trends b. Systemic issues c. Provider issues d. Plan for improvements	• Data Report	Ongoing	Office of Program Support, Waiver Transition Team, Statewide QI Group
7. Data analyzed every 6 months, focusing on HCBS requirements to monitor progress and ongoing compliance	• Data report	Ongoing	Waiver Transition Team, Providers, Office of Program Support

DD/ABD GENERAL IMPLEMENTATION STRATEGY #4			
Process: Revise the applicable provider contracts to include compliance with HCBS expectations.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review current contract templates for providers		Oct. – Dec. 2016	DHHS-LTSS
2. Revise applicable contracts to include HCBS compliance and that Area Agency contracts with vendors include adherence to all HCBS expectations	• Applicable contracts will include expectation for compliance with federal HCBS requirements	Oct. – Dec. 2016	DHHS-LTSS
3. Complete applicable contracts with Area Agencies	• Updated contracts signed	June 2017	DHHS-LTSS
4. Area Agencies provide copy of updated vendor/home provider contracts to DHHS-LTSS	• Updated contracts submitted to DHHS-LTSS	Aug. 2017	Area Agencies

DD/ABD GENERAL IMPLEMENTATION STRATEGY #5			
Process: Revise Medicaid enrollment process for DD/ABD providers.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review current enrollment process for DD/ABD providers		Oct. 2016	DHHS-LTSS
2. Revise process to ensure that it includes: a. Initial and ongoing compliance with HCBS expectations b. How monitoring of ongoing compliance will occur c. Impact of not being HCBS compliant	• Application process revised	Dec. 2016	DHHS-LTSS

DD/ABD GENERAL IMPLEMENTATION STRATEGY #6			
Process: Additional training on HCBS and state expectations for providers.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup to develop training process	• Workgroup identified	Sept. 2016 or STP approval date	Waiver Transition Team
2. Develop training for providers of services impacted by the settings expectations a. Certified and Licensed Residential Homes b. Community Participation Services c. Employment Services d. Participant Directed and Managed Services (with day program) e. Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home	• Training outline created	Sept. 2016 or STP approval date	DHHS-LTSS, Waiver Transition Team
3. Share training outline with Advisory Task Force	• Training outline	Sept. 2016 or STP approval date	DHHS-LTSS, Advisory Task Force
4. Revise Service Agreement to include information regarding what the participant should expect	• Standardized Service Agreement template	Complete	DHHS-LTSS
5. Create training schedule	• Training offered as needed	Aug. 2016	DHHS-LTSS
6. All providers attend mandatory training	• Attendance taken • Attendance list given to DHHS-LTSS	Contingent on regulatory update	Providers
7. All providers train their staff	• Training documentation be given to	Ongoing	Providers

	Certification/Licensing staff at next licensing visit		
8. Provider orientation include training on HCBS expectations	• Updated orientation training	Dec. 2016	Statewide Training Group
9. Training be included on Certification/Licensing tool	• Updated tool	Contin-gent on regulatory updates	Office of Program Support
10. Develop a information sheet on HCBS expectations for the toolkit	• Information sheet	Nov. 2016	Waiver Transition Team
11. Deficiencies will be tracked	• Certification/Licensing Data	Ongoing	Office of Program Support
12. Certification data will be analyzed as per General Implementation Strategy # 3	• Data report	Ongoing	Office of Program Support, Waiver Transition Team

DD/ABD GENERAL IMPLEMENTATION STRATEGY #7			
Process: Develop HCBS toolkit for providers and participants.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify place(s) to maintain the items that will be part of the toolkit a. Electronic version b. Paper copies		Complete	Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	• Written process	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items	• Revision Process	Sept. 2016 or STP approval date	Waiver Transition Team

Following are the provider and participant survey questions, analysis with percentages and numbers, and graphs with percentages, which represent the assessment results related to specific HCBC settings standards. In the analysis, R = residential and NR = non-residential. Below the graphs are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

HCBS Standard: *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.

1) Participation in activities

Provider Results:
The provider survey included three questions related to participation in activities:
Q1: Are individuals provided opportunities for regular and meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
This question had 254 R and 79 NR provider responses. 100% [254] of residential and 76.9% [61] of non-residential providers reported that they provide opportunities for regular and meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences. However, 23.1% [18] report no to the question.

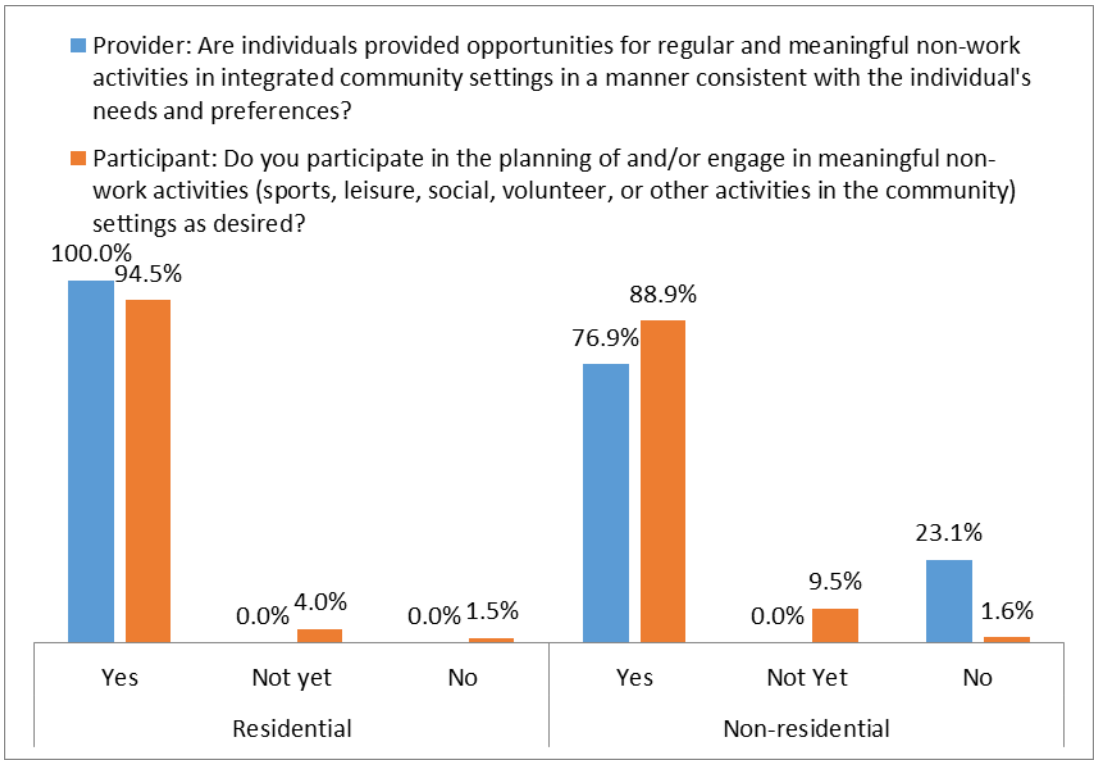
Q2: Are individuals provided the opportunity for tasks and activities matched to individuals' skills, abilities and desires?
This question had 255 R and 79 NR responses. The majority of providers reported that tasks and activities were matched to individuals' skills, abilities and preferences (98% [250] R and 100% [79] NR. Other R provider responses included .04% [1] "not yet" and 1.6% [4] "no."

Q3: Are the tasks and activities comparable to those of typical peers (without disabilities)?
This question had 254 R and 79 NR responses. The activities are comparable to those of typical peers (96% [244] R and 92.3% [73] NR). Other responses included .04% [1] R "not yet" and 3.6% [9] R and 7.7% [6] NR "no." Providers who answered "no" to the questions often cited limitations in activities due to level of participant disability.

Participant Results:
The participant survey included two questions related to participation in activities:
Q1: Do you participate in the planning of and/or engage in meaningful non-work activities?
This question had 201 R and 63 NR responses. The majority of participants (94.5% [190] R and 88.9% [56] NR) reported that they participate in the planning of and/or engage in meaningful non-work activities (sports, leisure, social, volunteer, or other activities in the community) as desired. In addition, 4% [8] R and 9.5% [6] NR participants reported "sometimes" and 1.5% [3] R and 1.6% [1] participants reported "no."

Q2: Are you supported when you want to do something that's not scheduled?
This question had 197 R and 61 NR responses. Participants reported that they are supported when they want to do something that's not scheduled (91.4% [180] R and 83.1% [51] NR). In addition, 6.6% [13] R and 8.5% [5] NR participants reported "sometimes" and 2% [4] R and 8.4% [5] NR participants reported "no."

The following chart reflects a comparison of the provider and participant responses based on Q1 focused on participation in activities:



Remediation steps related to Participation in Activities are included in DD/ABD General Implementation Strategy #6, beginning on page 32, which involves training regarding HCBS expectations.

2) <u>Community Participation</u>

Provider Results:
The provider survey included four questions related to community participation:
Q1: Do individuals regularly shop, attend religious services, schedule appointments, and eat out with family and friends, etc. as they choose?
This question had 255 R and 78 NR responses. Most providers reported supporting participants activities in the community (shopping, religious services, dining out, etc.) as they choose (96% [245] R and 94.4% [74] NR). In addition, .04% [1] R and 1.4% [1] NR responded "not yet" and 3.6% [9] R and 4.2% [3] NR responded "no."

Q2: Are individuals provided with contact information, access to and support or training on the use of public transportation, such as buses, taxis, etc.?
This question was asked of residential providers only and had 255 responses. They showed that 48% [122] of providers responded "yes", 3.8% [10] responded "not yet", and 48.1% [123]

responded "no" to the question. Comments generally related to the lack of public transportation in the state.

Q4: Alternatively where public transportation is limited, are other resources provided for individuals to access the broader community, including accessible transportation for individuals with mobility impairments?
This question was asked of residential providers only and had 254 responses. Responses showed that while public transportation remains a challenge in parts of New Hampshire, 99.1% [252] providers reported providing alternative resources for individuals to access the broader community, including accessible transportation for individuals with mobility impairments. In addition, 0.9% [2] providers responded "no" to the question.

Q5: Are individuals offered opportunities that include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities?
This question had 255 R and 76 NR responses. The data showed that 95.2% [243] R and 96% [73] NR providers reported that individuals are offered opportunities that include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities. Comments generally related to the participant not wanting to participate or being unable to participate in the community due to disability limitations. In addition, 2% [5] R responded "not yet" and 2.8% [7] R and 4% [3] NR responded "no."

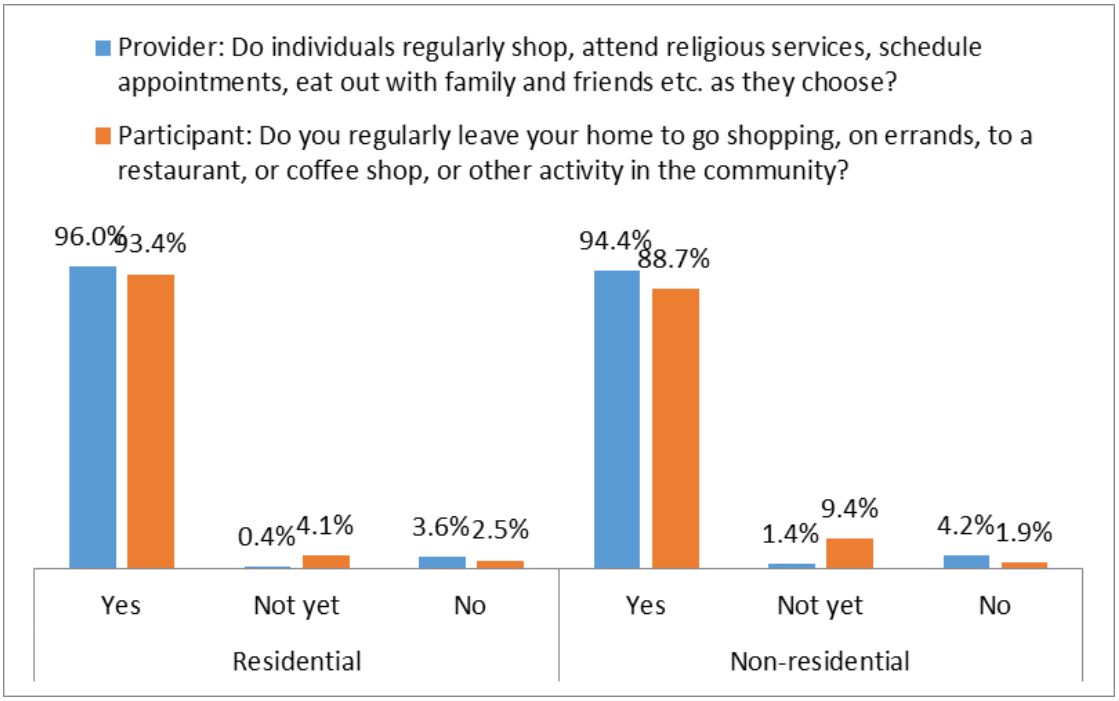
Participant Results:
The participant survey addressed this area under the Integration and Access to the Community section. There were three related questions.
Q1: Do you regularly leave your home to go shopping, on errands, to a restaurant or coffee shop, or other activity in the community?
There were 198 R responses and 62 NR responses to Q1. The majority (93.4% [185] R and 88.7% [55] NR) of participants reported regularly participating in community activities (shopping, errands, coffee/dining out, other community activities). In addition, 4.1% [8] R and 9.4% [6] NR reported "sometimes" and 2.5% [5] R and 1.9% [1] NR reported 'no" to this question.

Q2: Do you feel isolated in your home or day services?
There were 194 R and 53 NR responses. When asked, "do you feel isolated in your home or day services?" 7.8% [15] of R participants and 14.5% [7] of NR participants responded "yes." In addition, 12.4% [24] of R and 14.7 [8] NR participants responded "sometimes." Comments included statements such as "I want more company" and "I don't have many friends except staff." A couple of participants said that sometimes they feel lonely.

Q3: *When you want to go somewhere, do you have a way to get there?*
There were 197 R and 62 NR responses. Of those, 92.9% [183] R and 93.5% [58] NR participants reported having access to transportation when they wanted to go somewhere. In addition, 4.1% [8] R and 6.5% [4] NR responded "sometimes" and 3% [6] of R and zero NR participants responded "no." Some participants answered "sometimes" and "no" to the questions

and cited limited staffing as an issue. During the on-site visits several residential providers commented that the participants did not access the community during residential services because they did that during non-residential service time.

The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on community participation:



The following details the remediation steps related to Community Participation:

DD/ABD TOPIC AREA GOAL #1			
Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Provider contracts to be reviewed and revised to include the expectation of access and support to attend community activities, as a requirement in residential settings • Area Agency template for services provided in family homes (as per He-M 521, He-M 524, and He-M 525) include this expectation	• Updated contracts be submitted to DHHS-LTSS as needed • Area Agency template for contracted services include this requirement	June 2017	DHHS-LTSS, Providers
2. Contracts be specific to include: a. Community access and participation		June 2017	DHHS-LTSS,

occur during service provision in all service settings. b. How not providing community access and participation with the broader community will be addressed c. Community access and participation needs to be documented, including frequency, choices offered, and choice of support person d. Documentation of community access/participation be included in progress notes e. Community access/participation services be documented specific to the service setting in which they occurred (i.e. residential progress notes reflect community participation that occurred during residential services only)			Providers
3. Community access/integration requirement be incorporated into the certification/licensing tool	• Revised certification/licensing tools	Contin-gent on regula-tory updates	Office of Program Support
4. DHHS-LTSS Request for Certification forms for residential services provided in the family home (He-M521, He-M 524, He-M525) reflect the expectation of community access/participation	• Request for Certification form for 521, 524 and 525 settings be updated	Jan. 2017	DHHS-LTSS
5. Quarterly satisfaction form be revised to include community access/participation	• Revised Quarterly Satisfaction form	Jan. 2017	Waiver Transition Team

3) Community Employment

Provider Results:
The provider survey included two questions related to community employment.
Q1: Are individuals who want to work provided opportunities to pursue employment in integrated community settings?
There were 252 R and 77 NR responses to Q1. Providers reported that a majority of people that want to work are offered opportunities in integrated settings (86.4% [218] R and 85.4% [66] NR). In addition, 5.6% [14] R and 9.3% [7] providers reported “not yet” and 8% [20] R and 5.3% [4] reported “no.”

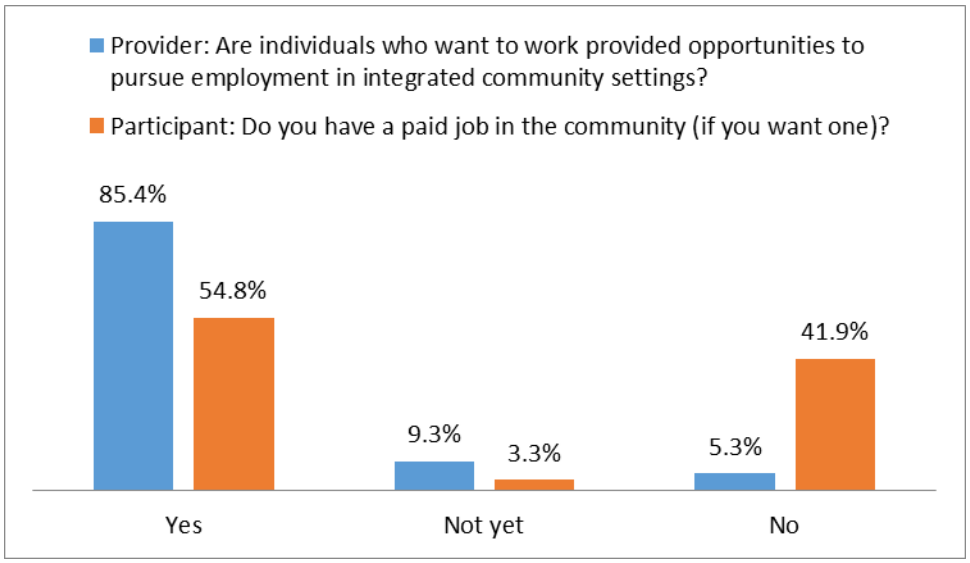
Q2: Do (paid) employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Waiver funded services?
There were 78 NR responses. Among these, 88.4% [69] reported that they provided opportunities for participants to have input in their work schedule, break/lunch times, and benefits. In addition, 2% [2] providers responded "not yet" and 9.6% [7] responded "no."

Participant Results:
This question was asked in NR settings only. The participant survey included three questions related to community employment.
Q1: Do you have a paid job in the community (if you want one)?
There were 62 responses to Q1. In response to Q1, 54.8% [34] of participants reported that they have a paid job in the community (if wanted), 3.3% [2] reported "not yet" and 41.9% [26] answered "no." Although there is a significant percentage that responded "no" to the question, it is unclear if they answered "no" because they don't want a job.

Q2: If yes, are you working as much as you would like to?
There were 39 responses to this question (although only 34 answered that they had paid employment in the community). Of those responses, 64.1% [25] were "yes", 12.8% [5] were "not yet" and 23.1% [9] were "no."

Q3: If you would like to work, is someone helping you with that goal?
There were 41 responses to Q3 and 87.8% [36] of participants reported that someone was helping them with their employment goal. However, 7.3% [3] reported "not yet" and 4.9% [2] reported "no."

The following chart reflects a comparison of the non-residential provider and participant responses based on Q1 focused on community employment:



According to the New Hampshire Developmental Services Employment Report from June 2015 progress continues toward assisting individuals with developmental disabilities and/or acquired

brain disorders with accessing employment. Employment data reflects that 36.66% of all individuals served (21-64) are employed. According to the National Report on Employment Services and Outcomes (2014) New Hampshire rates 6th for integrated employment and outcomes. For more information go to http://www.dhhs.nh.gov/dcbcs/bds/documents/employmentrepjune2015.pdf

The following two topic area goals detail the remediation steps related to Community Employment:

DD/ABD TOPIC AREA GOAL #2			
Process: Enhance knowledge about employment and its impact on benefits.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop training for participants, families, guardians and service coordinators to address concerns about employment and its impact on benefits	• Training outline	Nov. 2016	NH Statewide Employment Committee, GSIL
2. Offer training to providers and participants on employment with a focus on how employment impacts benefits and options to mitigate the impact a. Training be mandatory for Service Coordinators	• Training schedule	Feb. 2017	NH Statewide Employment Committee
3. Develop a user friendly guide for participants, families and providers	• Draft guide brought to Advisory Group for feedback	May 2017	NH Statewide Employment Committee
4. Revise guide, as appropriate, based on Advisory Group feedback	• Final version of guide	July 2017	NH Statewide Employment Committee, Advisory Task Force
5. Put guide in the provider toolkit		July 2017	Waiver Transition Team

DD/ABD TOPIC AREA GOAL #3			
Process: Continue to enhance the opportunities for participants to find meaningful employment.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Employment Leadership Committee continue its work to increase the number of participants who are working, based on the participant's choice		Ongoing	Employment Leadership Committee
2. Data be collected	• Data Report	Ongoing	Providers
3. Data be analyzed for trends, areas for	• Data Report	Each	Employment

improvement		reporting period	Leadership Committee
4. Data be shared with Advisory Task Force	• Data Report	Each reporting period	Waiver Transition Team, Employment Leadership Committee
5. Quarterly satisfaction form be revised to include questions regarding employment	• Revised Form	Jan. 2017	Waiver Transition Team

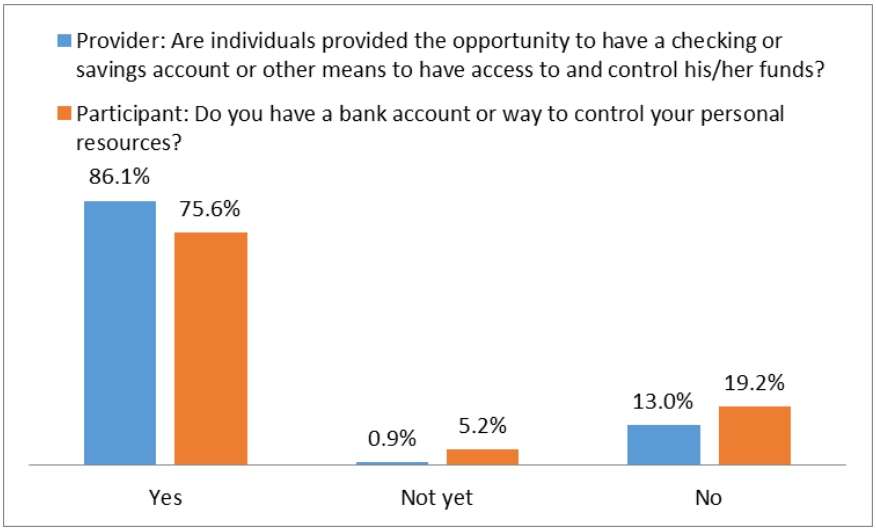
4) Access to Personal Funds

Provider Results:
The provider survey included one question related to access to personal funds.
Q1: In settings where money management is part of the service, are individuals provided the opportunity to have a checking or savings account or other means to have access to and control his/her funds?
This question was asked of residential providers only and there were 253 responses. Most settings (86.1% [218]) reported that in settings where money management is part of the service, individuals are provided the opportunity to have a checking or savings account or other means to have access to and control his/her funds. Those that answered "not yet" (.09% [2]) or "no" (13% [33]) indicated that the people they support are unable to be involved in money management as a result of their disability or that the provider or guardian manages it.

Participant Results:
The participant survey included two questions related to access to personal funds.
Q1: Do you have a bank account or way to control your personal resources?
This question was asked of participants in residential settings only and there were 194 responses. 75.6% [147]) of participants reported having a bank account or way to control their personal resources. It is unclear if those that reported "sometimes" (5.2% [10]) or "no" (19.2% [37]) were clarifying that they do not have a bank account or do not have a way to control their personal resources.

Q2: Do you have regular and easy access to personal funds?
There were 191 responses to this question and 90.5% [173] reported that they have regular and easy access to personal funds. In addition, 3.7% [7] responded "sometimes" and 5.8% [11] responded "no.'

The following chart reflects a comparison of the provider and participant responses based on Q1 focused on access to personal funds:



The following details the remediation steps related to Access to Personal Funds:

DD/ABD TOPIC AREA GOAL #4			
Process: Identify options for easy access to funds for participants.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Update the person centered planning process to include a discussion around spending money and the participant's preference regarding how they access their funds	• Standardized Service Agreement template	Complete	DHHS-LTSS
2. Finalized template will be shared with the Advisory Task Force	• Service Agreement Template	Sept. 2016 or STP approval date	DHHS-LTSS
3. Certification/Licensing tool be updated to include the requirement for documentation of how and when the participant will receive their spending money	• Updated certification/licensing tool once the regulations have been revised	Contin-gent upon regu-latory updates	Office of Program Support
4. Determine implementation date for use of template	• Notification to providers	Contin-gent upon regu-latory updates	Office of Program Support
5. Certification/Licensing staff identify deficiencies related to service agreement including discussion regarding access to personal funds	• Certification/Licensing data	Contin-gent upon regu-latory updates	Office of Program Support
6. Data will be analyzed as per General	• Data Report	Ongoing	Office of

Implementation Strategies # 2 and #3			Program Support, Waiver Transition Team

5) Integration and Access to the Community

Provider Results:
This section focused on the location of the setting and whether it is integrated in the community or presumed to be institutional. The provider survey had four questions.
Q1: Is the setting on the grounds of, or immediately adjacent to, a public institution or facility?
There were 255R and 78 NR responses to this question. 97.6% [249] R and 100% [78] NR providers responded that the setting was not on the grounds or immediately adjacent to a public institution or facility. However, 2.4% [6] residential providers responded "yes."

Q2: Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient treatment?
There were 255 R and 78 NR responses to this question. 98.8% [252] R and 100% [78] NR providers responded "no" to this question. However, 1.2% [3] R providers responded "yes."

Q3: Is the setting in the community (building/home) located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc., that facilitates integration with the greater community?
There were 255 R and 76 NR responses to this question. 95.2% [243] R and 97.1% [74] NR providers responded that the setting is community based. In addition, 4.8% [12] R and 2.9% [2] NR providers answered this question "no."

