

New Hampshire
Department of Health & Human Services



STATEWIDE TRANSITION PLAN

May 30, 2016

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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.

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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. Choices for Independence Waiver and Services

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://www.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_agencies/he-m500.html	Respite Services

513	ncies/he-m500.html	
Pt. He-M 517	http://www.gencourt.state.nh.us/rules/state_agenancies/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_agenancies/he-m500.html	Employment Services
Pt. He-M 521	http://www.gencourt.state.nh.us/rules/state_agenancies/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_agenancies/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_agenancies/he-m500.html	In-Home Supports
Pt. He-M 525	http://www.gencourt.state.nh.us/rules/state_agenancies/he-m500.html	Participant Directed and Managed Services
Pt. He-M 526	http://www.gencourt.state.nh.us/rules/state_agenancies/he-m500.html	Designation of Receiving Facilities for Developmental Services
Pt. He-M 1001	http://www.gencourt.state.nh.us/rules/state_agenancies/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-J-mrg.htm	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)	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: <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • Comprehensive review of regulations by legal team completed; see Attachment F in the Appendix. 	Complete	DHHS-LTSS Legal Team

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<p>and Service Planning for Individuals with an Acquired Brain Disorder</p> <p>f. He-M 524, In-Home Supports</p> <p>g. He-M 525, Participant Directed Managed Services</p> <p>h. He-M 1001 Certification Standards for Community Residences</p>			
<p>2. Revise the regulations as necessary to ensure that recommendations from legal team are implemented</p> <p>a. He-M 503 has been revised effective 7/25/15</p> <p>b. He-M 310 has been revised effective 4/25/15</p>	<ul style="list-style-type: none"> He-M 503 and He-M 310 will be used as a guidelines for additional regulatory revisions 	See legal summary in Appendix	DHHS-LTSS
<p>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.</p>	<ul style="list-style-type: none"> HCBS Education Tool template form to be used while regulations are being updated 	Sept. 2016 or STP approval date	Office of Program Support
<p>4. Share form and expectations with providers</p>		Oct. 2016	Office of Program Support
<p>5. Revise/approve the regulations following the state's Administrative Procedures Act.</p>	<ul style="list-style-type: none"> 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
<p>6. Provide additional training to stakeholders regarding new regulatory requirements.</p>	<ul style="list-style-type: none"> Training sessions held 	Ongoing	DHHS-LTSS
<p>7. Update Certification/Licensing tools to correspond with HCBS expectations and regulatory revisions.</p>	<ul style="list-style-type: none"> Updated Certification/Licensing tools 	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
<p>8. Identify implementation date</p>	<ul style="list-style-type: none"> 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
<p>1. Update policies related to the transition process, once regulations are updated. Will include at a minimum:</p>		Contingent on regulatory changes	Providers

<ul style="list-style-type: none"> • Rights policy • Health information • Person centered planning • Staff training 			
2. Policies will be submitted to Office of Program Support at certification/licensing visits	<ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> He-E 801 Choices for Independence He-P 804 Assisted Living Residence - Residential Care Licensing He-P 805 Assisted Living Residence - Supported Residential Health Care Licensing He-P 813 Adult Family Care Residence He-P 818 Adult Day Programs He-P 819 Case Management Agencies 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Updated Licensing tools 	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
8. Identify implementation date	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) Advisory Task Force

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: <ul style="list-style-type: none"> a. Expectations of HCBS b. Incorporating the Health Risk Screening Tool (HRST) results c. Incorporating the Supports Intensity Scale (SIS) results 	<ul style="list-style-type: none"> • Draft Service Agreement Template 	Complete	DHHS-LTSS
2. Pilot the template		Complete	DHHS-LTSS
3. Revise template based on feedback, as appropriate	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Training schedule 	Sept. 2016 or STP approval date	DHHS-LTSS
6. Identify implementation date <ul style="list-style-type: none"> a. Share with providers 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> Revised Certification/Licensing Tool 	Contingent upon regulatory changes	Office of Program Support
9. Cite deficiencies related to use of template	<ul style="list-style-type: none"> Upon completion of the regulatory revisions 	Contingent upon regulatory changes	Office of Program Support
10. Analyze Data as per General Implementation Strategy # 3	<ul style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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