Q4: Does the setting provide individuals with disabilities multiple types of services and activities?
There were 253 R and 76 NR responses to this question. 43.8% [111] and 42% [32] of residential and non-residential providers, respectively, reported that the setting provides multiple types of services and activities. In addition, 56.2% [142] R and 58% [44] NR providers answered "no" to this question. It is unclear if this question was well understood.

Settings that provide services under the DD/ABD waiver are able to provide multiple types of services. There are different regulatory expectations for each type of service that is provided. In addition, each service has a specific monitoring process to ensure that regulations are being followed. The monitoring occurs through the Office of Program Support, the Bureau of Developmental Services, as well as the provider agency, and/or Area Agency.

Participant Results:
The participant survey included one question related to location of the setting and whether it is integrated in the community.

Q1: Is your home or where you receive services part of the community at large (and not institution-like or part of or adjacent to an institution-hospital, nursing home, mental health hospital, etc.)?
There were 197 R and 57 NR participant responses to this question. When asked this question, 88.8% [175] R and 91.2% [52] NR participants reported "yes." However, 11.2% [22] R and 8.8% [5] NR responded "no."

These questions may have been generally misunderstood related to community integration, specifically as it related to being near a public institution. In their responses both participants and providers identified libraries, schools, etc. as being public institutions, when in fact, these settings do not meet the CMS definition of public institution. Details on settings that meet, do not yet meet, and do not meet as they are presumed institutional due to location are referenced on page 26. Additionally, the specific settings that are presumed institutional due to location are identified on page 133.

The remediation steps for Integration and Access to the Community are included in DD/ABD General Implementation Strategy #6, beginning on page 32, which involves training regarding HCBS expectations.

HCBS Standard: *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

6) Choice of Setting

Provider Results:
The provider survey included three questions related to choice of setting.
Q1: Are individuals provided a choice regarding where to live or receive services?
There were 254 R and 78 NR responses to this question. The majority of providers reported that participants had input in choosing the settings in which they live or receive other services (93.2% [237] R and 90.4% [71] NR). However, while no residential providers responded "not yet" 1.4% [1] NR provider did respond in that manner and 6.8% [17] R and 8.2% [6] NR providers responded "no."

Q2: Are individuals afforded opportunities to choose with whom to do activities in or outside of the setting or are individuals assigned only to be with a certain group of people?
There were 253 R and 78 NR responses to this question. Of those, 96% [243] R and 92.3% [72] responded "yes" to the question. In addition, .08% [2] R and 1.3% [1] NR responded "not yet" and 3.2% [8] R and 6.4% [5] NR responded "no."

Q3: Are individuals provided a choice regarding the services, provider and the opportunity to visit/understand the options?
There were 253 R and 76 NR responses to this question. Of those, 95% [240] R and 92% [70] NR affirmed that individuals were provided a choice regarding the services, provider and the opportunity to visit/understand the options. However, 5% [13] R and 8% [6] NR responded "no."

Among residential providers who answered "no" to participant choice in these areas and provided comments, most indicated that the guardians made the choices, primarily because they considered the participant "cognitively unable" to choose.

Participant Results:
The participant survey included five questions related to choice of setting.
Q1: Did you choose where you live (residential) or where to receive services (non-residential)?
There were 196 R and 60 NR participant responses to this question. Of those, 90.3% [177] R and 93.3% [56] NR participants responded "yes" to choosing where they live or receive services. In addition, 9.7% [19] R and 6.7% [4] NR responded "no."

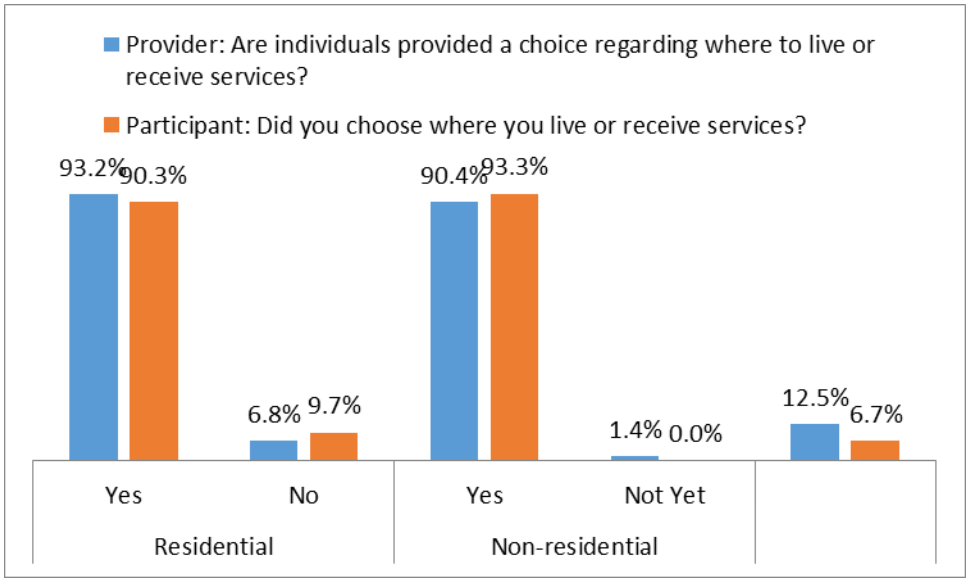
Q2: Did you visit your residence and/or day program before you began receiving services there?
There were 199 R and 56 NR responses to this question. 82.8% [165] R and 91.1% [51] responded "yes" to this question. However, 17.2% [34] R and 8.9% [5] NR participants responded "no."

Q3: Do you like your home/where you live or receive other services?
There were 205 R and 61 NR participant responses to this question. Of those, 93.6% [192] R and 96.8% [59] NR participants responded that they like their home or where they receive services. In addition, 3.9% [8] R and 1.6% [1] NR participants responded "sometimes" and 2.5% [5] R and 1.6% [1] NR participants responded "no."

Q4: If you wanted to change, do you know how to request new housing or a non-residential service (day program)?
There were 195 R and 59 NR participant responses to this question. Of those, 82.5% [161] R and 78% [46] NR participants responded that they know how to request a change. However, 17.5% [34] R and 22% [13] NR participants responded that they did not know how to request a change.

Q5: Are you allowed to use the phone and/or internet (if available) when you want to?
There were 198 R and 59 NR participant responses to this question. Of those, 85.8% [170] R and 78% [46] NR participants responded "yes" to this question. In addition, 6.6% [13] R and 8.5% [5] NR responded "sometimes" and 7.6% [15] R and 13.5% [8] NR participants responded "no" to this question.

The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on choice of settings.



The following details the remediation steps related to Choice of Setting:

DD/ABD TOPIC AREA GOAL #5			
Process: Enhance the participants input into the decision making about their choice of setting.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review the current process for selection of service site, including: a) Who is involved b) How are options presented c) Role of participant, guardian, Service Coordinator d) Identify choices offered in the Service Agreement and if there is a less restrictive alternative e) Identify ways to ensure that the participant is able to see/visit the service site before making a choice		Complete	DHHS-LTSS
2. Revise the Service Agreement template to include the choices that were offered and the participant's decision	• Standardized Service Agreement template with HCBS expectations in it	Complete	DHHS-LTSS
3. Certification/Licensing Tool include use of the standardized Service Agreement template a) Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1	• Deficiency data will show the number of deficiencies related to choice of setting being documented	Contin-gent upon regu-latory updates	Office of Program Support

HCBS Standard: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint*.

7) Freedom from Coercion

Provider Results:
The provider survey included three questions in this area.
Q1: Is information about filing any type of complaint available to individuals in an understandable format?
There were 254 R and 77 NR provider responses to this question. According to the responses, for the most part information about filing a complaint (88.5% [225] R and 86.5% [67] NR) is made available to participants. However, 1.2% [3] R and 2.7% [2] NR providers responded "not yet" and 10.3% [26] R and 10.8% [8] providers responded "no."

Q2: Are individuals informed of their treatment and service rights, and right to be free from restraint, seclusion, abuse, neglect, and exploitation?
There were 254 R and 78 NR responses to this question. The majority of providers (98.4% [250] R and 96.1% [75] NR) reported that individuals are informed of their treatment and service rights, and right to be free from restraint, seclusion, abuse, neglect, and exploitation. However, .04% [1] R providers responded "not yet" and 1.2% [3] R and 3.9% [3] providers responded "no."

Q3: Are individuals prevented from engaging in legal activities (for example: voting, drinking)?
There were 254 R and 78 NR responses to this question. 92.5% [235] R and 92.2% [72] NR providers reported that they do not prevent participants from participating in legal activities. Some providers (.04% [1] R) responded "sometimes" and 7.1% [18] R and 7.8% [6] NR responded "yes." Feedback given was that some participants did not show interest in voting. Others indicated that participants didn't drink because of the medications they were taking which could be impacted by alcohol intake.

Participant Results:
The participant survey included four questions.
Q1: Are you comfortable discussing concerns (things that upset or worry you) with someone where you live or receive other services?
There were 195 R and 61 NR participant responses to this question. Of those, 90.2% [176] R and 91.8% [56] NR participants reported that they are comfortable discussing concerns with someone where they live or receive other services. However, 6.7% [13] R and 6.6% [4] NR participants responded "sometimes" and 3.1% [6] R and 1.6% [1] NR participants responded "no."

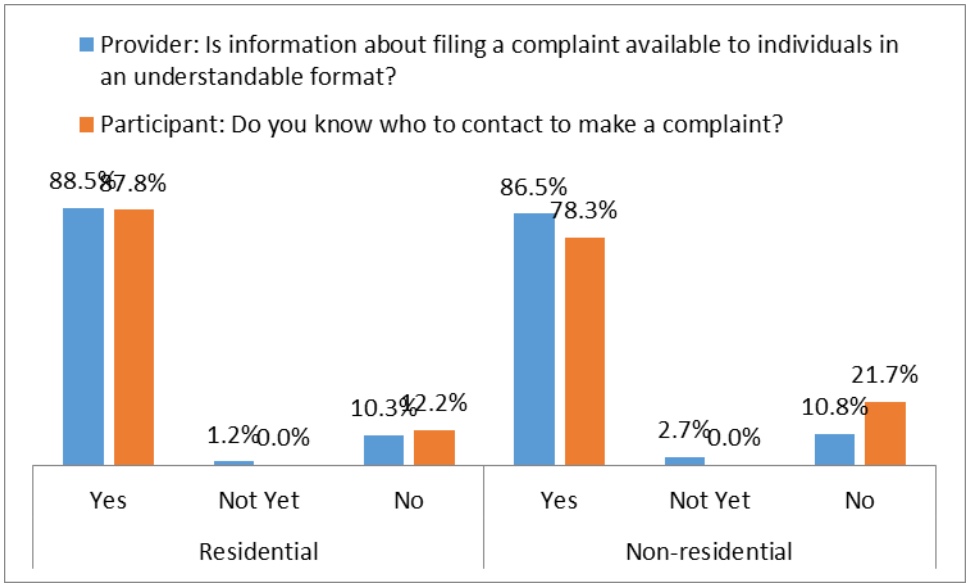
Q2: Do you know who to contact to make a complaint?
There were 189 R and 60 NR participant responses to this question. Of those, 87.8% [166] R and 78.3% [47] NR participants affirmed that they know who to contact to make a complaint. However, 12.2% [23] R and 21.7% [13] NR participants responded "no."

Q3: Are you prohibited from participating in legal activities similar to typical peers (without disabilities) such as voting, having a boyfriend/girlfriend, etc.?

There were 193 R and 59 NR participant responses to this question. Of those, 88.6% [171] R and 74.6% [44] NR participants reported that they had not been prohibited from participating in legal activities. The example given when asking about legal activities was regarding voting. Many participants said that they did not vote, so it is unclear if the "no" response was a reference to not voting. However, 3.1% [6] R and 3.4% [2] NR participants responded "sometimes" and 8.3% [16] R and 22% [13] NR participants responded "yes."

Q4: In your home or where you receive services, have you been placed in seclusion, physically restrained, or chemically restrained against your wishes?
There were 197 R and 58 NR participant responses to this question. Of those, 98.5% [194] R and 93.1% [54] NR participants reported that in their home or where they receive services, they have not been placed in seclusion, physically restrained, or chemically restrained against their wishes. Several participants (1.5% [3] R and 6.9% [4] NR) identified that they had experienced issues in the past with how they were treated at other sites. All of those interviewed stated that they were treated well where they were currently receiving services. State regulation requires that all participants of services receive information annually about their rights and the complaint process.

The following chart reflects a comparison of the provider and participant responses based on the question focused on how to make a complaint:



The following two Topic Area Goals detail the remediation steps related to Freedom from Coercion:

DD/ABD TOPIC AREA GOAL #6			
Process: Update individual rights booklet & create training for participants to include all regulatory and HCBS expectations.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify people to work on updating the rights booklet and develop training options	• Identify stakeholders to work on process	Apr. 2017	DHHS-LTSS

for participants			
2. Revise rights booklet to include new regulatory and HCBS expectations	• Draft booklet developed	June 2017	Self-Advocates, Waiver Transition Team
3. Obtain feedback from Advisory Task Force and self-advocates	• Revise booklet based on feedback	Aug. 2017	Self-Advocates, Waiver Transition Team
4. Develop a training that can be offered to participants of service, using multi-media options	• Training outline be shared with Advisory Group	Aug. 2017	Self-Advocates, Advisory Task Force
5. Pilot training with participants to get feedback	• Trainings offered	Sept. 2017	Self-Advocates, DHHS-LTSS
6. Revise training based on participant feedback	• Finalized version of training will be available in multiple formats	Oct. 2017	Self-Advocates, DHHS-LTSS
7. Ensure that all providers have access to revised booklet and training options	• Finalized version of rights booklet will be available to all participants, providers and stakeholders	Dec. 2017	DHHS-LTSS
8. Training be offered to participants	• Training schedule and attendance	Ongoing	Providers
9. Rights booklet be included in the participant toolkit	• Rights booklet	Dec. 2017	Waiver Transition Team

DD/ABD TOPIC AREA GOAL #7			
Process: Develop a process for any modifications to the residential expectations of Home and Community Based Settings (e.g., access to food at any time, locks on bedroom doors, etc.) to ensure that modifications are identified, documented and approved as per CMS guidelines.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop policy, to include: a. Modifications are participant specific	• Provider Policy	Nov. 2016	Providers

b. Modifications are not impacting others at the site c. Documentation is present in person centered planning document as outlined by HCBS d. Approval by Human Rights Committee and guardian, as appropriate			
2. All provider staff be trained on the policy: a. During orientation b. Annually	• Provider training	Ongoing	Providers, Statewide Training Committee
3. Certification/Licensing tool include requirement of the written documentation and approval of modifications. a. Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1	• Revised Certification/ Licensing tool	Ongoing	Office of Program Support
4. Certification/Licensing staff will identify through certification/licensing visits if modification expectations are being implemented by providers	• Certification/ Licensing data	Ongoing	Office of Program Support
5. Data will be analyzed as outlined in DD/ABD General Implementation Strategy #2	• Data analysis	Ongoing	Waiver Transition Team, Office of Program Support

8) Privacy of Health Information

Provider Results:
There was one question, asked only of providers on this topic.
Q1: Is individual health information held securely and confidentially?
There were 253 R and 78 NR responses to this question. Nearly all providers (99.6% [252] R and 98.7% [77] NR) confirmed that their settings keep health information regarding participants confidential. In addition, .04% [1] R and 1.3% [1] NR providers responded "not yet" and no providers responded "no."

Participant Results:
This question was not asked of participants.

The following details the remediation steps related to Privacy of Health Information:

DD/ABD TOPIC AREA GOAL #8			
Process: Update policy for obtaining, storing and sharing health information	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Providers update policies regarding how	• Updated policy is	Jan 2017	Providers

health information is obtained, stored and shared with others, both internally and outside of the provider organization a. Policy includes training for new staff	submitted to the Office of Program Support during the next Certification/ Licensing visit.		
2. Providers offer training to all staff a. Training is documented b. Training topic is included in the orientation process for new staff	• Attendance • Updated orientation expectations	Ongoing	Providers
3. Policy is available to all participants, representatives and guardians in electronic and paper format	• Updated policy for each provider	Feb. 2017	Providers

9) Dignity and Privacy

Provider Results:
There were four questions in the provider survey.
Q1: Is all information about individuals kept private?
There were 255 R and 78 NR responses to this question. Of those, 98.8% [252] R and 98.7% [77] NR providers affirmed that all information is kept private. In addition, 1.2% [2] R and 1.3% [1] NR providers responded "no."

Q2: Are individuals who need assistance with their grooming/personal appearance supported to appear as they prefer?
There were 255 R and 77 NR responses to this question. Of those, 99.6% [254] R and 100% [77] NR providers provide the support needed so that individuals who need assistance with their grooming/personal appearance appear as they prefer. In addition .04% [1] R provider responded "sometimes."

Q3: Do individuals have privacy in their bedrooms and bathrooms?
There were 254 R and 76 NR responses to this question. Of those, 97.6% [248] R and 94.4% [72] NR providers affirmed that individuals have privacy in their bedrooms and bathrooms. However, .04% [1] R and 2.8% [2] NR providers responded "not yet" and 2% [5] R and 2.8% [2] NR providers responded "no."

Q4: Do others request permission before entering the individual's home, bedroom, or bathroom?
There were 255 R and 76 NR responses to this question. Of those, 98.8% [252] R and 97% [74] NR providers ensured that others request permission before entering the individual's home, bedroom, or bathroom. However, 1.2% [3] R and 3% [2] NR providers responded "no."

Participant Results:
There were four questions in the participant survey.
Q1: Do you have enough privacy at home?
There were 196 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 92.8% [182] R participants reported that they had

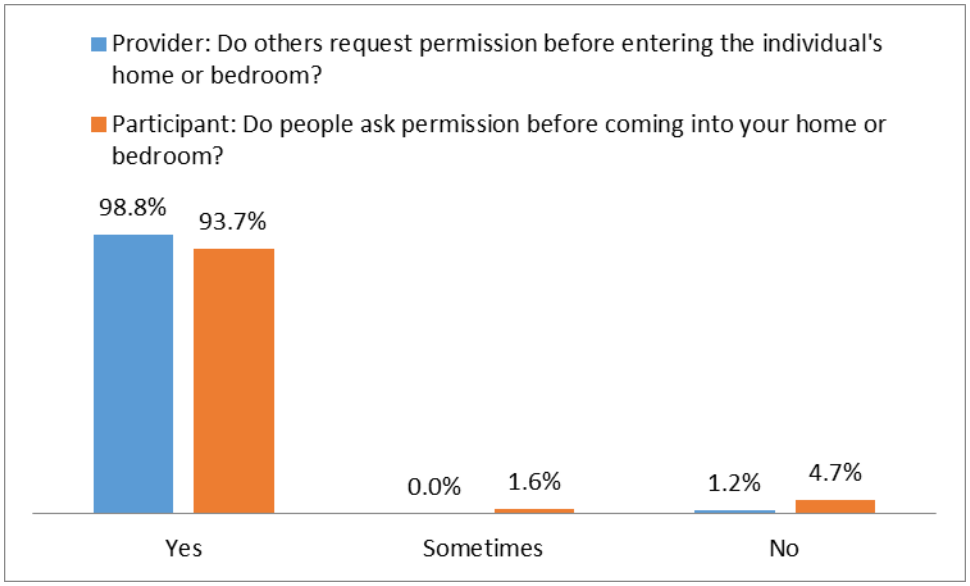
enough privacy at home. However, 4.1% [8] R participants responded "sometimes" and 3.1% [6] R participants responded "no."

Q2: Do you have a safe place to store your personal belongings?
There were 193 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 96.9% [187] R participants reported that they have a safe place to store personal belongings. However, 2.6% [5] R participants responded "sometimes" and .05% [1] R participants responded "no."

Q3: Can you close and lock the bedroom or bathroom door (if it is safe to do so)?
There were 188 R and 33 NR participant responses to this question. Of those, 88.2% [166] R and 78.8% [26] NR participants reported that they can close and lock the bedroom or bathroom door (if it is safe to do so). However, 2.2% [4] R and 3% [1] NR participants responded "sometimes" and 9.6% [18] R and 18.2% [6] NR participants responded "no." Participants and providers identified that there are no locks on bedroom doors currently due to the expectations of certification and licensing.

Q4: Do people ask permission before coming into your home or bedroom?
There were 191 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 93.7% [179] R participants reported that people ask permission before coming into their home or bedroom. In addition, 1.6% [3] R participants responded "sometimes" and 4.7% [9] R participants responded "no." Comments included that if people didn't ask permission, they did knock on the door before entering either the bedroom or bathroom.

The following chart reflects a comparison of the provider and participant responses based on the question focused on permission to enter:



The following details the remediation steps related to Dignity and Privacy:

DD/ABD TOPIC AREA GOAL #9			
Process: Ensure that there are locks on all bedroom and bathroom doors for privacy.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Meet with the Fire Marshall's office for direction on how to proceed with locking of bedroom and bathroom doors: a. Determine if there are any requirements outlined by the NFPA that need to be considered b. Determine if there are options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants	• Meeting minutes	Feb. 2017	DHHS-LTSS, Waiver Transition Team, Office of Program Support
2. Identify how to implement the "lock requirement" of the HCBS expectations a. Options for types of locks b. Measures to be taken if there's an emergency and doors are locked	• Written documentation of recommended options and steps to be taken in case of an emergency.	May 2017	Providers
3. Written information to be shared with all providers	• Implementation guideline	May 2017	Providers
4. Identify implementation date of the expectation	• Notice sent out to providers about expectations	May 2017	DHHS-LTSS, Office of Program Support
5. Providers develop policy regarding: a. Implementation of locks b. Emergency measures if doors are locked and access is needed	• Policy	June 2017	Providers
6. Policy be submitted to Office of Program Support at the next certification/licensing visit	• Policy	At next scheduled certifica-tion or licensing visit	Providers, Office of Program Support
7. Revise Certification/Licensing tool to	• Revised	Contin-	Office of

include locks on doors to bedrooms and bathrooms	Certification/ Licensing tool	gent on regula-tory updates	Program Support
8. Certifiers to cite deficiencies if expectations aren't met	• Certification/ Licensing data	Contin-gent on regula-tory updates	Office of Program Support

10) Decision Making

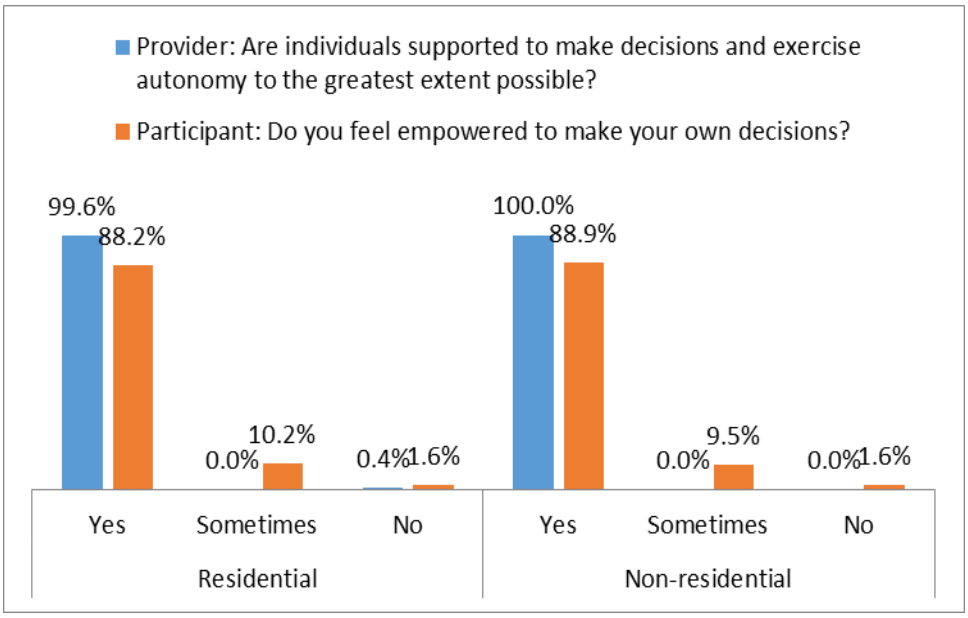
Provider Results:
The provider survey included two questions related to decision making.
Q1: Are individuals supported to make decisions and exercise autonomy to the greatest extent possible?
There were 254 R and 78 NR responses to this question. Of those, 99.6% [253] R and 100% [78] NR affirmed that individuals were supported to make decisions and exercise autonomy to the greatest extent possible. However, .04% [1] R provider responded "no."

Q2: Does the setting ensure that individual behavioral approaches are specific to the individual?
There were 255 R and 77 NR responses to this question. Of those, 95.5% [244] R and 97% [75] NR reported the setting ensures that individual behavioral approaches are specific to the individual. However, 4.5% [11] R and 3% [2] NR providers responded "no."

Participant Results:
The question related to decision making was included in the Communication section of the participant survey. There was one question related to decision making.

Q1: Do you feel empowered to make your own decisions?
There were 188 R and 63 NR participant responses to this question. Of the responses, 88.2% [166] R and 88.9% [56] NR participants reported that they feel empowered to make their own decisions. In addition, 10.2% [19] R and 9.5% [6] NR participants responded "sometimes" and 1.6% [3] R and 1.6% [1] NR participants responded "no." Several participants indicated some frustration with the restrictions placed on their decision making by their guardians. Others stated that those supporting them are helping them to be as independent as possible.

The following chart reflects a comparison of the provider and participant responses based on the question focused on decision making:



The following details the remediation steps related to Decision Making:

DD/ABD TOPIC AREA GOAL #10			
Process: Enhance participants ability to make their own decisions, even when they have a guardian	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify ways to increase the ability of participants to make their own decisions, including: a. Role of guardians b. Guardianship options that may give more autonomy to the participant		Jan. 2017	Statewide Training Committee
2. Develop training for: a. Participants b. Guardians c. Families d. Representatives e. Staff		Jan. 2017	Providers, Statewide Training Committee
3. Offer training a. Include training requirement in orientation for new staff	• Attendance	Ongoing	Providers
4. Create information sheet for participants, families and representatives	• Draft information sheet	Feb. 2017	Providers
5. Information sheet brought to Advisory Task Force for feedback	• Revised information sheet	Mar. 2017	Providers
6. Make information sheet available a. On-line b. Paper version	• Places to access information sheet identified	Mar. 2017	Providers, DHHS-LTSS
7. Include information sheet in provider	• Information sheet in	Mar.	Waiver

toolkit	toolkit	2017	Transition Team

11) Communication

Provider Results:
The provider survey included three questions related to respectful communication.
Q1: Do enhanced family care or paid staff/direct support providers, volunteers, and management personnel communicate with individuals respectfully?
There were 255 R and 78 NR responses to this question. Of those, 100% [255] R and 100% [78] NR providers affirmed that paid staff/direct support providers, volunteers, and management personnel communicate with individuals respectfully.

Q2: Do residential and non-residential setting practices assure that enhanced family care, paid staff, etc., do not talk to others about an individual?
There were 254 R and 77 NR responses to this question. Of those, 98% [249] R and 97.4% [75] NR providers affirmed that residential and non-residential setting practices assure that enhanced family care, paid staff, etc., do not talk to others about an individual. However, .04% [1] R provider responded "not yet" and 1.6% [4] R and 2.6% [2] NR providers responded "no."

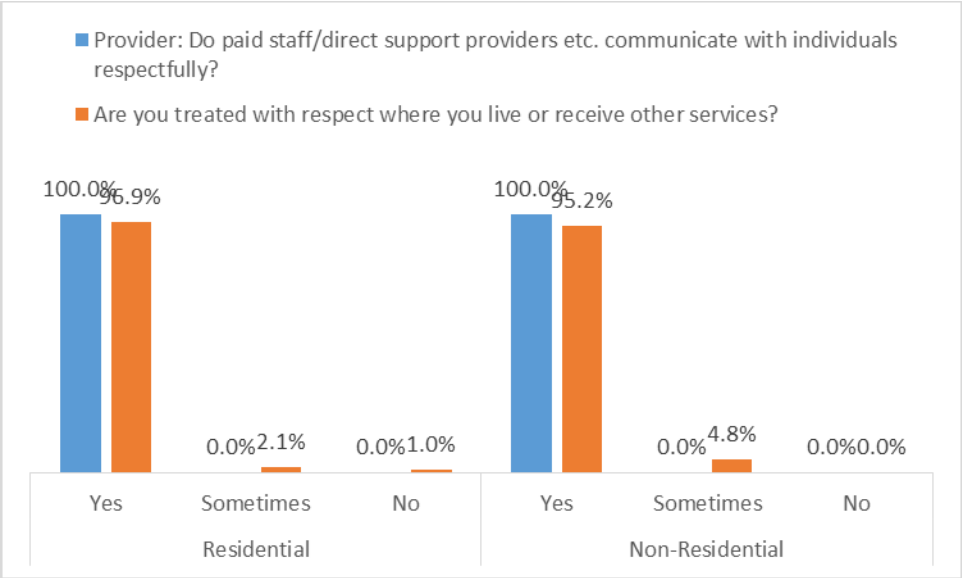
Q3: Is communication conducted in a language or manner that the individual understands?
There were 254 R and 76 NR responses to this question. Of those, 99.6% [253] R and 100% [76] NR providers reported "yes" to this question. However, .04% [1] R provider responded "no."

Participant Results:
There were three survey questions in the participant survey related to respectful communication.
Q1: Are you treated with respect where you live or receive other services?
There were 194 R and 63 NR participant responses to this question. Of the responses, 96.9% [188] R and 95.2% [60] NR participants reported that they are treated with respect where they live or receive services. In addition, 2.1% [4] R and 4.8% [3] NR participants responded "sometimes" and 1% [2] R participants responded "no."

Q2: Do the people who support you/your staff talk about you or your roommates in front of you?
There were 187 R and 61 NR responses to this question. Of those, 78% [146] R and 72.1% [44] NR participants reported that people who support them do not talk about them or their roommates in front of them. However, 9.1% [17] R and 6.6% [4] NR participants responded "sometimes" and 12.9% [24] R and 21.3% [13] NR participants responded "yes." Comments from the residential participants who said that staff talk about them in front of other people were that it was "only in a nice way." Additional comments included one person who said he heard day staff talking about others and a second person said he has heard others talk about him at the office.

Q3: Are there communication accommodations (for example, use of non-English language, use of American Sign Language, assistive technology, etc.) available to you if you need them?
There were 159 R and 48 NR responses to this question. Of those, 87.4% [139] R and 89.6% [43] NR participants reported "yes" to this question. However, 4.4% [7] R and 4.2% [2] NR

participants responded "sometimes" and 8.2% [13] R and 6.2% [3] NR participants responded "no."
The following chart reflects a comparison of the provider and participant responses based on the question focused on respectful communication:



Details of the remediation steps related to Communication are addressed in DD/ABD General Implementation Strategy #6, beginning on page 32, which involves training regarding HCBS expectations.

HCBS Standard: *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.*

12) <u>Access to the Environment</u>

Provider Results:
The provider survey included three questions.
Q1: Do individuals have the freedom to move about inside and outside of the residential or non-residential setting as opposed to one restricted room or area within the setting?
There were 255 R and 78 NR responses to this question. Of those, 98.8% [252] R and 98.6% [77] NR providers affirmed that individuals have the freedom to move about inside and outside of the residential or non-residential setting. In addition, 1.2% [3] R providers reported "not yet" and 1.4% [1] NR provider reported "no."

Q2: 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 address the obstructions? If so, are they functional?

There were 253 R and 78 NR responses to this question. Of those, 98.7% [250] R and 100% [78] NR providers reported that the setting is accessible. In addition, .09% [2] R providers reported "not yet" and .04% [1] R provider reported "no."

Q3: Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?

There were 254 R and 77 NR responses to this question. Of those, 86.8% [220] R and 84.7% [65] NR providers reported that there are no barriers preventing individuals' entrance to or exit from certain areas of the setting. However, 1.4% [1] NR provider reported "sometimes" and 13.2% [34] R and 13.9% [11] NR providers reported "yes." A number of providers reported having barriers to some areas linked to safety issues.

Participant Results:

The participant survey included four questions. This question was asked of residential participants only.

Q1: Can you move about freely inside and outside your home?

There were 194 R participant responses to this question. Of the responses, 97.9% [190] R participants reported that they can move freely in and outside of their home. In addition, 1.1% [2] R participants responded "sometimes" and 1% [2] R participants responded "no."

Q2: If access is limited in your home, do you have an individual plan describing the reasons for the limitations?

There were 95 R participant responses to this question. Of the responses, 60.6% [58] R participants reported that they have an individual plan if access is limited. In addition, 39.4% [37] R participants responded "no." Nearly all of the participants who selected "no" regarding a plan about physical accessibility gave written responses that they have "full accessibility." Clearly there was some misunderstanding of the question.

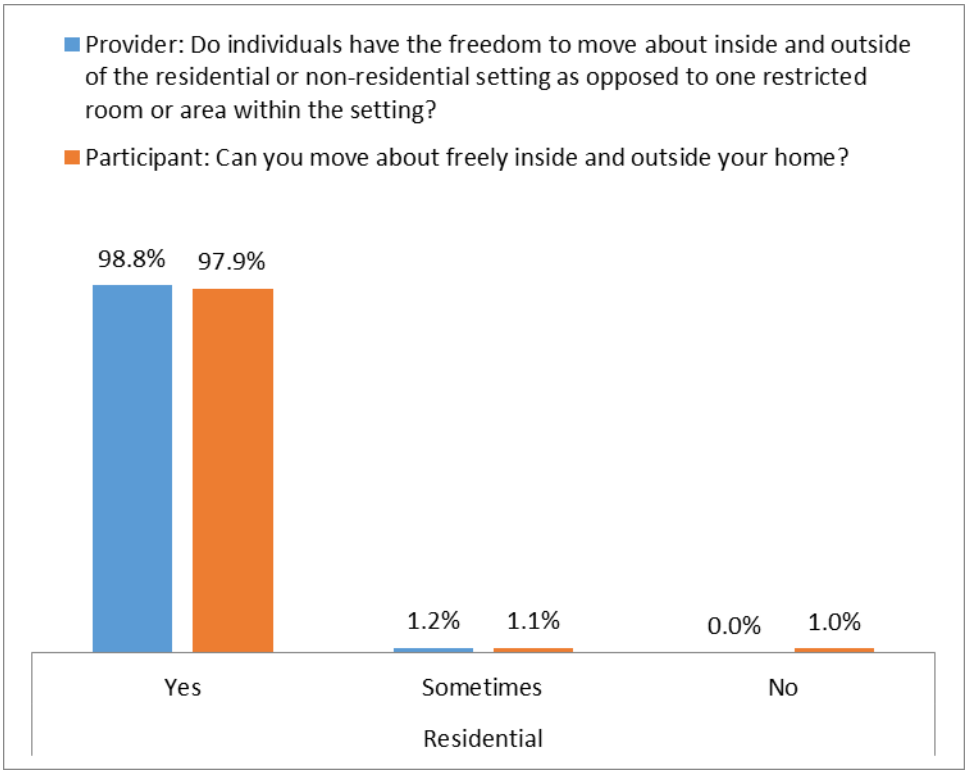
Q3: Do you have full access to the kitchen, laundry, and other living spaces?

There were 190 R participant responses to this question. Of the responses, 94.2% [179] R participants reported that they have full access to the kitchen, laundry, and other living spaces. In addition, 3.7% [7] R participants responded "sometimes" and 2.1% [4] R participants responded "no."

Q4: Do you have your own keys to your house or your room?

There were 191 R participant responses to this question. Of the responses, 37.9% [72] R participants reported that they have their own keys to their house or room. However, 62.1% [119] R participants responded "no."

The following chart reflects a comparison of the provider and participant responses based on the question focused on access to the environment:



The following two topic area goals detail the remediation steps related to Access to the Environment:

DD/ABD TOPIC AREA GOAL #11			
Process: Identify a process to be used if there is limited access to the environment to ensure that all options and resources have been explored for the participant to have full access if possible.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify situations where a participant is unable to access all areas of a provider site		Ongoing	Provider
2. Schedule an Assistive Technology Equipment Center (ATEC) evaluation, if appropriate	• ATEC referral	Ongoing	Provider, Service Coordinator
3. For each participant who is impacted, create written documentation of: a. The area that is not accessible by the participant b. Why the area is unavailable to participant i. Safety ii. Structural limitations iii. Other c. If/what the impact is of the	• Person centered plan will include information	Ongoing	Service Coordinator

restriction on the participant d. Results of the ATEC evaluation, if applicable i. Are environmental modifications needed?			
4. Certification/Licensing tool will be revised to include requirement that all modifications be documented in the person centered plan	• Revised tool	Contin-gent on regula-tory updates	Office of Program Support
5. Certifiers will note any deficiencies related to this issue during the certification/licensing visits.	• Certification/ Licensing Data	Contin-gent on regula-tory updates	Office of Program Support
6. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Ongoing	Waiver Transition Team

DD/ABD TOPIC AREA GOAL #12			
Process: Develop process for participants to have keys or alternative option for accessing their homes.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Investigate options and financial resources for participants to have a secure way to enter their home a. Keypad b. Key c. Other options	• List of options	Mar. 2017	Statewide Quality Improvement Committee
2. Offer options to participants	• Identify options offered	June 2017	Providers, Families, Guardians
3. Document choices and participants response in their person centered plan	• Person centered plan	Ongoing	Providers
4. Certification/Licensing tool be updated to include requirement for documentation of key option(s)	• Revised tool	Contin-gent on regula-tory updates	Office of Program Support
5. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Contin-gent on regula-tory updates	Waiver Transition Team, Office of Program Support

HCBS Standard: *Facilitates individual choice regarding services and supports, and who provides them.*

13) Individual (Informed) Choice

Provider Results
The survey included one question that was specific to providers.
Q1: Does the residential and non-residential setting have policies, procedures, and/or practices that ensure the informed choice of the individual?
There were 252 R and 78 NR responses to this question. The majority of providers (99.6% [251] R and 94.6% [74] NR) reported having the required policies, procedures, and practices in place. In addition, .04% [1] R and 5.4% [4] NR providers answered "no" to this question.

Participant Results
This question (related to policies and procedures) was not asked of participants.

The following details the remediation steps related to Individual (informed) Choice:

DD/ABD TOPIC AREA GOAL #13			
Process: Update provider policies regarding informed choice.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Providers will update policy to ensure compliance with HCBS expectations	• Updated Policy	Jan. 2017	Providers
2. Provider training will be updated to include new policy requirements	• Updated Policy	Jan. 2017. 2016	Providers
3. Providers will submit updated policy to the Office of Program Support	• Updated Policy	At time of next certifica-tion visit	DHHS-LTSS
4. Training on informed choice be part of orientation	• Updated orientation training	Ongoing	Providers
5. Certification/Licensing tool be updated to include this requirement	• Revised tool	Contin-gent on regula-tory updates	Office of Program Support
6. Deficiencies will be tracked during monitoring visits	• Certification/ Licensing data	Contin-gent on regula-tory updates	Office of Program Support
7. Data will be analyzed as per General Implementation Strategies # 2 and #3	• Data Analysis report	Ongoing	Office of Program

			Support, Waiver Transition Team

14) Role in Person Centered Plan

Provider Results:
The provider survey included two questions.
Q1: Are individuals assured that they will be supported in developing plans to support their needs and preferences?
There were 254 R and 77 NR provider responses to this question. Of those, 99.6% [253] R and 97.4% [75] NR providers reported that individuals are assured that they will be supported in developing plans to support their needs and preferences. However, .04% [1] R and 1.3% [1] NR provider reported "sometimes" and 1.3% [1] NR providers reported "no."

Q2: Does the individual, and/or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan?
There were 253 R and 77 NR provider responses to this question. Of those, 98.4% [249] R and 94.8% [73] NR providers reported that the individual, and/or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan. However, .04% [1] R provider reported "sometimes" and 1.2% [3] R and 5.2% [4] NR providers reported "no." Comments related to minimal participation in the process were associated to limitations due to disability.

Participant Results:
The participant survey included four questions.
Q1: Did you help make your service plan?
There were 193 R and 59 NR participant responses to this question. Of the responses, 95.8% [185] R and 94.9% [56] participants reported that they participated in developing their service plan. However, 4.2% [8] R and 5.1% [3] NR participants responded "no."

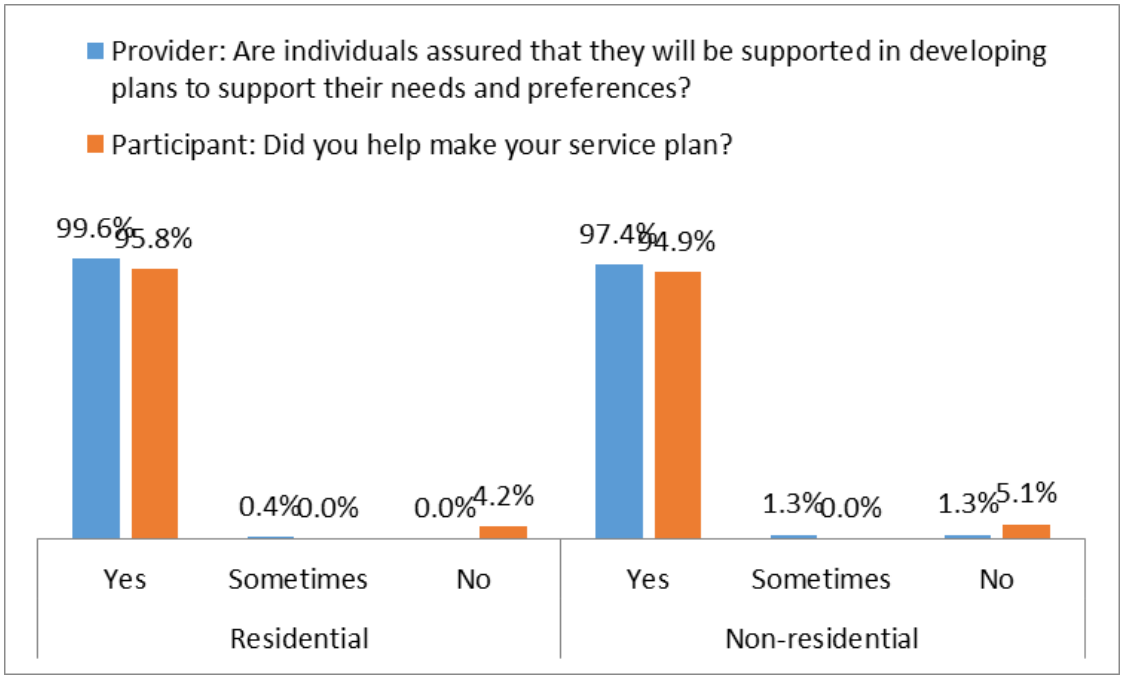
Q2: Does your service plan get updated when you express a desire to change the type, how often or the provider of supports/services?
There were 177 R and 53 NR participant responses to this question. Of the responses, 97.2% [172] R and 86.8% [46] NR participants reported that their service plan gets updated when requested. In addition, 2.8% [5] R and 13.2% [7] NR participants responded "no."

Q3: Was the planning meeting scheduled at a time and place convenient to you, your family or anyone else you wanted to participate?
There were 191 R and 60 NR participant responses to this question. Of the responses, 97.9% [187] R and 100% [60] NR participants reported that their planning meeting was scheduled at a convenient time. In addition, 2.1% [4] R participants responded "no."

Q4: Did you receive a copy of your service plan?
There were 189 R and 58 NR participant responses to this question. Of the responses, 73.9% [140] R and 70.7% [41] NR participants reported that they received a copy of their service plan.

However, 26.1% [49] R and 29.3% [17] NR participants responded "no." Although a number of participants reported that they had not received a copy of their plan comments indicated that a guardian or some other person had received it on their behalf.

The following chart reflects a comparison of the provider and participant responses based on the question focused on participation in developing the person centered service plan:



The following details the remediation steps related to Role in Person Centered Plan:

DD/ABD TOPIC AREA GOAL #14			
Process: Enhance the person centered service planning process.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Research available options that could be utilized to create an enriched planning process		June 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
2. Identify training opportunities that could be offered to those who facilitate person centered planning meetings	• List of options be identified to assist Service Coordinators with person centered planning process	June 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
3. Identify ways to offer training opportunities		June 2017	Statewide Service

a. In person b. On-line			Coordinator Supervisors, Statewide Training Group
4. Provide training opportunities to those who facilitate planning meetings		Ongoing	Statewide Service Coordinator Supervisors, Statewide Training Group
5. All facilitators of person centered planning meetings be trained	• Attendance for training	Sept. 2017	Service Coordinators
6. Develop information sheet for those who facilitate the person centered planning process	• Information sheet	Sept. 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
7. Make information sheet available a. Electronically b. On paper c. In the provider toolkit		Sept. 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
8. The planning process be revised to include: a. The expectation that participants receive a copy of their plan b. All expectations identified in the remediation plan, as appropriate c. Incorporation of the HRST and SIS into service planning	• Providers update their policy to include expectations	Mar. 2017	Providers
9. Providers submit updated policy to Office of Program Support	• Updated policy	Submitted at next Certification/Licensing visit	Providers, Office of Program Support

HCBS Standard: *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- *The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

a) Settings Agreements

Provider Results:
There was one question related to having a settings agreement in place. This question was asked of residential providers only.
Q1: For residential settings, is there a legally enforceable agreement for the unit or dwelling where the individual resides?
There were 253 responses to this question. Of those, 46.1% [117] of providers reported having a legally enforceable agreement. In addition, .05% [1] reported "not yet" and 53.4% [135] responded "no" to the question. It appears that many people do not understand what the HCBS settings agreement requirement entails. Most providers who responded "yes" to this question mentioned having an Area Agency agreement or a home provider agreement in place.

Participant Results:
There were two questions related to having a settings agreement in place. This question was asked of residential participants only.
Q1: Do you have a housing/rental agreement with your name on it?
There were 189 responses to this question. Of those, 27.7% [52] participants reported having a housing/rental agreement with their name on it. In addition, 26% [49] participants reported "not yet" and 46.3% [88] responded "no" to the question.

Q2: If yes, does the written agreement outline your legal rights, protect you against unreasonable eviction and allow appeals of eviction or discharge?
There were 134 responses to this question. Of those, 38.8% [52] of participants reported having a written agreement that outlines their legal rights, protects against unreasonable eviction and allows appeals of eviction or discharge. In addition, 33.8% [45] reported "not yet" and 27.4% [37] responded "no" to the question.

Similarly, the participant responses to these questions are somewhat hard to interpret. The current system does not include settings agreements for those participants in residential settings. This is an area of focus.

The following details the remediation steps related to Settings Agreements:

DD/ABD TOPIC AREA GOAL #15			
Process: Develop Lease/Tenancy Agreements for all residential sites.	**Verification/Validation**	**Timeline**	**Entity Responsible**

1. Obtain a copy of the residency agreement templates used at CFI sites for residential settings to use as an example		June 2017	DHHS-LTSS
2. Meet to discuss options and expectations for residential sites, including: a. Templates b. Legal implications c. Contractual implications	• Meeting minutes	June 2017	DHHS-LTSS, Community Support Network Incorporated (CSNI)
3. Create standardized template: a. Includes all of HCBS expectations b. Reviewed by legal counsel for implications	• Standardized template	Sept. 2017	DHHS-LTSS
4. Share template with providers and Advisory Task Force		Sept. 2017	DHHS-LTSS, Providers
5. Policy created by each provider to include expectations that Settings Agreements are: a. Part of person centered planning process b. Signed by provider(s) and participants c. Reviewed with participant even if they have a guardian d. Completed annually e. Each provider have a policy regarding settings agreements	• Policy	Dec. 2017	DHHS-LTSS, Providers
6. Implementation date determined a. All person centered plans to include settings agreement	• Date determined	Dec. 2017	DHHS-LTSS, Office of Program Support
7. Training developed a. Schedule identified		Dec. 2017	DHHS-LTSS
8. Mandatory training occurs for all Service Coordinators	• Attendance	Mar. 2018	DHHS-LTSS
9. Certification/Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	• Certification/ Licensing tool revised	Contin-gent on regula-tory updates	Office of Program Support
10. Certifiers will identify any deficiencies	• Certification/ Licensing data	Contin-gent on regula-tory	Office of Program Support

		updates	
11. Certification/Licensing data will be analyzed as per DD/ABD General Implementation Strategies #2 and #3	• Data analysis report	Ongoing	Office of Program Support, Waiver Transition Team

- *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, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

Provider Results:

The provider survey had two questions. This question was asked of residential providers only.
Q1: Does the individual(s) have his/her own bedroom or share a room with a roommate of his/her choice?
There were 255 R responses to this question. Of those, 100% [255] R providers reported that individual(s) have his/her own bedroom or share a room with a roommate of his/her choice.

Q2: Are married couples or couples in long term relationships provided with a shared or separate bedroom and living accommodation if they choose?
There were 255 R responses to this question. Of those, 64.7% [165] R providers reported that married couples or couples in long term relationships are provided with a shared or separate bedroom and living accommodation if they choose. However, 11.8% [30] R providers responded "not yet" and 23.5% [60] providers responded "no."

Participant Results:
The participant survey was comprised of four questions. This question was asked of residential participants only.
Q1: Did you choose (or pick) the people you live with?
There were 182 responses to this question. Of those, 79% [144] of participants reported that they picked the people they live with. However, 21% [38] responded "no" to the question. Comments related to choice of or roommate included that the people who live with them were already in the home when they moved in, and that it was their guardian who made the choice of where they live and with whom they live.

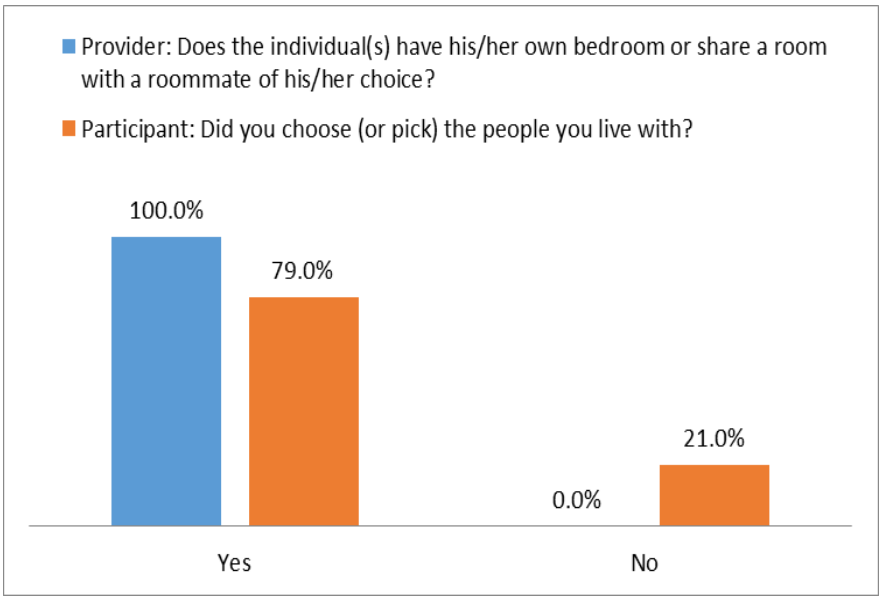
Q2: Do you know how to change your roommate if you want to?
There were 128 responses to this question. Of those, 81.1% [104] of participants reported that they know how to change roommates if they want. However, 18.9% [24] responded "no" to the question.

Q3: Do you have the option of living/rooming with a spouse or partner if you want to?

There were 134 responses to this question. Of those, 58.6% [79] of participants reported that they have the option of living/rooming with a spouse or partner if they want to. However, 41.4% [55] responded "no" to the question.

Q4: Have you been moved to another room or made to room with someone without your consent?
There were 189 responses to this question. Of those, 92.6% [175] of participants reported that they have not been moved to another room or made to room with someone without their consent. However, 7.4% [14] responded "yes" to the question.

The following chart reflects a comparison of the provider and participant responses based on the question focused on choice of or roommate:



The following details the remediation steps related to Choice of Roommate:

DD/ABD TOPIC AREA GOAL #16			
Process: Identify choice of roommate in Person Centered Planning Process	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Update provider policy to include discussion around choice of roommate as part of the person centered planning process	• Revised policy	Jan. 2017	Provider
2. Choice of roommate be documented in the Service Agreement	• Update service agreement template to include the expectation of a choice in roommate	Complete	DHHS-LTSS
3. Certification/Licensing tool be revised to	• Revised tool	Contin-	Office of

include choice of roommate being included in the Service Agreement for those participants receiving HCBS funding in applicable settings		gent on regula-tory updates	Program Support
4. Certifiers will identify any deficiencies	• Certification/ Licensing data	Contin-gent on regula-tory updates	Office of Program Support
5. Certification/Licensing Data will be analyzed as per DD/ABD General Implementation Strategies # 2 and #3	• Data Report	Ongoing	Office of Program Support, Waiver Transition Team

- *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

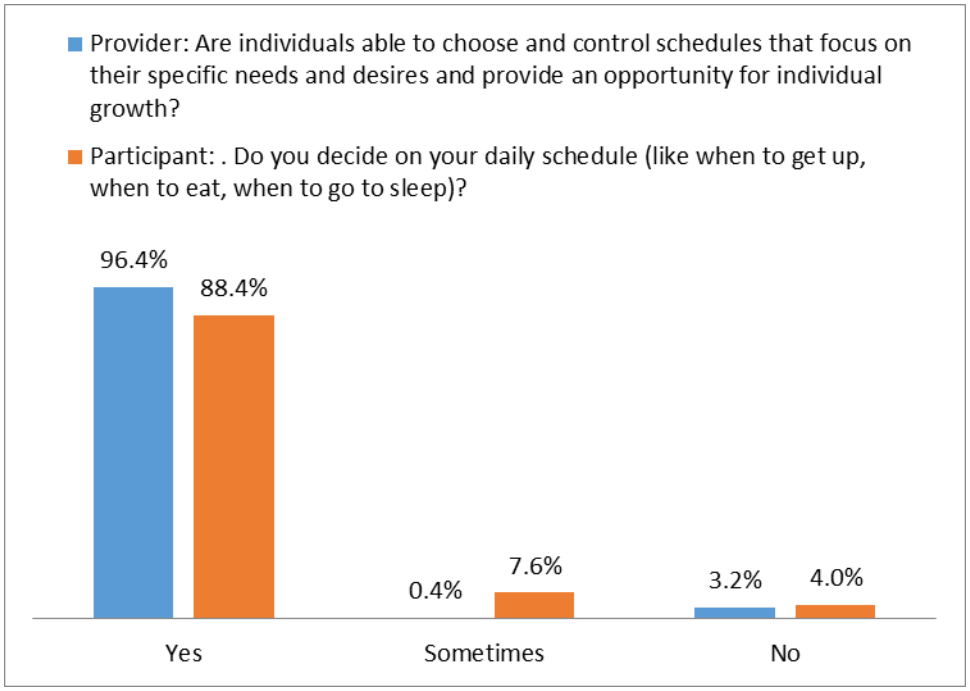
c) Own Schedule

Provider Results:
There was one question on the provider survey.
Q1: Are individuals able to choose and control schedules that focus on their specific needs and desires and provide an opportunity for individual growth?
There were 254 R and 76 NR responses to this question. Of those, 96.4% [245] R and 94.5% [72] NR providers responded that individuals are able to choose and control schedules that focus on their specific needs and desires and provide an opportunity for individual growth. In addition, .04% [1] R provider reported "not yet" and 3.2% [8] R and 5.5% [4] NR providers responded "no."

Participant Results:
The participant survey included two questions. These questions were asked of residential participants only.
Q1: Do you decide on your daily schedule (like when to get up, when to eat, when to go to sleep)?
There were 199 responses to this question. Of those, 88.4% [176] of participants reported that they decide on their daily schedule. However, 7.6% [15] responded "sometimes" and 4% [8] responded "no" to the question. Participants who responded "no" to this question indicated that they have little say in the schedule; instead they follow a daily routine.
Q2: Do you decide on how you spend your free time (when you are not working, in school or at a day program)?

There were 196 responses to this question. Of those, 94.4% [185] of participants reported that they decide on how to spend their free time. However, 5.1% [10] responded "sometimes" and .05% [1] responded "no" to the question.

The following chart reflects a comparison of the provider and participant responses based on the question focused on setting their own schedule:



Details of the remediation steps related to Own Schedule are addressed in DD/ABD General Implementation Strategy #6, beginning on page 32, which involves training regarding HCBS expectations.

d) <u>Choice Related to Meals/Snacks</u>

Provider Results:
The provider survey included three questions.
Q1: Are individuals provided an opportunity to have a meal or snacks at the time and place of their choosing?
There were 254 R and 78 NR responses to this question. Of those, 99.6% [253] R and 93.3% [73] NR affirmed that individuals were provided an opportunity to have a meal or snacks at the time and place of their choosing. However, .04% [1] R provider responded "not yet" and 6.7% [5] NR providers responded "no."

Q2: Are opportunities for an alternative meal and/or private dining available if requested by the individual?
There were 252 R and 75 NR responses to this question. Of those, 97% [244] R and 98% [73] NR reported that they provide opportunities for an alternative meal and/or private dining if

requested by the individual. However, .04% [1] R provider responded “not yet” and 2.6% [7] R and 2% [2] NR providers responded “no.”

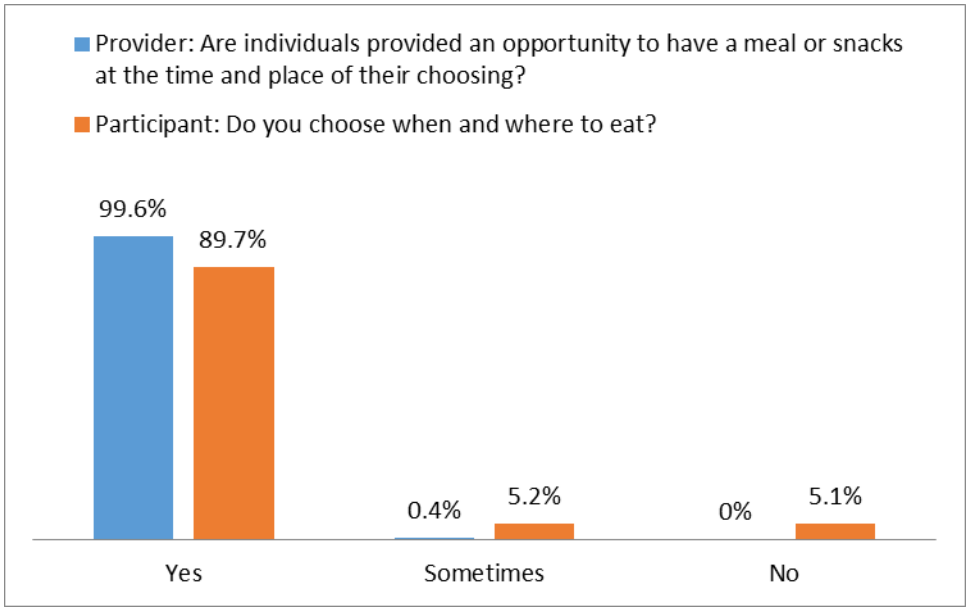
Q3: Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?
There were 253 R and 78 NR responses to this question. Of those, 97.1% [246] R and 98.6% [77] NR reported that individuals have access to food at any time. However, 1.3% [3] R providers responded “not yet” and 1.6% [4] R and 1.4% [1] NR providers responded “no.” Limitations were health related and specific to individuals.

Participant Results:
The participant survey also included three questions. This question was asked of residential participants only.
Q1: Do you choose when and where to eat?
There were 196 responses to this question. Of those, 89.7% [176] of participants reported that they choose when and where to eat. However, 5.2% [10] responded “sometimes” and 5.1% [10] responded “no” to the question.

Q2: Can you obtain different food if you don't like what is being served (unless you have specific dietary restrictions)?
There were 192 responses to this question. Of those, 90.1% [173] of participants reported that they can obtain different food if they don't like what is being served (unless they have specific dietary restrictions). However, 5.7% [11] responded “sometimes” and 4.2% [8] responded “no” to the question.

Q3: Do you have access to the kitchen and refrigerator when you choose (unless you have specific dietary restrictions)?
There were 193 responses to this question. Of those, 87.5% [169] of participants reported that they have access to the kitchen and refrigerator when you choose (unless you have specific dietary restrictions). However, 4.7% [9] responded “sometimes” and 7.8% [15] responded “no” to the question. Participants commented that they are not limited but must request it for safety or because they are physically unable to prepare it themselves.

The following chart reflects a comparison of the provider and participant responses based on the question focused on choice of meals/snacks:



The remediation steps related to Choice Related to Meals/Snacks are addressed in DD/ABD General Implementation Strategy #6 beginning on page 32, which involves training regarding HCBS expectations.

- *Individuals are able to have visitors of their choosing at any time.*

e) <u>Visitors</u>

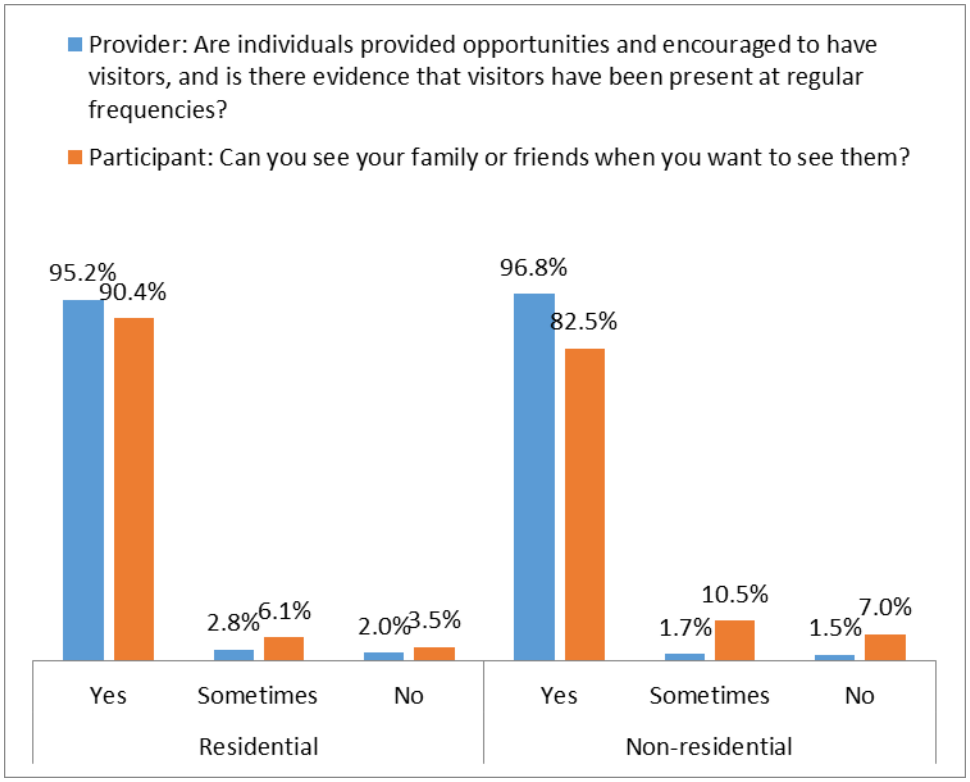
This question was documented in the Community Participation section of the survey for providers and Integration and Access to the Community section for participants.

Provider Results:
There was one question related to visitors.
Q1: Are individuals provided opportunities and encouraged to have visitors, and is there evidence that visitors have been present at regular frequencies?
There were 253 R and 78 NR responses. Of those, 95.2% [241] R and 96.8% [76] NR providers reported that individuals are provided opportunities and encouraged to have visitors, and there is evidence that visitors have been present at regular frequencies. In addition, 2.8% [7] R and 1.7% [1] NR providers responded "not yet" and 2% [5] R and 1.5% [1] NR providers responded "no" to the question.

Participant Results:
There was one question related to visitors.
Q1: Can you see your family or friends when you want to see them?
There were 199 R and 57 NR participant responses to this question. Of those, 90.4% [180] R and 82.5% [47] NR participants reported that they are able to see family or friends when they choose. In addition, 6.1% [12] R and 10.5% NR participants responded "sometimes" and 3.5% [7] R and 7% [4] participants responded "no" to the question.

The concern identified by participants to the on-site team members is that they lack people/relationships in their lives. So although the option of having visitors is present, actual visitors coming to the participants home was less than 100%. The State of New Hampshire continues to work with providers, families, representatives and the community at large to enhance opportunities for meaningful relationships to develop for individuals receiving services.

The following chart reflects a comparison of the provider and participant responses based on the questions focused on visitors:



The remediation steps related to Visitors are addressed in DD/ABD General Implementation Strategy #6 beginning on page 32, which involves training regarding HCBS expectations.

The setting is physically accessible to the individual.

f) <u>Physical Environment</u>

Provider Results:
The provider survey included three questions.
Q1: Does the physical environment meet the needs of those individuals who require supports?
There were 255 R and 77 NR responses. Of those, 96.3% [245] R and 97% [75] NR providers reported that the physical environment meets the needs of those individuals who require supports. In addition, 1.9% [5] R providers responded "not yet" and 1.9% [5] R and 3% [2] NR providers responded "no" to the question.

Q2: Does the setting support individual independence and preference?
This question was asked of residential providers only. There were 255 responses. Of those, 96% [245] R providers reported that the setting supports individual independence and preference. In addition, .08% [2] R providers responded "not yet" and 3.2% [8] R providers responded "no" to the question.

Q3: Are personal items present and arranged as the individual prefers?
This question was asked of residential providers only. There were 254 responses. Of those, 98% [249] R providers reported that personal items were present and arranged as the individual prefers. In addition, 2% [5] R providers responded "no" to the question.

Participant Results:
There were two questions on the participant survey.
Q1: Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?
There were 164 R and 46 NR responses to this question. Of those, 88.4% [145] R and 91.3% [42] NR participants affirmed that there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available if needed. In addition, 1.8% [3] R participants responded "sometimes" and 9.8% [16] R and 8.7% [4] NR participants responded "no." Those participants who indicated that the physical environment didn't have environmental accommodations to meet their needs responded "no" because they said they don't need any accommodations.

Q2: Is the furniture in your bedroom or living space arranged as you like? Is it according to your likes and tastes?
This question was asked of residential participants only. There were 192 responses. Of those, 97.4% [187] R participants reported that the furniture in their bedroom or living space was arranged as they wanted and according to their likes and tastes. In addition, 1% [2] R participants responded "sometimes" and 1.6% [3] R participants responded "no."

The remediation steps related to Physical Environment are addressed in DD/ABD General Implementation Strategy #6 beginning on page 32, which involves training regarding HCBS expectations.

b) Choices for Independence (CFI) Analysis and Results

The following is an analysis of the data collected during the site visits. For the CFI waiver settings, New Hampshire gathered information on 56 settings that provide services. There were 56 providers and 56 participants who gave information regarding residential services or day services. There were 43 residential providers and 43 participants interviewed as well as 13 non-residential providers and 13 participants. The total number of visits reflects 59% of the total number of residential sites (73) and 100% of the number of non-residential sites (13) providing Home and Community Based Services, which is statistically significant with a high level of confidence. Below is an analysis of the data collected during the site visits and related remediation steps including policy/practice changes, provider training and education, and other steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for CFI settings, followed by topic area goals.

CFI GENERAL IMPLEMENTATION STRATEGY #1			
Process: Establish a workgroup of CFI waiver providers to lead the efforts toward HCBS compliance.	**Verification/ Validation**	**Timeline**	**Entity Responsible**
1. Identify CFI waiver providers and participants to be part of the work group		Sept. 2016 or STP approval date	CFI Providers, Waiver Transition Team
2. Develop a work plan for achieving the goals outlined in the remediation plan	• Work Plan	Sept. 2016 or STP approval date through Dec. 2016	Workgroup, Waiver Transition Team
3. Follow work plan to ensure full compliance with HCBS expectations		Ongoing	Workgroup, Waiver Transition Team
4. Give updates to the Advisory Task Force		Quarterly updates	Workgroup

CFI GENERAL IMMPLEMENTATION STRATEGY # 2			
Process: Develop standardized forms and policies for CFI providers.	**Verification/ Validation**	**Timeline**	**Entity Responsible**
1. Establish workgroup of CFI providers		Sept. 2016 or STP approval	Waiver Transition Team, CFI Providers
2. Identify policies and forms that can be standardized	• List of forms and policies	Oct. 2016	Workgroup
3. Create templates	• Templates for HCBS policies and CFI provider forms	Nov. 2016 – Feb. 2017	Workgroup, Providers
4. Share templates with providers	• Draft templates	Mar. 2017	Workgroup, Providers
5. Revise templates, if appropriate	• Revised templates	Apr. 2017	Workgroup
6. Put policies and templates into the provider toolkits	• Standardized policies and forms	May 2017	Waiver Transition Team
7. Policies related to HCBS expectations will be submitted to OPS at the next licensing visit	• Updated policies	Ongoing	Providers Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #6	• Data report		Waiver Transition Team, Office of Program Support

CFI GENERAL IMPLEMENTATION STRATEGY #3			
Process: Revise the Medicaid enrollment process for CFI providers.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review current enrollment process for CFI providers		Oct. 2016	DHHS-LTSS
2. Revise enrollment process based on survey data	• Revised process	Dec. 2016	DHHS-LTSS
3. Distribute new process to current providers		Dec. 2016	DHHS-LTSS
4. Develop Information sheet for current and new providers a. Identify the steps for current providers to choose to dis-enroll as a provider of CFI services		Dec. 2016	DHHS-LTSS

CFI GENERAL IMPLEMENTATION STRATEGY #4			
Process: Develop training on HCBS and state expectations.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup to create training	• Workgroup member list	Sept.-Oct. 2016	DHHS-LTSS, Waiver Transition Team
2. Develop training for providers of services a. Assisted Living Facilities b. Adult Day Services c. Case Management Agencies d. Adult Family Care Residences	• Training outline created	Sept.-Oct. 2016	Workgroup
3. Share training outline with Advisory Task Force		Nov. 2016	Workgroup
4. Revise training based on feedback	• Revised training outline	Nov. – Dec. 2016	Workgroup
5. Develop training for participants of services, their families and/or guardians a. Include how to make a complaint	• Finalized training outline created	Nov. - Dec. 2016	Workgroup
6. Share training outline with Advisory Task Force	• Meeting minutes	Jan. 2017	Workgroup
7. Revise training based on feedback	• Revised training outline	Jan. 2017	Workgroup

8. Create training schedule a. For providers b. For participants	• Schedule will be available on DHHS • website and ARCH website	Jan. 2017	Workgroup
9. All providers attend training	• Attendance taken • Attendance list given to DHHS-LTSS	Feb. – Mar. 2017	Providers
10. All providers train their staff as applicable a. Requirement for all new staff	• Training documentation be given to Licensing staff at next licensing visit	Ongoing	Providers
11. HCBS Information sheet be created for providers and participants a. Information sheet be put in the provider toolkit	• Information sheet	Dec. 2016	Workgroup
12. Certifiers will identify any deficiencies	• Certification/ Licensing data	Contin-gent on regulatory updates	Office of Program Support
13. Certification/Licensing Data will be analyzed per CFI General Implementation Strategy #6	• Data Report	Ongoing	Office of Program Support, Waiver Transition Team

CFI GENERAL IMPLEMENTATION STRATEGY #5			
Process: Develop a standardized tool for licensing visits.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Revise regulations, as recommended (see regulatory review)	• Updated regulations	See regulatory review	DHHS
2. Review and revise current licensing tool based on regulatory revisions and HCBS expectations	• Standardized tool	Sept. 2016 or STP approval	Office of Program Support
3. Mandatory training for providers on new procedures and expectations for licensing a. Tool for licensing visits b. Critical deficiencies	• Attendance	Contin-gent on regulatory update	Office of Program Support, Providers

CFI GENERAL IMPLEMENTATION STRATEGY #6			
Process: Update Licensing Process	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review and revise current licensing process a. Implement a critical deficiency system similar to the one used for child care i. Include expectation that all sites be HCBS compliant when a licensing application is submitted to the Office of Program Support ii. Licensing visits will include a minimum of two CFI participants, if applicable		Sept. 2016 or STP approval	DHHS-LTSS, Office of Program Support
2. Update Application for Licensing to include statement that the provider acknowledges that they are in full compliance with HCBS expectations	• Revised application form	Sept. 2016 or STP approval	Office of Program Support
3. Share updated process with Advisory Task Force	• Updated forms	On	Waiver Transition Team
4. Provide training for providers on new procedures a. Critical deficiency process b. Implementation date c. New licensing tool d. Plans of correction e. Implementation date	• Mandatory Training for providers	July - Sept. 2016	Office of Program Support
5. Analyze licensing data to include a. Identify trends b. Systemic issues c. Provider issues d. Plan for improvements	• Data Report	Ongoing	Office of Program Support, Waiver Transition Team
6. Data analyzed every 6 months, focusing on HCBS requirements to monitor progress and ongoing compliance	• Data report	Ongoing	Waiver Transition Team, Providers, Office of Program Support

CFI GENERAL IMPLEMENTATION STRATEGY #7			
Process: Develop HCBS toolkit for providers and participants.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify place(s) to maintain the items that will be part of the toolkit a. Electronic version		Complete	Waiver Transition Team

b. Paper copies			
2. Develop written process for how the items will be updated and/or revised	• Written process	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items.	• Revision Process	Sept. 2016 or STP approval date	Waiver Transition Team

CFI GENERAL IMPLEMENTATION STRATEGY #8			
Process: Formalize the complaint process for CFI participants.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup	• Workgroup membership	Dec. 2016	Waiver Transition Team BEAS, Ombuds-man's office
2. Develop process for complaint resolution	• Draft process	Feb. 2017	Waiver Transition Team, BEAS, Ombuds-man's office
3. Written process be included in provider and participant toolkits	• Information sheet	Feb. 2017	Waiver Transition Team
4. Information regarding the complaint process be given to all participants at their annual person centered planning meeting	• Information sheet	At next person centered planning meeting	Providers

HCBS Standard: *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.*

1. Participation in Activities

Provider Results:
The provider survey included three questions related to participation in activities.
Q1: Are individuals provided opportunities for regular and meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
There were 42 R and 13 NR provider responses to this question. Of those, 100% [42] R and 100% [13] NR providers reported that individuals are provided opportunities for regular and meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences.

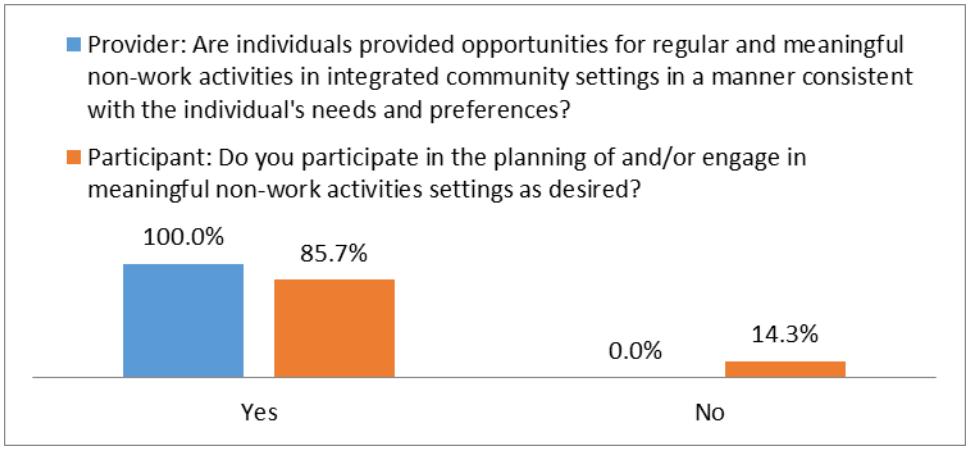
Q2: Are individuals provided the opportunity for tasks and activities matched to individuals' skills, abilities and desires?
There were 43 R and 13 NR provider responses to this question. Of those, 100% [43] R and 100% [13] NR providers reported that individuals are provided opportunities for tasks and activities matched to individuals' skills, abilities and desires.

Q3: Are the tasks and activities comparable to those of typical peers (without disabilities)?
There were 43 R and 13 NR provider responses to this question. Of those, 95.5% [41] R and 100% [13] NR providers reported that individuals are provided opportunities for tasks and activities comparable to those of typical peers. In addition, 4.5% [2] R providers responded “no” to the question. Providers who answered “no” to the questions cited limitations in activities due to dementia. Providers commented that the participants went into the community on their own or with their families. At most sites, however, there were limited opportunities offered by the providers to access the community.

Participant Results:
The participant survey included two questions related to participation in activities.
Q1: Do you participate in the planning of and/or engage in meaningful non-work activities?
There were 41 R and 11 NR participant responses to this question. Of the responses, 85.7% [35] R and 63.6% [7] NR participants reported that they participate in the planning of and/or engage in meaningful non-work activities. However, 9.1% [1] NR participant responded “sometimes” and 14.3% [6] R and 27.3% [3] NR participants responded “no.”

Q2: Are you supported when you want to do something that’s not scheduled?
There were 37 R and 10 NR participant responses to this question. Of the responses, 86.8% [32] R and 90% [9] participants reported that they are supported when they want to do something that’s not scheduled. However, 7.9% [3] R participants responded “sometimes” and 5.3% [2] R and 10% [1] NR participants responded “no.”

The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on participation in activities:



The remediation steps related to Participation in Activities are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

2. <u>Community Participation</u>

Provider Results:
The provider survey included four questions related to community participation.
Q1: Do individuals regularly shop, attend religious services, schedule appointments, eat out with family and friends, etc., as they choose?
There were 43 R and 13 NR provider responses to this question. Of those, 95.5% [41] R and 71.4% [9] NR providers reported that individuals regularly shop, attend religious services, schedule appointments, eat out with family and friends, etc., as they choose. In addition, 4.5% [2] R and 28.6% [4] providers responded "no" to the question. One provider shared that community participation is limited "due to staffing number/ratio as well as high rate of individuals with dementia."

Q2: Are individuals provided with contact information, access to and support or training on the use of public transportation, such as buses, taxis, etc.?
This question was asked of residential providers only. There were 40 R provider responses to this question. Of those, 76% [30] R reported that individuals are provided with contact information, access to and support or training on the use of public transportation, such as buses, taxis, etc. In addition, 7.8% [3] R providers responded "sometimes" and 16.2% [7] NR providers responded "no" to the question.

Q3: Alternatively where public transportation is limited, are other resources provided for individuals to access the broader community, including accessible transportation for individuals with mobility impairments?
This question was asked of residential providers only. There were 43 R provider responses to this question. Of those, 100% [43] R reported that where public transportation is limited, other

resources are provided for individuals to access the broader community, including accessible transportation for individuals with mobility impairments.

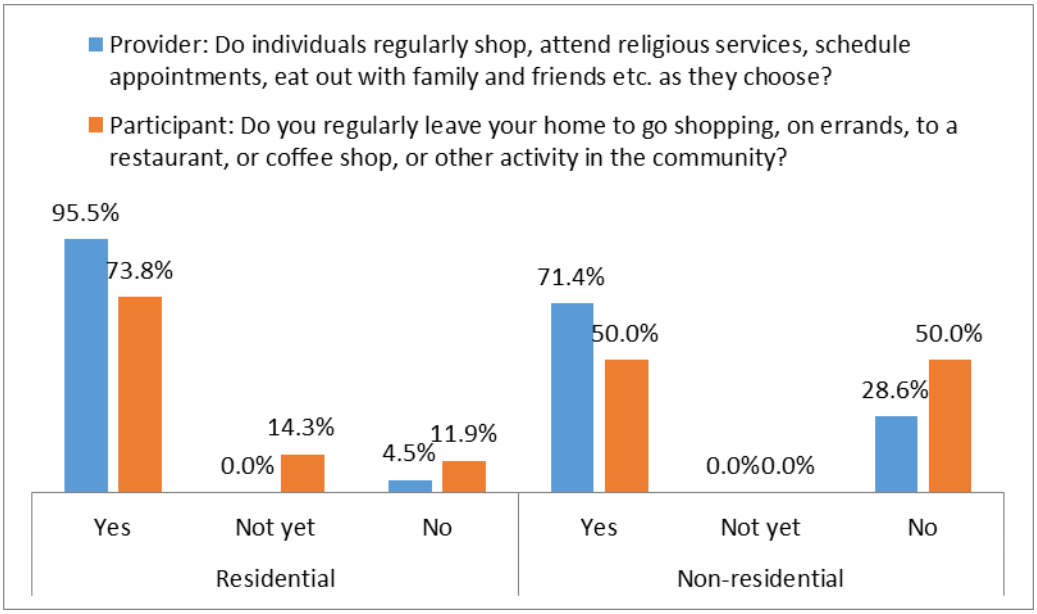
Q4: Are individuals offered opportunities that include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities?
There were 42 R and 13 NR provider responses to this question. Of those, 83.8% [35] R and 42.7% [6] NR providers reported that individuals are offered opportunities that include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities. In addition, 3.2% [1] R provider responded "sometimes" and 13% [6] R and 57.3% [7] NR providers responded "no" to the question.

Participant Results:
The participant survey addressed this area under the Integration and Access to the Community section. There were three related questions.
Q1: Do you feel isolated in your home or day services?
There were 41 R and 12 NR participant responses to this question. Of the responses, 88.1% [36] R and 83.4% [10] NR participants responded "no" to the question. In addition, none of the residential participants responded "yes" but 11.9% [5] responded "sometimes." A small number (8.3% [1]) of non-residential participants responded "yes" and 8.3% [1] responded "sometimes." Comments included that the participant "Often feels lonely", others in the home are not able to do what she can or wants to do. She is interested in being active but others not able due to age and medical issues.

Q2: Do you regularly leave your home to go shopping, on errands, to a restaurant or coffee shop or other activity in the community?
There were 41 R and 10 NR participant responses to this question. Of the responses, 73.8% [30] R and 50% [5] NR participants reported that they regularly leave their home to go shopping, on errands, to a restaurant or coffee shop or other activity in the community. However, 14.3% [6] R participants responded "sometimes" and 11.9% [5] R and 50% [5] NR participants responded "no." Some participants answered "sometimes" and "no" to the questions and cited limited opportunities and need to depend on family to get out.

Q3: When you want to go somewhere, do you have a way to get there? (For example, access to public transportation or other resources)?
There were 42 R and 7 NR participant responses to this question. Of the responses, 83.7% [35] R and 85.7% [6] participants reported that when they want to go somewhere, they have a way to get there. However, 9.3% [4] R participants responded "sometimes" and 7% [3] R and 14.3% [1] NR participants responded "no."

The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on community participation:



The following two CFI Topic Area Goals detail the remediation steps related to Community Participation:

CFI TOPIC AREA GOAL #1			
Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Create a work group to address: a. Increased/improved opportunities for participants to engage in activities that are meaningful within the setting b. Ways that providers are able to offer opportunities for the participants to access the community on a regular basis c. Training opportunities for providers to learn how to engage Participants in ongoing, meaningful activities, including how to engage those with dementia and other medical issues d. Identify/develop resources that would assist in creating these opportunities such as identifying activities/resources that are available within the community and including them in the toolkit	• Workgroup identified	Feb. 2017	Providers, Waiver Transition Team, NHARCH
2. Develop an information sheet with resources to assist existing and new	• Information sheet	Apr. 2017	Workgroup

providers			
3. Each provider develop a plan on how they will implement ongoing opportunities for on-site and community activities on a frequent, ongoing basis	• Provider plans	June 2017	Providers

CFI TOPIC AREA GOAL #2			
Process: Investigate opportunities to pilot innovative options for community participation and integration in order to prevent isolation.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup to identify and develop pilot opportunities		Dec. 2016	Waiver Transition Team DHHS-LTSS
2. Workgroup identify resources that could support community integration and participation for providers	• List of resources	Jan.-Feb. 2017	Workgroup
3. Workgroup identify at least three pilot opportunities	• Pilot proposals	Feb. 2017	Workgroup, DHHS-LTSS
4. Present pilot proposals to DHHS-LTSS		Feb. 2017	Workgroup, DHHS-LTSS
5. Revise proposals, if needed	• Final proposal	Mar. 2017	Workgroup
6. Share pilot proposals with Advisory Task Force	• Proposal	April 2017	Workgroup
7. Implement pilot proposals		Apr. – June 2017	Providers
8. Bring feedback to DHHS-LTSS	• Data from pilots	July 2017	Workgroup
9. Identify if proposal can be implemented on a permanent basis a. If yes, develop implementation plan for all providers b. If no, identify alternative pilot proposals	• Analysis of pilot implementation	Sept. 2017	Workgroup, DHHS-LTSS
10. Implement plan for all providers or develop alternative proposals and implement steps 4-9		Dec. 2017	Workgroup

3. Community Employment

Provider Results:
The provider survey included two questions related to community employment.
Q1: Are individuals who want to work provided opportunities to pursue employment in integrated community settings?
There were 42 R and 13 NR provider responses to this question. Of those, 72.7% [31] R and 100% [13] NR providers reported that individuals who want to work are provided opportunities to pursue employment in integrated community settings. In addition, 27.3% [11] R providers reported "no."

Q2: Do (paid) employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Waiver funded services?
There were 42 R and 13 NR provider responses to this question. Of those, 100% [42] R and 100% [13] NR providers reported that employment settings provide individuals with the opportunity to participate in negotiating his/her terms of employment. Providers did note that the majority of the participants are retired. Providers commented that they offered opportunities for people to work but there was no interest by participants in obtaining employment.

Participant Results:
The participant survey included three questions related to community employment.
Q1: Do you have a paid job in the community (if you want one)?
This question was asked in non-residential settings only. There were 3 responses. All three (100%) said no that they did not have a job in the community. Most participants responded "not applicable" to this question. Participants identified that they did not want to work because they had worked their whole lives and were now retired.
Q2: If yes, are you working as much as you would like to?
There were no responses to this question.
Q3: If you would like to work, is someone helping you with that goal?
There were no responses to this question.

The following details the remediation steps related to Community Employment:

CFI TOPIC AREA GOAL #3			
Process:	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Based on the data this is not an issue at this time for CFI participants.			

4. Access to Personal Funds

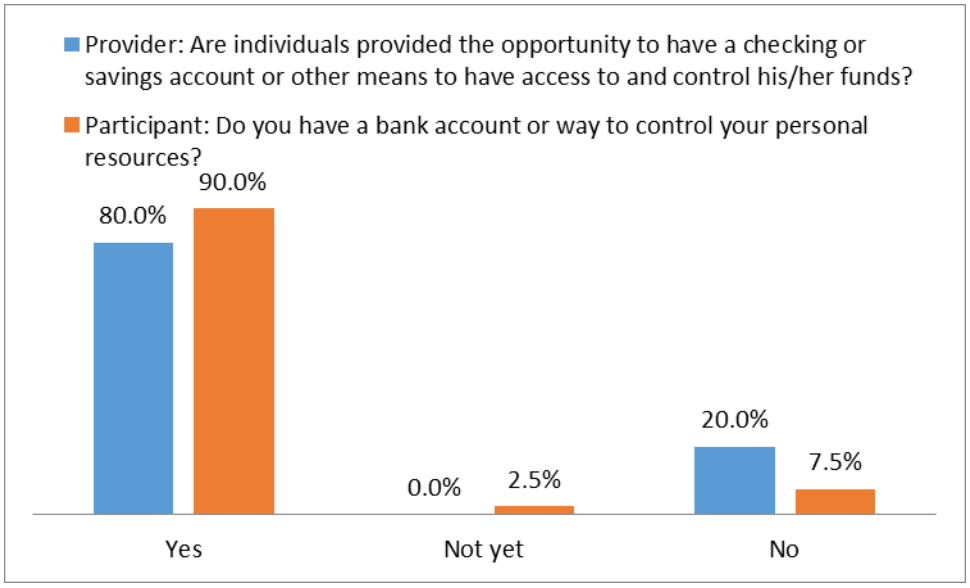
Provider Results:
The provider survey included one question related to access to personal funds.

Q1: In settings where money management is part of the service, are individuals provided the opportunity to have a checking or savings account or other means to have access to and control his/her funds?
This question was asked in residential settings only. There were 38 responses. Of those, 80% [30] providers responded that individuals are provided the opportunity to have a checking or savings account or other means to have access to and control his/her funds. In addition, 20% [8] responded "no" to the question. Those that answered "no" indicated that the people they support are unable to be involved in money management as a result of their disability or that the provider or guardian manages it.

Participant Results:
The participant survey included two questions related to access to personal funds.
Q1: Do you have a bank account or way to control your personal resources?
This question was asked of participants in residential settings only and there were 39 responses. 90% [35]) of participants reported having a bank account or way to control their personal resources. It is unclear if those that reported "sometimes" (2.5% [1]) or "no" (7.5% [3]) were clarifying that they do not have a bank account or do not have a way to control their personal resources.

Q2: Do you have regular and easy access to personal funds?
There were 43 responses to this question and 95.5% [41] reported that they have regular and easy access to personal funds. In addition, 4.5% [2] responded "sometimes" and none responded "no."

The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on access to personal funds:



The following details the remediation steps related to Access to Personal Funds:

CFI TOPIC AREA GOAL #4			
Process: Identify ways that participants can have access to funds.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Providers work with participants, guardians, representative payees to identify how the participants can have funds available to them a. Identify in the person centered plan how the process of spending money will be handled and the participant's preferences b. Work with participant to identify ways for them to have money in their home for easy access	• Person centered plan	Feb. 2017	Providers, Guardians, Participants, CFI workgroup
2. Licensing tool will be revised to include the expectation that access to funds will be documented in the person centered plan	• Revised licensing tool	Contin-gent on regulatory updates	Office of Program Support
3. Licensors will document any deficiencies related to access to funds	• Licensing tool	Contin-gent on regulatory updates	Office of Program Support
4. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

5. Integration and Access to the Community

This section focused on the location of the setting and whether it is integrated in the community or presumed to be institutional.

Provider Results:
The provider survey had four questions.
Q1: Is the setting on the grounds of, or immediately adjacent to, a public institution or facility?
There were 43 R and 13 NR responses to this question. 90.9% [39] R and 84.6% [11] NR providers responded that the setting was not on the grounds or immediately adjacent to a public institution or facility. However, 9.4% [6] R and 15.4% [2] NR providers responded "yes."

Q2: Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient treatment?

There were 42 R and 13 NR responses to this question. 81.8% [34] R and 100% [13] NR providers responded "no" to this question. However, 18.2% [8] R providers responded "yes."

Q3: Is the setting in the community (building/home) located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc., that facilitates integration with the greater community?
There were 43 R and 13 NR responses to this question. 91.1% [39] R and 76.9% [10] NR providers responded that the setting is community based. In addition, 8.9% [4] R and 23.1% [3] NR providers answered this question "no."

Q4: Does the setting provide individuals with disabilities multiple types of services and activities?
There were 43 R and 13 NR responses to this question. 79.4% [34] and 57.1% [7] of residential and non-residential providers, respectively, reported that the setting provides multiple types of services and activities. In addition, 20.6% [9] R and 42.9% [6] NR providers answered "no" to this question. Comments included that providers were offering residential services as well as social and recreational opportunities. In some cases, they provided day services and had nursing services available as well.

Participant Results:
The participant survey included one question related to location of the setting and whether it is integrated in the community.
Q1: Is your home or where you receive services part of the community at large (and not institution-like or part of or adjacent to an institution-hospital, nursing home, mental health hospital, etc.)?
There were 43 R and 11 NR participant responses to this question. When asked this question, 68.2% [29] R and 72.7% [8] NR participants reported "yes." However, 31.8% [14] R and 27.3% [3] NR responded "no."

These questions may have been generally misunderstood related to community integration. Details on settings that meet, do not yet meet, and do not meet as they are presumed institutional due to location are referenced on page 26. Additionally, the specific settings that are presumed institutional due to location are identified on page 133.

The remediation steps related to Integration and Access to the Community are included in CFI Topic Area Goal #1 and Topic Area Goal #2 beginning on page 83.

HCBS Standard: *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

6. <u>Choice of Setting</u>

Provider Results:
The provider survey included three questions related to choice of setting.
Q1: Are individuals provided a choice regarding where to live or receive services?
There were 41 R and 11 NR responses to this question. The majority of providers reported that participants had input in choosing their settings in which to live or receive other services (88.9% [36] R and 87.5% [10] NR). However, while no providers responded "not yet", 11.1% [5] R and 12.5% [1] NR providers responded "no."

Q2: Are individuals afforded opportunities to choose with whom to do activities in or outside of the setting or are individuals assigned only to be with a certain group of people?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 92.3% [12] responded "yes" to the question. In addition, 7.7% [1] NR responded "no."

Q3: Are individuals provided a choice regarding the services, provider and the opportunity to visit/understand the options?
There were 42 R and 12 NR responses to this question. Of those, 97.6% [41] R and 90% [12] NR affirmed that individuals were provided a choice regarding the services, provider and the opportunity to visit/understand the options. However, 2.4% [1] R and 10% [1] NR responded "no."

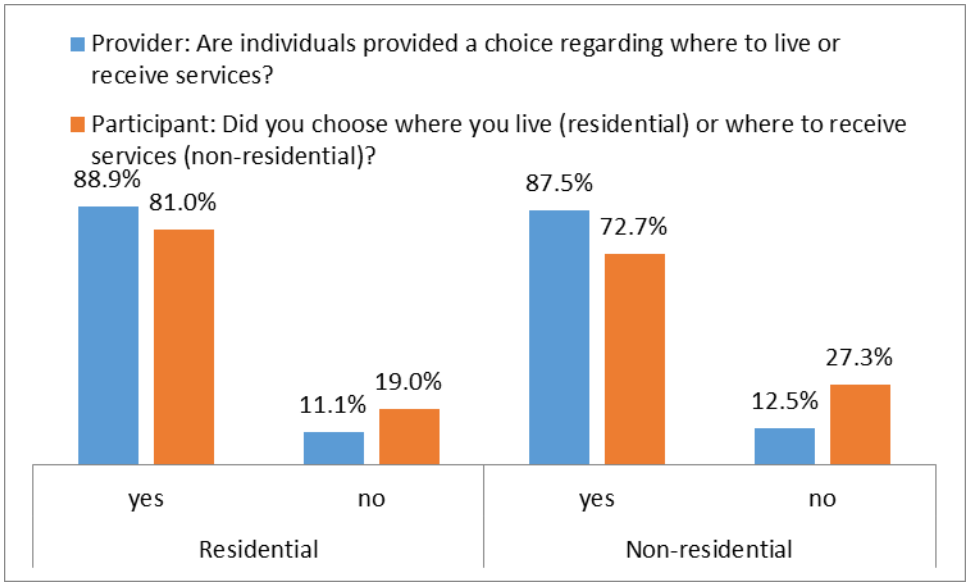
Participant Results:
The participant survey included five questions related to choice of setting.
Q1: Did you choose where you live (residential) or where to receive services (non-residential)?
There were 41 R and 11 NR participant responses to this question. Of those, 81% [33] R and 72.7% [8] NR participants responded "yes" to choosing where they live or receive services. In addition, 19% [8] R and 27.3% [3] NR responded "no." Most comments indicated that the guardians made the choices, or that the participant was "unable" to make a choice.

Q2: Did you visit your residence and/or day program before you began receiving services there?
There were 40 R and 11 NR responses to this question. 61% [24] R and 63.6% [7] responded "yes" to this question. However, 39% [16] R and 36.4% [4] NR participants responded "no." Many of the participants identified that they did not see the residence before they moved in and that their family members chose the home for them. Many participants moved into the assisted living facility after having been hospitalized for a medical issue.

Q3: Do you like your home/where you live or receive other services?
There were 42 R and 12 NR participant responses to this question. Of those, 95.3% [40] R and 91.7% [11] NR participants responded that they like their home or where they receive services. In addition, 4.7% [2] R and 8.3% [1] NR participants responded "sometimes."

Q4: If you wanted to change, do you know how to request new housing or a non-residential service (day program)?
There were 36 R and 8 NR participant responses to this question. Of those, 83.8% [30] R and 62.5% [5] NR participants responded that they know how to request a change. However, 16.2% [6] R and 37.5% [3] NR participants responded that they did not know how to request a change.

Q5: Are you allowed to use the phone and/or internet (if available) when you want to?
There were 41 R and 8 NR participant responses to this question. Of those, 97.6% [40] R and 62.5% [5] NR participants responded "yes" to this question. In addition, 2.4% [1] R and 37.5% [3] NR participants responded "no" to this question.
The following chart reflects a comparison of the provider and participant responses based on one of the questions focused on choice of settings:



The following details the remediation steps related to Choice of Setting:

CFI TOPIC AREA GOAL #5			
Process: Enhance the participants input into the decision making about their choice of setting.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Review the current process for selection of service site, including: a. Who is involved b. How are options presented c. Role of participant/ guardian/Case Manager d. Identify choices offered for service provider in the Person centered plan e. Identify ways to ensure that the participant is able to see/visit the service site before making a choice		Feb. 2017	Providers, Guardians, Participants
2. Providers develop policy outlining how this process will occur	• Updated policies	Mar. 2017	Providers
3. Develop information sheet for participants	• Information sheet	Mar. 2017	Case Manage-ment Agencies

4. Documentation of the choices available to the participant and their decision about the site be included in the person centered planning document	• Updated person centered planning template	June 2017	Providers

CFI TOPIC AREA GOAL #6			
Process: To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting[3] when identifying the options available regarding where to live.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup		Oct. 2016	Providers, Waiver Transition Team
2. Identify all available options for residential settings, including options used under the DD/ABD waiver	• List of current and potential options	Dec. 2016	Workgroup
3. Develop plan for implementing new options, including resources and technical assistance needed	• Draft plan	Jan.-Mar. 2017	Workgroup
4. Present plan to DHHS-LTSS for feedback		Apr. 2017	Workgroup, Waiver Transition Team
5. Use feedback to revise plan	• Revised plan	May 2017	Workgroup
6. Revise plan	• Finalized plan	May 2017	Workgroup
7. Implement plan	• Increased options for participants	Ongoing	Providers, DHHS-LTSS, Waiver Transition Team
8. Educate providers, including Case Management Agencies, about the options	• Training	Aug. 2017	Workgroup, DHHS-LTSS, Waiver Transition Team
9. Create information sheet with options for CFI participants	• Information sheet	Aug. 2017	Workgroup
10. Put information sheet in the participant toolkit	• Information sheet	Aug. 2017	Waiver Transition

[3] Olmstead v. L.C., 527 U.S. 581, 119 S.Ct. 2176 (1999) ("the Olmstead decision"), the Supreme Court construed Title II of the Americans with Disabilities Act (ADA) to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions (least restrictive environment).

			Team

HCBS Standard: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint*.

7. Freedom from Coercion

Provider Results:
The provider survey included three questions in this area.
Q1: Is information about filing any type of complaint available to individuals in an understandable format?
There were 42 R and 13 NR provider responses to this question. According to the responses, for the most part, information about filing a complaint (95.5% [40] R and 92.3% [12] NR) is made available to participants. However, 4.5% [2] R and 7.7% [1] providers responded "no."

Q2: Are individuals informed of their treatment and service rights, and right to be free from restraint, seclusion, abuse, neglect, and exploitation?
There were 40 R and 13 NR responses to this question. The majority of providers (95.3% [38] R and 92.3% [12] NR) reported that individuals are informed of their treatment and service rights, and right to be free from restraint, seclusion, abuse, neglect, and exploitation. However, 4.7% [2] R and 7.7% [1] providers responded "no."

Q3: Are individuals prevented from engaging in legal activities (for example: voting)?
There were 41 R and 13 NR responses to this question. 95.5% [39] R and 91.7% [12] NR providers reported that they do not prevent participants from participating in legal activities. Some providers 4.5% [2] R and 8.3% [1] NR responded "yes." Providers identified that they did not prevent participation in legal activities, but some providers did indicate that there is no alcohol permitted on the premises.

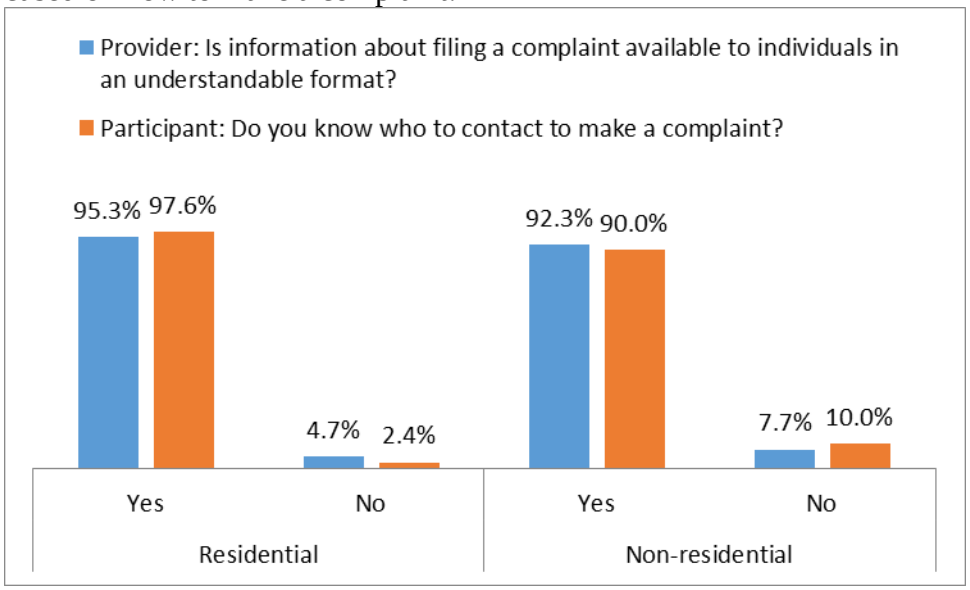
Participant Results:
The participant survey included four questions.
Q1: Are you comfortable discussing concerns (things that upset or worry you) with someone where you live or receive other services?
There were 42 R and 12 NR participant responses to this question. Of those, 95.3% [40] R and 83.3% [10] NR participants reported that they are comfortable discussing concerns with someone where they live or receive other services. However, 2.3% [1] R and 8.3% [1] NR participants responded "sometimes" and 2.4% [1] R and 8.4% [1] NR participants responded "no."

Q2: Do you know who to contact to make a complaint?
There were 40 R and 10 NR participant responses to this question. Of those, 97.6% [39] R and 90% [9] NR participants affirmed that they know who to contact to make a complaint. In addition, 2.4% [1] R and 10% [1] NR participants responded "no." One provider noted that their participants with dementia are unable to understand this information and another indicated that the guardian is informed rather than the participant.

Q3: Are you prohibited from participating in legal activities similar to typical peers (without disabilities) such as voting, having a boyfriend/girlfriend, etc.?
There were 40 R and 10 NR participant responses to this question. Of those, 95.1% [38] R and 100% [10] NR participants reported that they had not been prohibited from participating in legal activities. However, 4.9% [2] R participants responded "yes."

Q4: In your home or where you receive services, have you been placed in seclusion, physically restrained, or chemically restrained against your wishes?
There were 42 R and 10 NR participant responses to this question. Of those, 97.7% [41] R and 100% [10] NR participants reported that in their home or where they receive services, they have not been placed in seclusion, physically restrained, or chemically restrained against their wishes. In addition, 2.3% [1] R participant responded "yes." In follow-up it was found to be in the past and not related to the current setting.

The following chart reflects a comparison of the provider and participant responses based on the question focused on how to make a complaint:



The following two topic area goals detail the remediation steps related to Freedom from Coercion:

CFI TOPIC AREA GOAL #7			
Process: Develop training for participants, their families and guardians regarding rights and HCBS expectations.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Convene work group to create a training regarding expectations that participants should have regarding: a. Privacy b. Dignity c. Respect d. Freedom from coercion and restraint		Feb. 2017	Providers

e. Access to food at any time f. Patient's Bill of Rights g. Complaint process h. Ombudsman's role			
2. Develop training	• Training outline	Apr. 2017	Workgroup
3. Training outline brought to Advisory Task Force for feedback		Apr. 2017	Workgroup, Advisory Task Force
4. Training revised based on feedback	• Revised training	Apr. 2017	Workgroup
5. Offer training at provider sites for participants, guardians, and families.	• Training Schedule	May - Sept. 2017	Providers, Workgroup
6. Training be offered to staff: a. At orientation b. Annually	• Attendance	Ongoing	Providers
7. Licensing tool include training requirement	• Updated licensing tool	Contin-gent on regulatory updates	Office of Program Support
8. Deficiencies be noted for lack of training	• Licensing data	Contin-gent on regulatory updates	Office of Program Support
9. Analyze licensing data as per CFI General Implementation Strategy # 5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

CFI TOPIC AREA GOAL #8			
Process: Create a process to use for any modifications to the expectations of Home and Community Based Settings.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Convene a workgroup to develop modification policy	•	Feb. 2017	Workgroup
2. Develop standardized policy for CFI waiver providers regarding modifications of HCBS expectations a. Access to alcohol was a common theme where restrictions are in place in the provider settings b. Written policy must include all the requirements outlined by CMS c. Modifications must be documented in the participant's person-centered plan	• Draft process developed • Draft process brought to Advisory Task Force	May 2017	Providers

3. Train providers on the expectations	• Attendance •	Aug. 2017	Providers
4. All provider staff be trained on the policy. a. Upon hiring b. Annually	• Attendance will be taken at trainings	Ongoing	Workgroup
5. Licensing tool be updated to include requirements	• Updated tool	Contin-gent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	• Licensing data	Contin-gent on regulatory updates	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

8. Privacy of Health Information

Provider Results:
There was one question, asked only of providers, in this area.
Q1: Is individual health information held securely and confidentially?
There were 43 R and 13 NR responses to this question. All providers (100% [43] R and 100% [13] NR) confirmed that their settings keep health information regarding participants confidential.

Participant Results:
This question was not asked of participants.

The following details the remediation steps related to Privacy of Health Information:

CFI TOPIC AREA GOAL #9			
Process: Update policy for obtaining, storing and sharing health information.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Providers update policies regarding how health information is obtained, stored and shared with others, both internally and outside of the provider organization a. Policy include training for new staff	• Updated policy is submitted to the Office of Program Support during the next licensing visit	Dec. 2016	Providers, Office of Program Support
2. Providers offer training to all staff a. Training is documented b. Training is included in orientation	• Attendance	Ongoing	Providers

for new staff			
3. List of staff trained given to Office of Program Support at the next licensing visit	• Training List	Ongoing	Providers
4. Policy is available to all participants, families and guardians: a. Electronic format b. Paper format	• Updated Policy	Ongoing	Providers
5. Licensing tool be updated to include requirements	• Updated tool	Contin-gent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	• Licensing data	Contin-gent on regulatory updates	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

9. Dignity and Privacy

Provider Results:
There were four questions in the provider survey.
Q1: Is all information about individuals kept private?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 92.3% [12] NR providers affirmed that all information is kept private. In addition, 7.7% [1] NR provider responded "no."

Q2: Are individuals who need assistance with their grooming/personal appearance supported to appear as they prefer?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR providers provide the support needed so that individuals who need assistance with their grooming/personal appearance appear as they prefer.

Q3: Do individuals have privacy in their bedrooms and bathrooms?
There were 43 R and 13 NR responses to this question. Of those, 88.9% [38] R and 100% [13] NR providers affirmed that individuals have privacy in their bedrooms and bathrooms. However, 11.1% [5] R providers responded "no."

Q4: Do others request permission before entering the individual's home, bedroom, or bathroom?

There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR providers ensured that others request permission before entering the individual's home, bedroom, or bathroom.

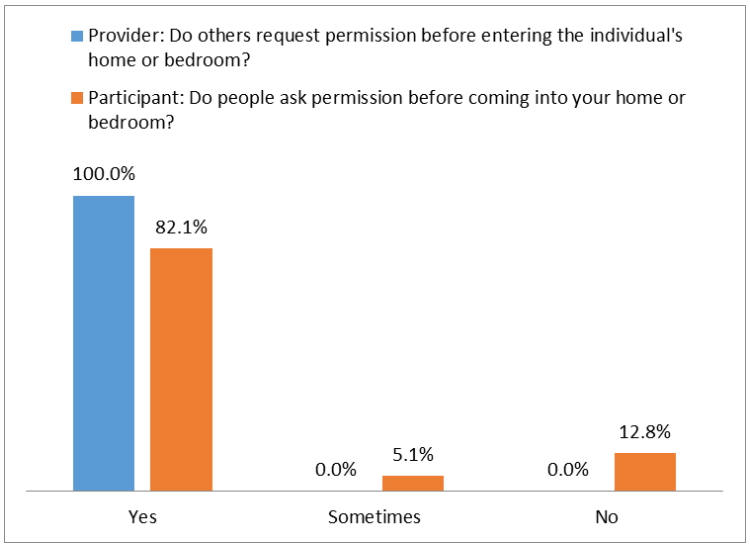
Participant Results:
There were four questions in the participant survey.
Q1: Do you have enough privacy at home?
There were 42 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 93% [39] R participants reported that they had enough privacy at home. However, 2.3% [1] R participants responded "sometimes" and 4.7% [2] R participants responded "no."

Q2: Do you have a safe place to store your personal belongings?
There were 40 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 97.6% [39] R participants reported that they have a safe place to store personal belongings. However, 2.4% [1] R participant responded "no."

Q3: Can you close and lock the bedroom or bathroom door (if it is safe to do so)?
There were 43 R and 7 NR participant responses to this question. Of those, 68.2% [29] R and 100% [7] NR participants reported that they can close and lock the bedroom or bathroom door (if it is safe to do so). However, 31.8% [14] R responded "no." In those situations where the answer was "no," it was explained that there were no locks on bedroom doors.

Q4: Do people ask permission before coming into your home or bedroom?
There were 38 R participant responses to this question. This question was not asked of non-residential participants. Of the responses, 82.1% [31] R participants reported that people ask permission before coming into their home or bedroom. In addition, 5.1% [2] R participants responded "sometimes" and 12.8% [5] R participants responded "no." In many cases, participants clarified that although the answer was "no," it was because people knocked instead of asking permission.

The following chart reflects a comparison of the provider and participant responses based on the question focused on permission to enter:



The following details the remediation steps related to Dignity and Privacy:

CFI TOPIC AREA GOAL #10			
Process: Ensure that the opportunity is available for locks on bedroom and bathroom doors.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Meet with the state's Fire Marshal's office for direction on how to proceed with locking of bedroom and bathroom doors a. Are there any expectations outlined by the NFPA that need to be considered b. Are there options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants	• Meeting minutes	Feb. 2017	DHHS-LTSS Waiver Transition Team, Office of Program Support
2. Identify how to implement the lock requirement of the HCBS expectations a. Options for types of locks b. Measures to be taken if there's an emergency and doors are locked	• Written documentation of recommended options and steps to be taken in case of an emergency	Mar. 2017	Providers
3. Implementation guidelines be shared with all providers	• Implementation guidelines	Mar. 2017	Providers
4. Identify implementation date of the expectation	• Notice sent out to providers about expectations	Mar. 2017	DHHS-LTSS, Office of Program Support

5. Providers develop policy regarding: a. Implementation of locks b. Emergency measures if doors are locked and access is needed c. Documentation of participant's choice regarding locks	• Policy	June 2017	Providers
6. Revise licensing tool to documentation of the participant's decision regarding lockable doors on their bedroom and bathroom	• Revised licensing tool	Contin-gent on regulatory updates	Office of Program Support
7. Licensing to cite deficiencies if expectations aren't met	• Licensing data	Contin-gent on regulatory updates	Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

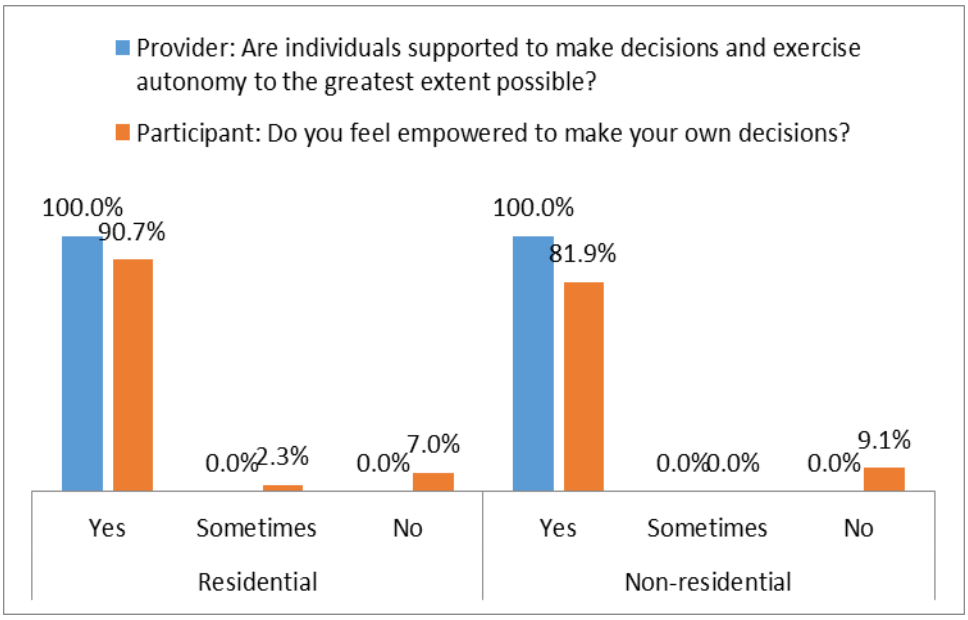
10. Decision Making

Provider Results:
The provider survey included two questions related to decision making.
Q1: Are individuals supported to make decisions and exercise autonomy to the greatest extent possible?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR affirmed that individuals were supported to make decisions and exercise autonomy to the greatest extent possible.

Q2: Does the setting ensure that individual behavioral approaches are specific to the individual?
There were 43 R and 13 NR responses to this question. Of those, 97.4% [42] R and 100% [13] NR reported the setting ensures that individual behavioral approaches are specific to the individual. However, 2.6% [1] R provider responded "no."

Participant Results:
The question related to decision making was included in the Communication section of the participant survey. There was one question related to decision making.
Q1: Do you feel empowered to make your own decisions?
There were 42 R and 10 NR participant responses to this question. Of the responses, 90.7% [38] R and 81.9% [9] NR participants reported that they feel empowered to make their own decisions. In addition, 2.3% [1] R participant responded "sometimes" and 7% [3] R and 9.1% [1] NR participants responded "no."

The following chart reflects a comparison of the provider and participant responses based on the question focused on decision making:



The following details the remediation steps related to Decision Making:

CFI TOPIC AREA GOAL #11			
Process: Enhance participant's ability to make their own decisions.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify ways to increase the ability of participants to make their own decisions, including a. Role of guardians b. Guardianship options that may give more autonomy to the participant		Feb. 2017	Providers
2. Develop training for: a. Participants b. Guardians c. Families d. Staff		Apr. 2017	Providers
3. Offer training a. Include training requirement in orientation for new staff	• Attendance	Ongoing	Providers
4. Create information sheet for participants, families and guardians	• Draft information sheet	Apr. 2017	Providers
5. Information sheet brought to Advisory Task Force for feedback	• Revised information sheet	Apr. 2017	Providers, Advisory Task Force
6. Make information sheet available a. Electronic version b. Paper version c. Toolkit		May 2017	Providers, DHHS-LTSS

11. Communication

Provider Results:
The provider survey included three questions related to respectful communication.
Q1: Do enhanced family care or paid staff/direct support providers, volunteers, and management personnel communicate with individuals respectfully?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR providers affirmed that paid staff/direct support providers, volunteers, and management personnel communicate with individuals respectfully.

Q2: Do residential and non-residential setting practices assure that enhanced family care, paid staff, etc., do not talk to others about an individual?
There were 42 R and 13 NR responses to this question. Of those, 100% [43] R and 92.3% [12] NR providers affirmed that residential and non-residential setting practices assure that enhanced family care, paid staff, etc., do not talk to others about an individual. However, 7.7% [1] provider responded "no."

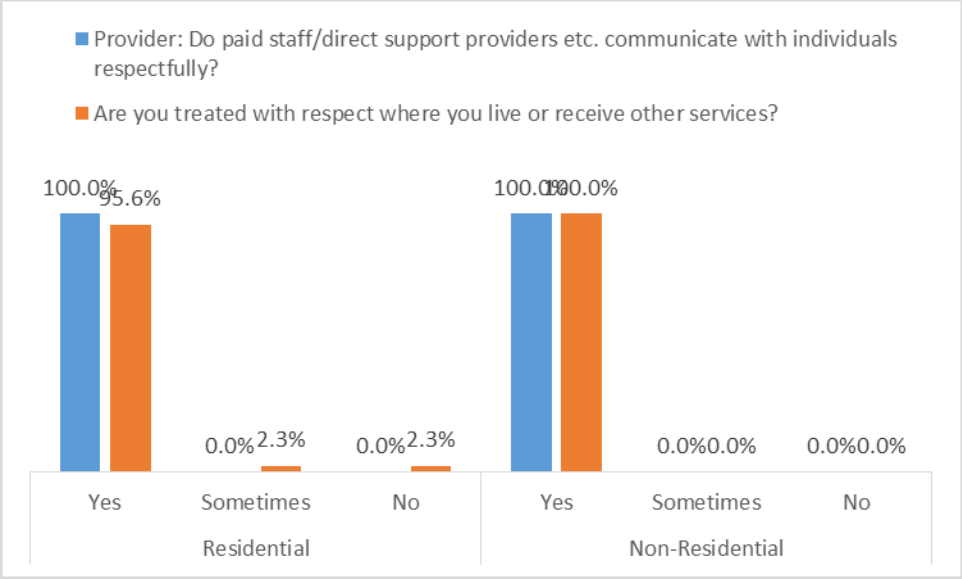
Q3: Is communication conducted in a language or manner that the individual understands?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR providers reported "yes" to this question.

Participant Results:
There were three survey questions in the participant survey related to respectful communication.
Q1: Are you treated with respect where you live or receive other services?
There were 43 R and 11 NR participant responses to this question. Of the responses, 95.6% [41] R and 100% [13] NR participants reported that they are treated with respect where they live or receive services. In addition, 2.3% [1] R participant responded "sometimes" and 2.3% [1] R participant responded "no."

Q2: Do the people who support you/your staff talk about you or your roommates in front of you?
There were 42 R and 10 NR responses to this question. Of those, 88.4% [37] R and 80% [8] NR participants reported that people who support them do not talk about them or their roommates in front of them. However, 2.3% [1] R participant responded "sometimes" and 9.3% [4] R and 20% [2] NR participants responded "yes."

Q3: Are there communication accommodations (for example, use of non-English language, use of American Sign Language, assistive technology, etc.) available to you if you need them?
There were 26 R and 7 NR responses to this question. Of those, 100% [26] R and 100% [7] NR participants reported "yes" to this question.

The following chart reflects a comparison of the provider and participant responses based on the question focused on respectful communication:



The remediation steps related to Communication are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

HCBS Standard: *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.*

12. <u>Access to the Environment</u>

Provider Results:
The provider survey included three questions.
Q1: Do individuals have the freedom to move about inside and outside of the residential or non-residential setting as opposed to one restricted room or area within the setting?
There were 42 R and 13 NR responses to this question. Of those, 97.7% [41] R and 92.3% [12] NR providers affirmed that individuals have the freedom to move about inside and outside of the residential or non-residential setting. In addition, 2.3% [1] R provider and 7.7% [1] NR provider reported "no."

Q2: 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 address the obstructions? If so, are they functional?
There were 43 R and 13 NR responses to this question. Of those, 100% [43] R and 100% [13] NR providers reported that the setting is accessible.

Q3: Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
There were 43 R and 13 NR responses to this question. Of those, 61.4% [26] R and 46.2% [6] NR providers reported that there are no barriers preventing individuals' entrance to or exit from

certain areas of the setting. However, 38.6% [17] R and 53.8% [7] NR providers reported "yes." A number of providers reported having barriers to some areas linked to safety issues for participants, such as laundry being located downstairs and the participant being unsteady on their feet and not able to use the stairs safely. In non-residential settings, providers often had a cleaning closet that was not accessible to participants due to the chemicals in the closet.

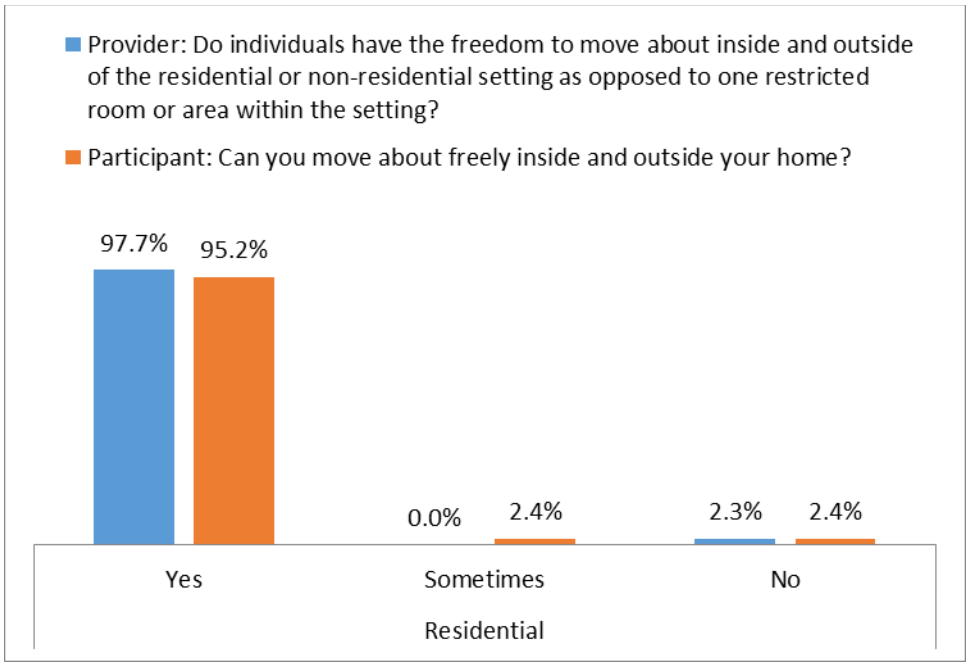
Participant Results:
The participant survey included four questions. This question was asked of residential participants only.
Q1: Can you move about freely inside and outside your home?
There were 41 R participant responses to this question. Of the responses, 95.2% [39] R participants reported that they can move freely in and outside of their home. In addition, 2.4% [1] R participants responded "sometimes" and 2.4% [1] R participant responded "no."

Q2: If access is limited in your home, do you have an individual plan describing the reasons for the limitations?
There were 12 R participant responses to this question. Of the responses, only 30.8% [4] R participants reported that they have an individual plan if access is limited. In addition, 69.2% [8] R participants responded "no."

Q3: Do you have full access to the kitchen, laundry, and other living spaces?
There were 41 R participant responses to this question. Of the responses, 61.9% [25] R participants reported that they have full access to the kitchen, laundry, and other living spaces. In addition, 2.4% [1] R participant responded "sometimes" and 35.7% [15] R participants responded "no." Participants commented that they do not have access to the kitchen, laundry, etc. because staff typically takes care of those areas.

Q4: Do you have your own keys to your house or your room?
There were 42 R participant responses to this question. Of the responses, only 27.9% [12] R participants reported that they have their own keys to their house or room. However, 72.1% [30] R participants responded "no." Some participants shared that they would like to have a key to their room and/or home. Another stated that "This is not a private residence – it is a public home. Don't need keys."

The following chart reflects a comparison of the provider and participant responses based on the question focused on access to the environment:



The following two topic area goals detail the remediation steps related to Access to the Environment:

CFI TOPIC AREA GOAL #12			
Process: Develop process for participants to have the opportunity for keys to their homes and/or rooms.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Investigate options for participants to have a secure way to enter their home and/or room: a. Keypad b. Key c. Other options		Feb. 2017	Providers
2. Offer choices to participants regarding keys		June 2017	Providers, Families, Guardians
3. Document choices and participants response in their person centered plan	• Person centered plan	Ongoing	Providers
4. Licensing tool be updated to include requirement for documentation of key option(s)	• Revised tool	Contin-gent on regulatory updates	Office of Program Support
5. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

CFI TOPIC AREA GOAL #13			
Process: Implement a process to identify and document when access is limited in a provider setting.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify situations where a participant is unable to access all areas of a provider site	• Person centered plan will be updated	Feb. 2017	Providers
2. For each participant who is impacted, create written documentation of: a. The area that is not accessible by the participant b. Why the area is unavailable to participant c. If/what the impact is of the restriction on the participant	• Modification policy documentation will be in place	Apr. 2017	Providers
3. Follow the modification policy, as appropriate	• All required documentation will be part of the person centered plan	Ongoing	Providers
4. Documentation will be included in the person centered plan		Ongoing	Providers
5. Licensing tool will be revised to include requirement that all situations be documented in the person centered plan	• Revised licensing tool	Contin-gent on regulatory updates	Office of Program Support
6. Licensors will note any deficiencies related to this expectation during the licensing visits	• Licensing data	Ongoing	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

HCBS Standard: *Facilitates individual choice regarding services and supports, and who provides them.*

13. Individual (Informed) Choice

Provider Results:
The survey included one question that was specific to providers.
Q1: Does the residential and non-residential setting have policies, procedures, and/or practices that ensure the informed choice of the individual?

There were 43 R and 13 NR responses to this question. The majority of providers (97.7% [42] R and 100% [13] NR) reported having the required policies, procedures, and practices in place. In addition, 2.3% [1] R provider answered "no" to this question.

Participant Results:
This question (related to policies and procedures) was not asked of participants.

The following details the remediation steps related to Individual (informed) Choice:

CFI TOPIC AREA GOAL #14			
Process: Update provider policies regarding informed choice.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Providers will update policy to ensure compliance with HCBS expectations	• Updated Policy	Feb. 2017	Providers
2. Provider training will be updated to include new policy requirements		Apr. 2017	Providers
3. Providers will submit updated policy	• Submission to OPS at next licensing visit	Ongoing	DHHS-LTSS
4. Training on informed choice be part of orientation	• Updated orientation training	Ongoing	Providers
5. Licensing tool be updated to include this requirement	• Revised tool	Contin-gent on regulatory updates	Office of Program Support
6. Deficiencies will be tracked during monitoring visits	• Licensing data	Ongoing	Office of Program Support
7. Analyze Licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

14. Role in Person Centered Plan

Provider Results:
The provider survey included two questions.
Q1: Are individuals assured that they will be supported in developing plans to support their needs and preferences?
There were 33 R and 13 NR provider responses to this question. Of those, 96.4% [32] R and 88.3% [11] NR providers reported that individuals are assured that they will be supported in

developing plans to support their needs and preferences. However, 3.6% [1] R and 16.7% [2] NR providers reported "no."

Q2: Does the individual, and/or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan?
There were 41 R and 12 NR provider responses to this question. Of those, 88.9% [36] R and 90.9% [11] NR providers reported that the individual, and/or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan. However, 11.1% [5] R and 9.1% [1] NR providers reported "no."

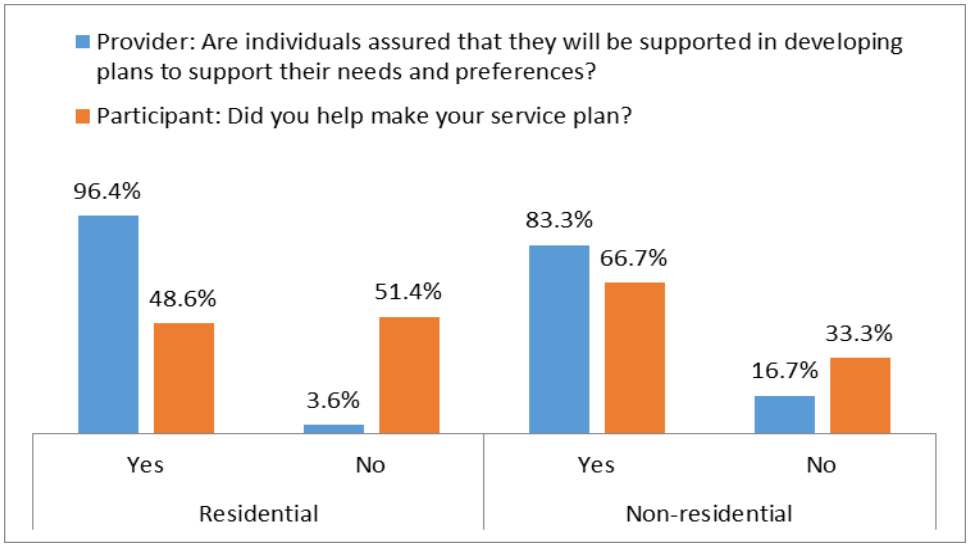
Participant Results:
The participant survey included four questions.
Q1: Did you help make your service plan?
There were 34 R and 9 NR participant responses to this question. Of the responses, 48.6% [17] R and 66.7% [6] participants reported that they participated in developing their service plan. However, 51.4% [17] R and 33.3% [3] NR participants responded "no."

Q2: Does your service plan get updated when you express a desire to change the type, how often or the provider of supports/services?
There were 19 R and 5 NR participant responses to this question. Of the responses, 85% [16] R and 80% [4] participants reported that their service plan gets updated when requested. In addition, 15% [3] R and 20% [1] NR participants responded "no."

Q3: Was the planning meeting scheduled at a time and place convenient to you, your family or anyone else you wanted to participant?
There were 20 R and 4 NR participant responses to this question. Of the responses, 90.5% [18] R and 100% [4] NR participants reported that their planning meeting was scheduled at a convenient time. In addition, 9.5% [2] R participants responded "no."

Q4: Did you receive a copy of your service plan?
There were 21 R and 4 NR participant responses to this question. Of the responses, 59.1% [12] R and 50% [2] NR participants reported that they received a copy of their service plan. However, 40.9% [9] R and 50% [2] NR participants responded "no." Although a number of participants reported that they had not received a copy of their plan, comments indicated that a guardian or some other person had received it on their behalf or they could get a copy if they wanted one.

The following chart reflects a comparison of the provider and participant responses based on the question focused on participation in developing the person centered service plan:



The following details the remediation steps related to Role in Person Centered Planning:

CFI TOPIC AREA GOAL #15			
Process: Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify work group to enhance the current process of person centered planning. Work group will include a variety of stakeholders		Feb. 2017	Providers
2. Investigate other types of processes being used for person centered planning (DD/ABD services, etc.) a. Create standardized forms for all providers to use		Apr. 2017	Workgroup
3. Develop standardized: a. Person centered planning process b. Person centered planning template	• Draft process and document	June 2017	Workgroup
4. Share draft process and obtain feedback/input		July 2017	Workgroup
5. Revisions will be made based on feedback	• Finalized process and template	July 2017	Workgroup
6. Develop training for the revised process	• Training outline	Aug. 2017	Workgroup
7. Offer training to all stakeholders who would be impacted: a. New process b. Standardized forms c. Implementation date d. Tracking of process through licensing	• Training schedule will be developed • Notifications will be sent to those impacted by the changes	Oct. 2017	Workgroup
8. Create information sheet for provider	• Information sheet	Oct.	Workgroup

toolkit		2017	
9. Revise licensing tool to include the use of standardized forms for planning of services	• Updated licensing tool	Contin-gent on regulatory updates	Office of Program Support
10. Licensors will monitor the ongoing use of the new process through annual licensing visits		Ongoing	Office of Program Support
11. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

HCBS Standard: *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- *The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

a) Settings Agreements

Provider Results:
There was one question related to having a settings agreement in place. This question was asked of residential providers only.
Q1: For residential settings, is there a legally enforceable agreement for the unit or dwelling where the individual resides?
There were 43 responses to this question. Of those, 90.9% [39] of providers reported having a legally enforceable agreement. In addition, 9.1% [4] responded “no” to the question. Comments included that there is an assisted living agreement or a resident’s admission agreement.

Participant Results:
There were two questions related to having a settings agreement in place. This question was asked of residential participants only.
Q1: Do you have a housing/rental agreement with your name on it?
There were 39 responses to this question. Of those, 47% [18] participants reported having a housing/rental agreement with their name on it. In addition, 33% [13] participants reported “not yet” and 20% [8] responded “no” to the question.

Q2: If yes, does the written agreement outline your legal rights, protect you against unreasonable eviction and allow appeals of eviction or discharge?
There were 30 responses to this question. Of those, 51.6% [15] of participants reported having a written agreement that outlines their legal rights, protects against unreasonable eviction and allows appeals of eviction or discharge. In addition, 48.4% [15] reported "not yet."

The following details the remediation steps related to Settings Agreements:

CFI TOPIC AREA GOAL #16			
Process: Update Settings Agreements for all residential sites, to be sure all HCBS expectations are met.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Expectations to include: a. Settings Agreements are part of person centered planning process b. Signed by provider(s) and participants i. Reviewed with participant even if they have a guardian c. Completed annually d. Each provider have a policy		Mar. 2017	Providers
2. Provider policy updated to include all HCBS and state expectations regarding settings agreements	• Updated policies	Mar. 2017	Providers
3. Policies and revised templates sent to DHHS-LTSS	• Updated Settings Agreement Policy for each provider	Given to OPS at next licensing visit	Providers, Office of Program Support
4. Implementation date determined a. All person centered plans to include settings agreement	• Date shared with providers	Apr. 2017	DHHS-LTSS
5. Training to occur regarding expectations for the person centered planning process and settings agreements	• Attendance taken	Aug. 2017	Providers
6. Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	• Updated tool	Contin-gent on regulatory updates	Office of Program Support
7. Licensors identify any deficiencies related to this expectation	• Licensing data	Contin-gent on regulatory updates	Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	• Data report	Ongoing	Waiver Transition Team,

			Office of Program Support

- *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, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

Provider Results:
The provider survey had two questions. This question was asked of residential providers only.
Q1: Does the individual(s) have his/her own bedroom or share a room with a roommate of his/her choice?
There were 40 R responses to this question. Of those, 95.1% [38] R providers reported that individual(s) have his/her own bedroom or share a room with a roommate of his/her choice. In addition, 4.9% [2] R providers responded "no" to this question.

Q2: Are married couples or couples in long term relationships provided with a shared or separate bedroom and living accommodation if they choose?
There were 42 R responses to this question. Of those, 97.1% [41] R providers reported that married couples or couples in long term relationships are provided with a shared or separate bedroom and living accommodation if they choose. However, 2.9% [1] R provider responded "no."

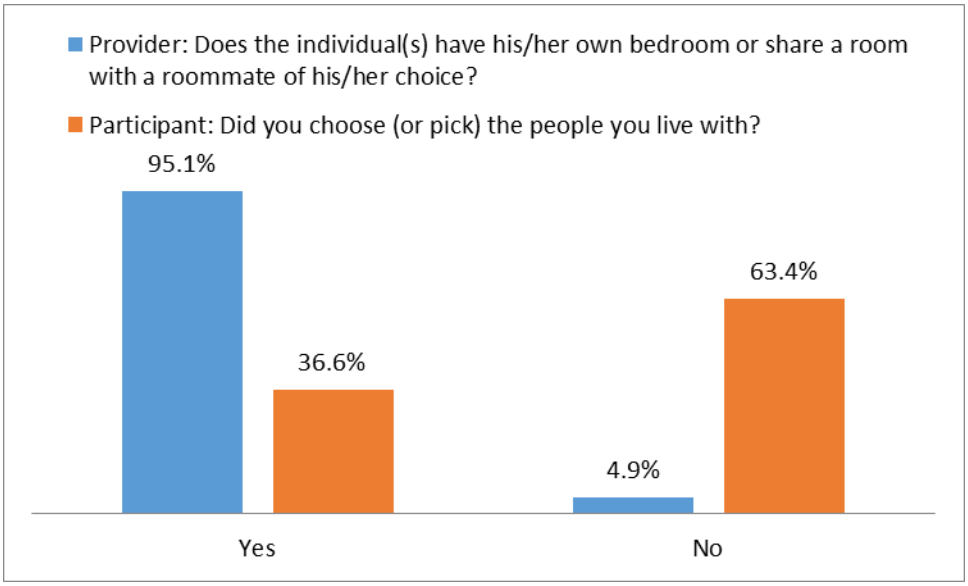
Participant Results:
The participant survey was comprised of four questions. This question was asked of residential participants only.
Q1: Did you choose (or pick) the people you live with?
There were 40 responses to this question. Of those, 36.6% [15] of participants reported that they picked the people they live with. However, 63.4% [25] responded "no" to the question. When comments were made about choosing with whom they live, participants said that they didn't choose because there were lots of people who lived in the home/facility, and many of them were there when they moved in.

Q2: Do you know how to change your roommate if you want to?
There were 25 responses to this question. Of those, 88.5% [22] of participants reported that they know how to change roommates if they want. However, 11.5% [3] responded "no" to the question.

Q3: Do you have the option of living/rooming with a spouse or partner if you want to?
There were 21 responses to this question. Of those, 90.9% [19] of participants reported that they have the option of living/rooming with a spouse or partner if they want to. However, 9.1% [2] responded "no" to the question.

Q4: Have you been moved to another room or made to room with someone without your consent?
There were 40 responses to this question. Of those, 95.1% [38] of participants reported that they have not been moved to another room or made to room with someone without their consent. However, 4.9% [2] responded "yes" to the question.

The following chart reflects a comparison of the provider and participant responses based on the question focused on choice of or roommate:



The remediation steps related to Choice of Roommate are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

- *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

c) <u>Own Schedule</u>

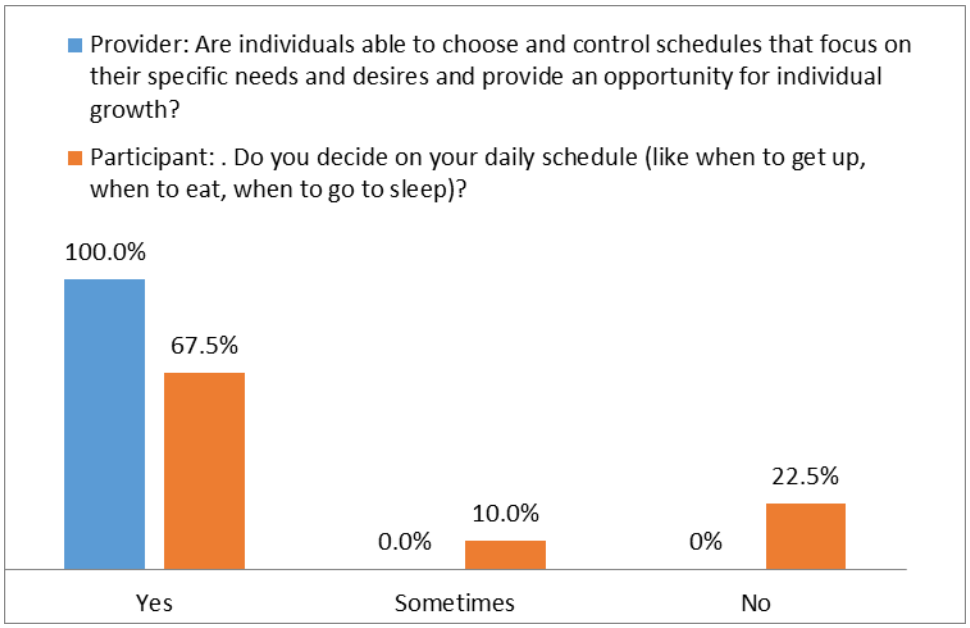
Provider Results:
There was one question on the provider survey.
Q1: Are individuals able to choose and control schedules that focus on their specific needs and desires and provide an opportunity for individual growth?
There were 41 R and 10 NR responses to this question. Of those, 100% [41] R and 100% [10] NR providers responded that individuals are able to choose and control schedules that focus on their specific needs and desires and provide an opportunity for individual growth.

Participant Results:
The participant survey included two questions. These questions were asked of residential participants only.

Q1: Do you decide on your daily schedule (like when to get up, when to eat, when to go to sleep)?
There were 39 responses to this question. Of those, 67.5% [26] of participants reported that they decide on their daily schedule. However, 10% [4] responded "sometimes" and 22.5% [9] responded "no" to the question. Participants who responded "no" to this question indicated that they follow the schedule and have little say in what happens as it relates to creating the schedule of activities or mealtimes for the setting.

Q2: Do you decide on how you spend your free time (when you are not working, in school or at a day program)?
There were 39 responses to this question. Of those, 67.5% [26] of participants reported that they decide on how to spend their free time. However, 10% [4] responded "sometimes" and 22.5% [9] responded "no" to the question.

The following chart reflects a comparison of the provider and participant responses based on the question focused on setting their own schedule:



The remediation steps related to Own Schedule are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

d) <u>Choice Related to Meals/Snacks</u>

Provider Results:
The provider survey included three questions.

Q1: Are individuals provided an opportunity to have a meal or snacks at the time and place of their choosing?
There were 39 R and 13 NR responses to this question. Of those, 92.7% [36] R and 84.6% [11] NR affirmed that individuals were provided an opportunity to have a meal or snacks at the time and place of their choosing. However, 7.3% [3] R and 15.4% [2] NR providers responded "no." Comments included references to providing meals only at scheduled times, and that there were no limitations; participants just need to ask.

Q2: Are opportunities for an alternative meal and/or private dining available if requested by the individual?
There were 43 R and 13 NR responses to this question. Of those, 97.7% [42] R and 100% [13] NR providers reported that they provide opportunities for an alternative meal and/or private dining if requested by the individual. However, 2.3% [1] R provider responded "no."

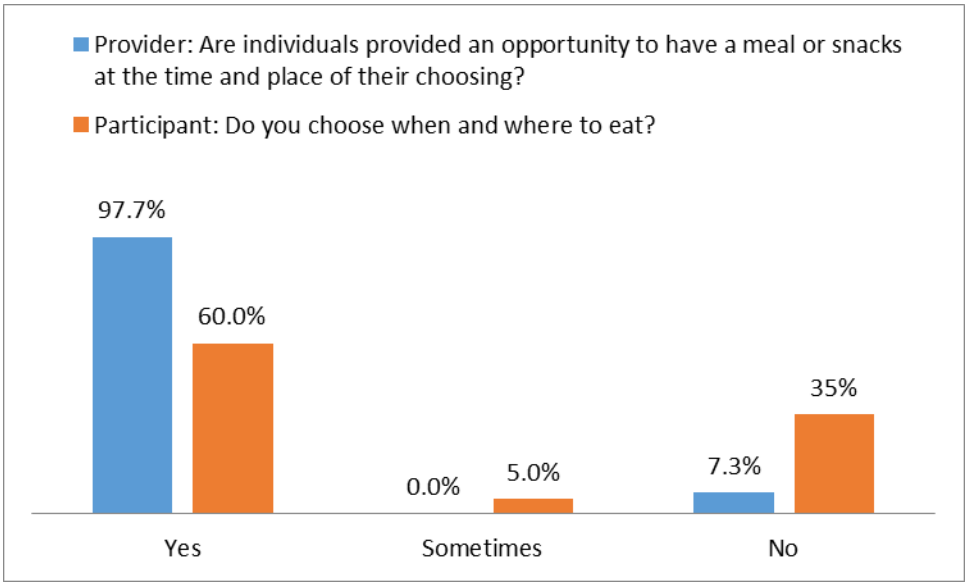
Q3: Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?
There were 43 R and 11 NR responses to this question. Of those, 96.7% [42] R and 90.9% [10] NR providers reported that individuals have access to food at any time. However, 3.3% [1] R and 9.1% [1] NR providers responded "no."

Participant Results:
The participant survey also included three questions. This question was asked of residential participants only.
Q1: Do you choose when and where to eat?
There were 39 responses to this question. Of those, 60% [23] of participants reported that they choose when and where to eat. However, 5% [2] responded "sometimes" and 35% [14] responded "no" to the question.

Q2: Can you obtain different food if you don't like what is being served (unless you have specific dietary restrictions)?
There were 41 responses to this question. Of those, 90.4% [37] of participants reported that they can obtain different food if they don't like what is being served (unless they have specific dietary restrictions). However, 4.8% [2] responded "sometimes" and 4.8% [2] responded "no" to the question.

Q3: Do you have access to the kitchen and refrigerator when you choose (unless you have specific dietary restrictions)?
There were 38 responses to this question. Of those, 56.4% [21] of participants reported that they have access to the kitchen and refrigerator when you choose (unless they have specific dietary restrictions). However, 7.7% [3] responded "sometimes" and 35.9% [14] responded "no" to the question. Participants stated that they are limited in choice and schedule. Some do not have access to the kitchen while others have access to snacks in their rooms.

The following chart reflects a comparison of the provider and participant responses based on the question focused on choice of meals/snacks:



The remediation steps related to Choice Related to Meals/Snacks are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

- *Individuals are able to have visitors of their choosing at any time.*

e) Visitors

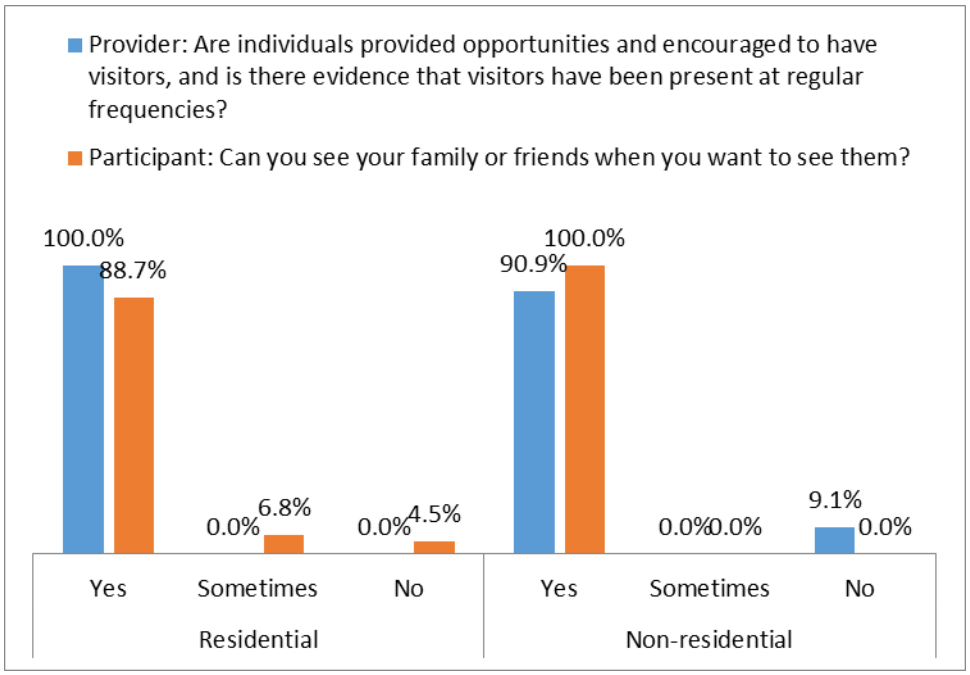
This question was documented in the Community Participation section of the survey for providers and Integration and Access to the Community section for participants.

Provider Results:
There was one question related to visitors.
Q1: Are individuals provided opportunities and encouraged to have visitors, and is there evidence that visitors have been present at regular frequencies?
There were 43 R and 12 NR responses. Of those, 100% [43] R and 90.9% [11] NR providers reported that individuals are provided opportunities and encouraged to have visitors, and there is evidence that visitors have been present at regular frequencies. In addition, 9.1% [1] NR provider responded "no" to the question.

Participant Results:
There was one question related to visitors.
Q1: Can you see your family or friends when you want to see them?
There were 43 R and 7 NR participant responses to this question. Of those, 88.7% [38] R and 100% [7] NR participants reported that they are able to see family or friends when they choose. In addition, 6.8% [3] R participants responded "sometimes" and 4.5% [2] R participants responded "no" to the question. Comments from participants who said they didn't have visitors

when they chose said it was because there was nobody to come and see them or that their family didn't come to see them often enough and they can't travel to see them.

The following chart reflects a comparison of the provider and participant responses based on the question focused on visitors:



The remediation steps related to Visitors are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

- *The setting is physically accessible to the individual.*

f) <u>Physical Environment</u>

Provider Results:
The provider survey included three questions.
Q1: Does the physical environment meet the needs of those individuals who require supports?
There were 43 R and 13 NR responses. Of those, 100% [43] R and 100% [13] NR providers reported that the physical environment meets the needs of those individuals who require supports.

Q2: Does the setting support individual independence and preference?
This question was asked of residential providers only. There were 42 responses. Of those, 75% [32] R providers reported that the setting supports individual independence and preference. In addition, 25% [10] R providers responded "no" to the question.

Q3: Are personal items present and arranged as the individual prefers?
This question was asked of residential providers only. There were 43 responses. Of those, 100% [43] R providers reported that personal items were present and arranged as the individual prefers.
Participant Results:
There were two questions on the participant survey.
Q1: Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?
There were 42 R and 11 NR responses to this question. Of those, 100% [42] R and 100% [11] NR participants affirmed that there environmental accommodations (e.g., ramps, grab bars, graphic signage to support independence) available if needed.

Q2: Is the furniture in your bedroom or living space arranged as you like? Is it according to your likes and tastes?
This question was asked of residential participants only. There were 42 responses. Of those, 95.4% [40] R participants reported that the furniture in their bedroom or living space was arranged as they wanted and according to their likes and tastes. In addition, 2.3% [1] R participant responded "sometimes" and 2.3% [1] R participant responded "no."

The remediation steps related to Physical Environment are addressed in CFI General Implementation Strategy #4 beginning on page 76, which involves training regarding HCBS expectations.

IV. Monitoring and Ongoing Compliance

1. DD/ABD MONITORING GOALS

Below are the monitoring and ongoing compliance steps that will be used to ensure that all sites are in compliance and continue to be in compliance with the Home and Community Based Settings expectations. We have broken the monitoring goals into two categories, short-term and ongoing. Short-term goals include timelines, ongoing monitoring goals do not include timelines because they will continue indefinitely.

SHORT-TERM:

DD/ABD SHORT-TERM MONITORING GOAL #1			
Process: Re-evaluate the status of the state's compliance with the HCBS expectations.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop a weighted scoring methodology using a consistent list of criteria, as cited below	• Data analysis methodology	Sept 2017	Waiver Transition Team
2. Revise self-assessment tool	• Updated tool	July 2017	Waiver Transition Team
3. Send out mandatory self-assessment survey to providers and optional participant/guardian survey		Jan 2018	Waiver Transition Team
4. Analyze data	• Data report	Mar.	Waiver

a. NCI surveys b. Certification/Licensing data c. Survey responses d. Self-assessment data e. Complaint data f. Employment data g. Satisfaction data		2018	Transition Team
5. Identify areas of concern for providers: a. Systemic areas b. Provider specific	• Assessment form		Waiver Transition Team
6. Develop remediation plan for areas of concern a. Systemic areas b. Provider specific	• Remediation Form	Mar. 2018	Waiver Transition Team
7. Share results and action plan with Advisory Task Force for feedback		Mar. 2018	Waiver Transition Team, Advisory Task Force
8. Implement remediation form	• Action steps completed	Apr. 2018 through Mar. 2019	Waiver Transition Team, Other stakeholders, as appropriate
9. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	• Relocation of participant	Prior to March 2019	DHHS-LTSS, Waiver Transition Team

DD/ABD SHORT-TERM MONITORING GOAL #2			
Process: To ensure transparency of the transition process provide annual report to stakeholder groups regarding status of Statewide Transition Plan.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop reporting format	• Report Template	June 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	• Annual Report	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	• Annual Report posted	Oct. 2016 2017 2018	Waiver Transition Team

DD/ABD SHORT-TERM MONITORING GOAL #3			
Process: Re-designation process for Area			**Entity**

Agencies be used for monitoring during the transition period.	**Verification/Validation**	**Timeline**	**Responsible**
1. Revise re-designation process	• Revised process	Complete	DHHS-LTSS
2. Complete re-designation process on two Area Agencies per year during transition period	• Re-designation reports	Annually	DHHS-LTSS
3. Feedback to Area Agencies include focus areas related to the HCBS	• Re-designation reports	Annually	DHHS-LTSS
4. Areas of concern be brought to the Advisory Task Force	• Re-designation reports	Annually	Waiver Transition Team

SHORT-TERM MONITORING GOAL #4			
Process: Enhance the efficiency of the certification/licensing process by standardizing the forms used by providers.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify/convene workgroup		Oct. 2016	DHHS-LTSS, Waiver Transition Team, Office of Program Support
2. Identify forms that can be standardized for all providers	• List of forms	Dec. 2016	Workgroup, Office of Program Support
3. Share list of forms with all providers for feedback		Jan.2017	Workgroup
4. Create standardized forms	• Draft forms	Jan – Apr. 2017	Workgroup, Office of Program Support
5. Share forms with all providers for feedback		May 2017	Workgroup
6. Revise forms based on feedback	• Finalized forms	June 2017	Workgroup
7. Distribute forms to providers		July 2017	Workgroup
8. Offer training to all providers	• Attendance Sheets	Aug. 2017	Workgroup, Office of Program Support
9. Determine implementation date a. Notify providers		July 2017	Office of Program Support
10. Implement use of standardized forms for certification process		Sept. 2017	Providers, Office of Program

			Support
11. Certification/licensing tool revised to include use of standardized forms	• Updated tool	Contin-gent on regulatory updates	Office of Program Support
12. Certifiers/Licensors identify any deficiencies related to this expectation	• Certification/ licensing data	Ongoing	Office of Program Support
13. Analyze certification/licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

ONGOING:

DD/ABD ONGOING MONITORING GOAL #5		
Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.	**Verification/Validation**	**Entity Responsible**
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	• Meeting minutes taken • Minutes include status on remediation steps • Minutes continue to be posted on-line	DHHS-LTSS, Advisory Task Force
2. Enhance membership of Advisory Task Force to include additional stakeholders a. Representative from a public guardian organization	• New member added to roster of Advisory Task Force	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	• Advisory Task Force members bring status updates to larger Advisory Group	Advisory Task Force

DD/ABD ONGOING MONITORING GOAL #6		
Process: Complete additional site visits.	**Verification/Validation**	**Entity Responsible**
1. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	• A list of additional site visits will be kept	DHHS-LTSS, Office of Program Support, Waiver Transition Team
2. Sites for visits will be determined by a combination of the following: a. New sites being certified/licensed b. Sites where concerns are identified		DHHS-LTSS, Office of Program Support, Waiver Transition Team

c. Random selection		
3. Sites will be given a remediation follow up form, as appropriate	• Remediation Form (see Attachment E in Appendix)	On-site team member
4. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	• Remediation Form	Provider
5. Remediation Plan will be reviewed	• Remediation Form	Waiver Transition Team
6. Verification will be done	• Remediation Form	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	• Remediation Form	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	• Remediation Form	Provider, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #7		
Process: Develop certification expectations for He-M 518, Employment Services, so that monitoring can be done through the certification process to ensure that HCBS expectations are met.	**Verification/Validation**	**Entity Responsible**
1. Develop certification requirements for He-M 518, Employment Services	• Certification requirements identified	DHHS-LTSS
2. Revise regulation as needed	• Revised regulation	DHHS-LTSS
3. Revise certification tool to include components of He-M 518, Employment Services, as well as the HCBS requirements	• Revised certification tool	Office of Program Support
4. Offer training for providers		DHHS-LTSS, Office of Program Support
5. Determine implementation date		Office of Program Support
6. Certifiers identify any deficiencies related to this expectation	• Certification data	Office of Program Support
7. Analyze certification/licensing data as per DD/ABD General Implementation Strategies #2 and #3	• Data Report	Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #8		
Process: Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility Determination and	**Verification/Validation**	**Entity Responsible**

Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations.		
1. Revise quarterly satisfaction requirements to include questions regarding the HCBS expectations a. Include the providers of service on the form to be used in the analysis of the data	• Revised expectations	DHHS-LTSS
2. Create standardized format for collecting the data	• Statewide standardized format	DHHS-LTSS, Workgroup
3. Make providers aware of new expectations		DHHS-LTSS
4. Develop process for analyzing the data a. Statewide report b. Provider specific reports	• Data collection	DHHS-LTSS
5. Present reports to providers a. Area Agencies b. Private Provider Network		DHHS-LTSS
6. Develop Action Steps for follow up, as needed a. By provider b. Systemic		DHHS-LTSS, Providers
7. Present information to Advisory Task Force		DHHS-LTSS, Advisory Task Force

DD/ABD ONGOING MONITORING GOAL #9		
Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.	**Verification/Validation**	**Entity Responsible**
1. Develop process for analyzing complaint data		DHHS-LTSS
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	• Report format developed	DHHS-LTSS, Office of Client and Legal Services
3. Continue to review follow-up actions taken by provider in response to complaints	• Six month report	DHHS-LTSS, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #10		
Process: Analyze statewide employment data to monitor the status of New Hampshire's efforts regarding employment	**Verification/Validation**	**Entity Responsible**

as it relates to the HCBS expectations.		
1. Develop process for analyzing the employment data	• Process identified	Statewide Employment Group, Waiver Transition Team
2. Identify areas of follow up and create action steps, as appropriate	• Reporting format developed	Statewide Employment Group, Waiver Transition Team
3. Share information with: a. Providers b. Advisory Task Force		Statewide Employment Group, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #11		
Process: Develop a monitoring system that identifies if there is a direct link between complaints and employees that have waivers.	**Verification/Validation**	**Entity Responsible**
1. Identify work group to develop process		DHHS-LTSS Waiver Transition Team
2. Review data for the last three years regarding complaints to get a baseline: a. Identify if the person accused of violating a participant's rights had a waiver in place	• Complaint data	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
3. Investigate systems to track if someone against whom a complaint is filed has a waiver	• Identify system	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
4. Work with other stakeholders to implement the system that is identified		DHHS-LTSS, Office of Client and Legal Services, Waiver

		Transition Team
5. Update processes as appropriate		DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team, Stakeholders
6. Share updated processes with stakeholders, as appropriate		DHHS-LTSS, Office of Client and Legal Services
7. Pilot new system	• Tracking of areas to be changed	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
8. Identify any revisions that may be needed		DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
9. Make revisions to system and/or processes	• Final process and system for tracking	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
10. Update all stakeholders		DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
11. Create data report template	• Draft template	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
12. Identify who will receive data and	• Updated process	DHHS-LTSS,

frequency of data		Office of Client and Legal Services, Waiver Transition Team
13. Implement process		DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team, Providers

2. CHOICES FOR INDEPENDENCE MONITORING GOALS

SHORT-TERM:

CFI SHORT-TERM MONITORING GOAL #1			
Process: Follow-up assessment of statewide status on transition process for HCBS compliance.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop a weighted scoring methodology using a consistent list of criteria, as cited below	• Data analysis methodology	Sept 2017	Waiver Transition Team
2. Revise self-assessment tool	• Updated tool	July 2017	Waiver Transition Team
3. Send out mandatory self-assessment survey to providers and optional participant/guardian survey		Jan 2018	Waiver Transition Team
4. Analyze data a. Licensing data b. Survey responses c. Self-assessment data d. Complaint data e. Satisfaction data f. Quality assessment data	• Data report		Waiver Transition Team
5. Identify areas of concern for providers: a. Systemic areas b. Provider specific	• Assessment form		Waiver Transition Team
6. Develop remediation plan for areas of concern a. Systemic areas b. Provider specific	• Remediation Form	Mar. 2018	Waiver Transition Team
7. Share results and action plan with		Mar.	Waiver

Advisory Task Force for feedback		2018	Transition Team, Advisory Task Force
8. Implement remediation form	• Action steps completed	Apr. 2018 through Mar. 2019	Waiver Transition Team, Other stakeholders, as appropriate
9. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	• Relocation of participant	Prior to March 2019	DHHS-LTSS, Waiver Transition Team

CFI SHORT-TERM MONITORING GOAL #2			
Process: Analyze the rates paid to providers under the CFI waiver to ensure that there continues to be options for participants.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup		Feb 2017	DHHS-LTSS
2. Review current pay rate for services under the CFI waiver		Mar.-June 2017	Workgroup
3. Develop options for change		Jul. – Sept. 2017	Workgroup
4. Present options to senior management at DHHS		Nov. 2017	Workgroup, DHHS-LTSS

CFI SHORT-TERM MONITORING GOAL #3			
Process: To ensure transparency of the transition process provide annual report to stakeholder groups regarding status of Statewide Transition Plan.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop reporting format	• Report Template	Sept. 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	• Annual Report	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	• Annual Report posted	Oct. 2016 2017 2018	Waiver Transition Team

CFI SHORT-TERM MONITORING GOAL # 4			
Process: Implement contracts/agreements between CFI Providers and DHHS for service provision.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop draft contract/agreement outlining expectations for providers of service under the CFI waiver a. Include adherence to HCBS expectations	• Draft contract/ agreement	Feb. 2017	DHHS-LTSS
2. Review and sign contract/agreement	• Signed contract/agreement	Mar. – June 2017	Providers
3. Update Medicaid provider enrollment process to include a contract/agreement with DHHS	• Updated process	Apr. 2017	DHHS-LTSS
4. Share updated process with providers		July 2017	DHHS-LTTS

ONGOING:

CFI ONGOING MONITORING GOAL #5		
Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.	**Verification/Validation**	**Entity Responsible**
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	• Meeting minutes taken • Minutes include status on remediation steps • Minutes continue to be posted on-line	DHHS-LTSS, Advisory Task Force
2. Enhance membership of Advisory Task Force to include additional stakeholders a. Representative from a public guardian organization	• New member added to roster of Advisory Task Force	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	• Advisory Task Force members bring status updates to full Advisory Task Force	Advisory Task Force

CFI ONGOING MONITORING GOAL #6			
Process: Develop quality monitoring process for Adult Day Services settings.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup		Jan. 2017	DHHS-LTSS,

			Quality Assurance and Improvement Office, Waiver Transition Team
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process	• Draft assessment process	Feb. Apr. 2017	Workgroup
3. Develop assessment tool	• Draft assessment tool	May 2017	Workgroup
4. Bring tool and assessment to providers for feedback		June 2017	Workgroup
5. Revise tool, as appropriate	• Revised tool	July 2017	Workgroup
6. Train providers on process and tool	• Attendance	Sept. 2017	Workgroup, DHHS-LTSS
7. Determine implementation date		Sept. 2017	Waiver Transition Team
8. Implement process		Oct. 2017	DHHS-LTSS, Providers
9. Analyze data from process a. Identify systemic areas for improvement b. Identify provider specific areas for improvement	• Data Analysis	Ongoing	Waiver Transition Team
10. Data analysis shared with a. Providers b. Advisory Task Force	• Data report	Ongoing	DHHS-LTSS, Providers

CFI ONGOING MONITORING GOAL #7			
Process: Develop quality monitoring process for Assisted Living Settings.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup		Sept. or STP approval date	DHHS-LTSS Quality Assurance and Improvement Office, Waiver

			Transition Team, CFI Workgroup
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process	• Draft assessment process	Nov. 2016	Workgroup
3. Develop assessment tool	• Draft assessment tool	Dec. 2016 – Jan. 2017	
4. Bring tool and assessment process to providers for feedback		March 2017	Workgroup
5. Revise tool, as appropriate	• Revised tool	Apr. 2017	Workgroup
6. Train providers on process and tool	• Attendance	May 2017	Workgroup DHHS-LTSS
7. Determine implementation date		May 2017	Waiver Transition Team
8. Implement Process		June 2017	DHHS-LTSS, Providers
9. Analyze data from process a. Identify systemic areas for improvement b. Identify provider specific areas for improvement	• Data Analysis	Ongoing	Waiver Transition Team
10. Data analysis shared with a. Providers b. Advisory Task Force	• Data report	Ongoing	DHHS-LTSS, Providers

CFI ONGOING MONITORING GOAL #8		
Process: Implement ongoing quality monitoring process for Case Management Agencies.	**Verification/Validation**	**Entity Responsible**
1. Review of 20 cases per office to include: a. Interview with staff b. Participants c. Record review		DHHS-LTSS; Quality Assurance and Improvement Office, Providers
2. Analyze data: a. Statewide report	• Data Report	DHHS-LTSS; Quality

b. Agency report c. Systemic issues		Assurance and Improvement Office
3. Providers complete corrective action plan for areas of concern	• Corrective Action Plans	Providers
4. Reviews occur annually		DHHS-LTSS; Quality Assurance and Improvement Office, Providers

CFI ONGOING MONITORING GOAL #9		
Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.	**Verification/Validation**	**Entity Responsible**
1. Develop process for analyzing complaint data		DHHS-LTSS, DHHS-BEAS, Ombudsman's Office
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	• Report format developed	DHHS-LTSS, BEAS
3. Review follow-up actions taken by provider in response to complaints	• Six month report	DHHS-LTSS

CFI ONGOING MONITORING GOAL #10			
Process: Enhance the Risk Identification, Mitigation and Planning (RIMP) Process.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Identify workgroup		Sept. 2016 or STP approval date	DHHS-LTSS; Quality Assurance and Improvement Office,
2. Review/revise the current RIMP process		Jan. – March 2017	Workgroup
3. Update process, including: a. When it will be used b. Who will be part of the process c. Outcome of process d. Who will be responsible for outcomes	• Revised policy • Updated referral form • Updated planning tool	Jan. – March 2017	Workgroup
4. Present updated policy, form and tool to the Advisory Task Force		Meeting after process created	Workgroup Advisory Task Force

5. Train providers on the process	• Attendance	June 2017	Workgroup
6. Put the policy, form and tool in the provider toolkit for providers to access		June 2017	Waiver Transition Team
7. Provide data to stakeholder groups annually	• Data Report	Ongoing	Waiver Transition Team

CFI ONGOING MONITORING GOAL #11			
Process: Develop a quarterly satisfaction process to monitor CFI participant experience in HCBS settings.	**Verification/Validation**	**Timeline**	**Entity Responsible**
1. Develop a quarterly satisfaction form using the one currently used by the DD/ABD waiver system as a template a. Ensure that the form includes the HCBS expectations	• Draft form	Jan. - Feb 2017	DHHS-LTSS, Providers, Waiver Transition Team
2. Pilot the form to obtain feedback		March 2017	Providers
3. Update form based on feedback	• Revised form	Apr. 2017	Waiver Transition Team
4. Develop policy for use of the form	• Policy	May 2017	Providers
5. Provide training for Case Managers on the form and expectations b. Frequency of form c. Action plan for follow up	• Training	June 2017	DHHS-LTSS, Waiver Transition Team
6. Determine implementation date		June 2017	DHHS-LTSS
7. Implement use of form		July 2017	Providers
8. Collect data regarding the HCBS expectations		Ongoing	Providers
9. Analyze the data obtained from the quarterly satisfaction surveys	• Data report	Ongoing	Providers, Waiver Transition Team
10. Share data with Advisory Task Force	• Data report	Quarterly	Waiver Transition Team
11. Implement follow up plans as necessary	• Follow up Action Plan	Ongoing	DHHS-LTSS, Waiver Transition Team, Providers

CFI ONGOING MONITORING GOAL #12		
Process: Complete additional site visits.	**Verification/Validation**	**Entity Responsible**
9. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	• A list of additional site visits will be kept	DHHS-LTSS, Office of Program Support, Waiver Transition Team
10. Sites for visits will be determined by a combination of the following: a. New sites being certified/licensed b. Sites where concerns are identified c. Random selection		DHHS-LTSS, Office of Program Support, Waiver Transition Team
11. Sites will be given a remediation follow up form, as appropriate	• Remediation Form (see Attachment E in Appendix)	On-site team member
12. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	• Remediation Form	Provider
13. Remediation Plan will be reviewed	• Remediation Form	Waiver Transition Team
14. Verification will be done	• Remediation Form	Waiver Transition Team
15. Plan will be approved or additional actions will be requested	• Remediation Form	Waiver Transition Team
16. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	• Remediation Form	Provider, Waiver Transition Team

V. Settings Not in Compliance

Based on the state's assessment there is one site in the DD/ABD Waiver and three sites in the CFI Waiver that are considered presumptively non-home and community based due to location. The state has completed a review on the DD/ABD site below as per the New Hampshire's Heightened Scrutiny process as outlined in section "1" below, and is requesting heightened scrutiny for that site. The state will be completing additional assessment regarding the issue of isolation as part of the remediation plan and will initiate the heightened scrutiny process, or Relocation process, as needed. The state will focus its efforts on enhancing providers' ability to ensure that participants are not isolated. Monitoring will occur through certification/licensing visits, service coordination visits, provider documentation and participant satisfaction information. Any site that is determined to be isolating will have the opportunity to develop and implement a remediation plan, or the Heightened Scrutiny process may be initiated, or the relocation process may be implemented.

The following chart details the settings that are presumed to be institutional because they are on the grounds of, or immediately adjacent to, a public institution, and for which the state will request heightened scrutiny or seek other alternatives to assure their compliance with the HCBS expectations.

SITES PRESUMED NOT IN COMPLIANCE DUE TO LOCATION					
WAIVER	**PROVIDER**	**TYPE OF SETTING**	**ADDRESS**	**TOWN/CITY**	**ZIP CODE**
DD/ABD	EASTER SEALS	RES	87 PLEASANT ST	CONCORD	03301
CFI	CHESHIRE COUNTY	RES	201 RIVER ROAD	WESTMORELAND	03467
	MERRIMACK COUNTY	RES	325 DANIEL WEBSTER HWY	BOSCAWEN	03303
	ROCKINGHAM COUNTY	RES	117 NORTH ROAD	EXETER	03833

1. Request for Heightened Scrutiny

New Hampshire has implemented the following process for any requests that will be made to CMS for heightened scrutiny. The process is for current and future requests for heightened scrutiny and therefore does not have the validation and/or timeframe categories included.

Process: Heightened Scrutiny Process	**Entity Responsible**
1. Site is identified as needing heightened scrutiny based on the CMS criteria	DHHS-LTSS
2. Notification that there is a need for heightened scrutiny is made: • To the individual/family/guardian • Provider of services, and/or • Area Agency	DHHS-LTSS

3. On-site visit occurs to gather information, including:
• Interview with participants using the exploratory questions designed by CMS
• Interviews with staff using the exploratory questions designed by CMS
• Review of documentation
  • Schedules
  • Provider qualifications for staff
  • Staff training
  • Service definitions
  • Modifications to expectations
	DHHS-LTSS

4. Complete summary of review to explain why the setting is not considered institutional, including: **Setting**s on the grounds of, or immediately adjacent to, a public institution**:** Licensure or regulatory requirement that clearly distinguish it from institutional licensure or regulations Description of the proximity to and scope of interactions with community settings used by non-Medicaid funded people Provider qualifications for staff that indicate training or certification in HCBS services Service definitions that explicitly support the setting requirements Documentation that the setting complies with the requirements for provider-owned or controlled settings 441.301(c)(4)(vi) A through D and if modifications have been made, it is documented Procedures in place that indicate support for activities in the community Documentation that the participant chose the setting Description of the proximity to avenues of available public transportation or an explanation as to how transportation is provided **Settings that are in a publicly or privately-owned facility that provides inpatient treatment:** Documentation showing that the setting is not operationally interrelated with the facility setting: • Interconnectedness between the facility and the setting is minimal, including administrative or financial • Any facility staff who might work at the site occasionally or on a limited basis or as back up, are cross trained to meet the same qualifications as the HCBS staff • Participants don't have to rely on facility transportation to the exclusion of other options • Site and facility have separate entrances and signage • Setting is integrated into the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of services to persons with disabilities	DHHS-LTSS

• Individual participates regularly in typical community life activities outside of the setting to the extent they desire. Activities include those organized by people other than the provider agency • There is engagement with the broader community	
5. Put information into New Hampshire's "Request for Heightened Scrutiny" format	Waiver Transition Team
6. Determine whether to proceed with the request for heightened scrutiny	DHHS-LTSS
7. Notification will be made to the provider agency as to whether the request will be made to CMS for heightened scrutiny	DHHS-LTSS
8. If a request will be made to CMS for heightened scrutiny, the state will: a) Share Request for Heightened Scrutiny information through the public notice procedure outlined by CMS, to include: (a) A list of the affected settings by name and location and the number of individuals served in each setting. (b) Any and all justification from the state why the setting is home and community based and not institutional (reviewer reports, interview summaries, etc.) (c) Provide enough detail such that the public has an opportunity to support or rebut the state's information (d) Be subject to a public comment period. State will respond to the public comments when they submit the proposed transition plan. Responses will include explanations as to why the state is or is not changing its decision	DHHS-LTSS
9. Develop responses to public comments	DHHS-LTSS
10. Submit Heightened Scrutiny request to CMS. Submission will include: • Summary of interviews • Reviewer reports • Pictures, if appropriate • Public comments and state responses • Regulatory information • Consumer experience survey information	DHHS-LTSS
11. Determination is made by CMS regarding approval of request	CMS
12. If CMS **approves** request: • Provider and/or Area Agency is notified • Individual/family guardian is notified • Office of Program Support is notified	DHHS-LTSS
13. In the event that CMS **does not** approve request and the request is under the Transition Plan, the state will: • Use the remaining transition period to bring the setting into compliance with all	CMS

requirements or, • Transition individuals from that setting to a compliant setting or, • Transition the coverage authority to one not requiring provision in a home or community based setting, or • Transition to non-Medicaid reimbursement	
14. In the event that CMS does not approve request and the site is included in a new 1915(c) waiver, new 1915(i) state plan amendment, or new 1915(k) CFC SPA, federal funding will cease until full compliance is obtained. Upon full compliance, reimbursement will be reinstated	CMS
15. Given approval, the state will ensure ongoing compliance through steps identified in the Statewide Transition Plan	DHHS-LTSS
16. Changes to those sites approved for heightened scrutiny will require notification to CMS for the following: • An increase in licensing capacity or • The establishment of additional disability-oriented settings in close proximity (e.g., next door), or • Changes in the ways in which community integration is realized	DHHS-LTSS, Office of Program Support
17. Office of Program Support will notify DHHS if changes to the site have been made	Office of Program Support
18. Notification of changes will be made to CMS	DHHS-LTSS
19. CMS will determine if a re-evaluation of the setting is needed based on changes to the site	CMS
20. State will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan	DHHS-LTSS

2. Relocation of Beneficiaries

New Hampshire's plan is to ensure that all sites are in compliance with the HCBS expectations by the end of the transition period. If there is an indication that any provider will be unable to ensure compliance, the process below will be implemented:

DD/ABD RELOCATION PROCESS		
Process: Relocate any participants if the site will not meet the HCBS expectations by the transition deadline.	**Verification/Validation**	**Entity Responsible**
1. Develop a process for the relocation of participants, including: a. Timeline for notification b. How information will be provided about alternative choices c. Documentation of options and choice included in the person centered planning d. Transition plan expectations for participant regarding critical services and supports e. Relocation plan follow up survey	• Draft Relocation Process	Waiver Transition Team

2. Create an information sheet for the Toolkit to educate participants, including: a. HCBS expectations regarding relocation b. Implications of staying in a non-compliant setting	• Information sheet	Waiver Transition Team
3. Share process/information sheet with Advisory Task Force	• Meeting minutes	Advisory Task Force
4. Revise process/information sheet based on feedback, as appropriate	• Final Relocation Process	Waiver Transition Team
5. Put information sheet into Toolkit	• Final information sheet	Waiver Transition Team
6. Identify those participants who will need to transition	• Relocation list	DHHS-LTSS, Waiver Transition Team
7. Contact participants, guardians, families and providers of the anticipated relocation		DHHS-LTSS
8. Follow relocation process		Service Coordinator, Provider, Participant, Family, Guardian
9. Complete follow up survey regarding the relocation process	• Completed survey	Waiver Transition Team
10. Follow up with any issues identified during the survey		Waiver Transition Team

CFI RELOCATION PROCESS		
Process: Relocate any participants if the site will not meet the HCBS expectations by the deadline.	**Verification/Validation**	**Entity Responsible**
1. Develop a process for the relocation of participants, including: a. Timeline for notification b. How information will be provided about alternative choices c. Documentation of options and choice included in the person centered planning d. Transition plan expectations for	• Draft Relocation Process	Waiver Transition Team

participant regarding critical services and supports e. Relocation plan follow up survey		
2. Create an information sheet for the Toolkit to educate participants, including: a. HCBS expectations regarding relocation b. Implications of staying in a non-compliant setting	• Information Sheet	Waiver Transition Team
3. Share process and information sheet with Advisory Task Force	• Meeting minutes	Advisory Task Force
4. Revise process/information sheet based on feedback, as appropriate	• Final Relocation Process	Waiver Transition Team
5. Put information sheet into Toolkit	• Final information sheet	Waiver Transition Team
6. Identify those participants who will need to transition	• Relocation list	DHHS-LTSS, Waiver Transition Team
7. Contact participants, guardians, families and providers of the anticipated relocation		DHHS-LTSS
8. Follow relocation process		Case Manager, Provider, Participant, Family, Guardian,
9. Complete follow up survey regarding the relocation process	• Completed survey	Ombudsman's Office
10. Follow up with any issues identified during the survey		Waiver Transition Team

VI. Public Comment and Related Changes

The following information contains material developed by the Department regarding its proposed draft Statewide Transition Plan. Contents include public notices, draft Statewide Transition Plan documents, and dates, times, and locations for related public hearings. The following information was provided in the Manchester Union Leader and Nashua Telegraph on February 5, 2016:

Draft Statewide Transition Plan
Home and Community Based Services Settings Requirements

Pursuant to 42 C.F.R. §441.301(c)(6)(iii), notice is hereby given that the New Hampshire Department of Health and Human Services intends to submit a Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS) to detail its assessment and remediation plan for ensuring that New Hampshire's Medicaid-funded Home and Community-Based Services (HCBS) are provided in settings whose qualities meet new federal requirements at 42 C.F.R. §441.301(c)(4), which became effective March 17, 2014. All states are required to develop a plan to show how they will establish compliance with the new regulations.

Summary of Draft Statewide Transition Plan

The regulations do not specifically define HCBS settings; rather they describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the "community-like" settings be defined by the nature and quality of the experiences of the individual receiving services and applies to both residential and day services settings.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community just as people who live in the community, but who do not receive HCBS, do.

New Hampshire has drafted a Statewide Transition Plan to show how it will establish compliance with these new regulations. New Hampshire's draft Statewide Transition Plan includes several sections: 1) Inventory – review of existing state standards, policies, regulations, and statute to determine state level changes that are needed to align with the federal requirements, 2) Assessment – Development, implementation and validation of assessments completed by providers and participants including remediation plans and the role of the Advisory Task Force, 3) Ongoing Monitoring and Compliance.

A copy of the draft Statewide Transition Plan can be found at
http://www.dhhs.nh.gov/ombp/medicaid/draft-transition-framework.htm
Hard copies of the Statewide Transition Plan can be picked-up at NH Department of Health and Human Services, 129 Pleasant Street, Brown Building, Concord, NH 03301-3857.

To learn more about home and community based care residential settings requirements, please visit the CMS website: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html

Opportunity for Public Input

Public comments may be submitted until midnight on Sunday, March 6, 2016. Comments may be submitted by email to HCBCtransitionplan@dhhs.state.nh.us or by regular mail to Deborah Fournier, NH Department of Health and Human Services, 129 Pleasant Street, Brown Building, Concord, NH 03301-3857.

The State will host four public hearings during the public comment period. For those who choose to attend via the webinar, the links displayed below include information about joining the webinar by computer and/or by phone. Participants can use their computer's microphone and speakers or telephone. Instructions are included after registering for the webinar.

Public Hearing #1
Thursday, February 11, 2016
9:30-11:30 a.m.
Portsmouth Public Library
Levenson Community Room
175 Parrott Avenue
Portsmouth, NH 03801

Public Hearing #2
Friday, February 12, 2016
1:00 - 3:00 p.m.
Littleton Regional Health Care
600 St. Johnsbury Road
Littleton, NH 03561

Public Hearing #3
Tuesday, February 16, 2016
1:00pm – 3:00pm
New Hampshire Hospital Association
125 Airport Road, Room 1
Concord, NH 03301

Public Hearing #4
Wednesday, February 17, 2016
3:00 – 5:00pm
Historical Society of Cheshire County
246 Main Street Keene, NH 03431

In order to address comments that additional time to review and comment on the draft Statewide Transition Plan was needed, a 5th Public Hearing was held on March 1, 2016 from 1:00 – 3:00 pm in Concord, NH. Several small work groups also met to review some of the CMS Settings Rule expectations and New Hampshire's approach to supporting compliance especially as they relate to services funded under the Choices for Independence waiver.

In addition, the deadline for comment submission was extended to March 30, 2016. In order to review and respond to all comments the Department requested and was granted an extension to submit the Statewide Transition Plan by May 30, 2016.

Response to Public Input

The summary of public comments, including the full array of comments whether in agreement or not with the state's determination of the system-wide compliance and/or compliance of specific settings/types of settings; a summary of modifications to the Statewide Transition Plan made in response to public comment; and in cases where the state's determination differs from public comment, the additional evidence and rationale the state used to confirm the determination can be found in Attachment N in the Appendix.

VII. APPENDIX:

A. New Hampshire Transition Framework – March 2015

B. Provider Survey/Validation Visit Assessment Tool

C. Participant Survey/Validation Visit Assessment Tool

D. New Hampshire STP Implementation Flow Chart

E. Remediation Form

F. DD/ABD Regulatory Analysis

   1. He-M 1001 & He-P 814
   2. He-P 807

G. CFI Regulatory Analysis

   1. He-P 813
   2. He-P 601, 809, & 822
   3. He-P 804
   4. He-P 805
   5. He-E 801.28
   6. He-P 818

H. Heightened Scrutiny Summary Request

I. DD/ABD – Isolation Monitoring Process

J. CFI - Isolation Monitoring Process

K. DD/ABD Goals Summary

L. CFI Goals Summary

M. Response to CMS October 2015 Feedback

N. Public Comment and Response