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3. Revise form, as applicable	<ul style="list-style-type: none"> Finalized form 	Sept. 2016 or STP approval date	Office of Program Support
4. Offer trainings for providers <ul style="list-style-type: none"> a. Identify implementation date 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Certification/Licensing results 	Ongoing until regulations are revised	Office of Program Support
6. Analyze HCBS Education Tool data: <ul style="list-style-type: none"> a. Identify trends b. Systemic issues c. Provider issues d. Plan 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. Implement a critical deficiency system similar to the one used for child care <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 <p>Create standardized forms to be used for the internal review completed during the skip-a-year process by providers:</p> <ul style="list-style-type: none"> a. Include HCBS expectations b. Include regulatory requirements c. Include critical deficiency expectations d. Process include a minimum of two 	<ul style="list-style-type: none"> New process finalized Standardized forms developed Implementation timeframe identified 	June 2017	Providers, Office of Program Support

NH DHHS Statewide Transition Plan

<p>HCBS participants e. Plan of correction form</p>			
<p>4. Share updated process with Advisory Task Force</p>	<ul style="list-style-type: none"> Updated forms 	<p>June 2017</p>	<p>Waiver Transition Team</p>
<p>5. Provide training for providers on new procedures:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Mandatory Training for providers 	<p>July - Sept. 2017</p>	<p>Office of Program Support</p>
<p>6. Analyze certification data to include:</p> <ul style="list-style-type: none"> a. Identify trends b. Systemic issues c. Provider issues d. Plan for improvements 	<ul style="list-style-type: none"> Data Report 	<p>Ongoing</p>	<p>Office of Program Support, Waiver Transition Team, Statewide QI Group</p>
<p>7. Data analyzed every 6 months, focusing on HCBS requirements to monitor progress and ongoing compliance</p>	<ul style="list-style-type: none"> Data report 	<p>Ongoing</p>	<p>Waiver Transition Team, Providers, Office of Program Support</p>

DD/ABD GENERAL IMPLEMENTATION STRATEGY #4

Process: Revise the applicable provider contracts to include compliance with HCBS expectations.	Verification/Validation	Timeline	Entity Responsible
<p>1. Review current contract templates for providers</p>		<p>Oct. – Dec. 2016</p>	<p>DHHS-LTSS</p>
<p>2. Revise applicable contracts to include HCBS compliance and that Area Agency contracts with vendors include adherence to all HCBS expectations</p>	<ul style="list-style-type: none"> Applicable contracts will include expectation for compliance with federal HCBS requirements 	<p>Oct. – Dec. 2016</p>	<p>DHHS-LTSS</p>
<p>3. Complete applicable contracts with Area Agencies</p>	<ul style="list-style-type: none"> Updated contracts signed 	<p>June 2017</p>	<p>DHHS-LTSS</p>
<p>4. Area Agencies provide copy of updated vendor/home provider contracts to DHHS-LTSS</p>	<ul style="list-style-type: none"> Updated contracts submitted to DHHS-LTSS 	<p>Aug. 2017</p>	<p>Area Agencies</p>

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: <ol style="list-style-type: none"> a. Initial and ongoing compliance with HCBS expectations b. How monitoring of ongoing compliance will occur c. Impact of not being HCBS compliant 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Workgroup identified 	Sept. 2016 or STP approval date	Waiver Transition Team
2. Develop training for providers of services impacted by the settings expectations <ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • Training outline created 	Sept. 2016 or STP approval date	DHHS-LTSS, Waiver Transition Team
3. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Standardized Service Agreement template 	Complete	DHHS-LTSS
5. Create training schedule	<ul style="list-style-type: none"> • Training offered as needed 	Aug. 2016	DHHS-LTSS
6. All providers attend mandatory training	<ul style="list-style-type: none"> • Attendance taken • Attendance list given to DHHS-LTSS 	Contingent on regulatory update	Providers
7. All providers train their staff	<ul style="list-style-type: none"> • Training documentation be given to 	Ongoing	Providers

	Certification/Licensing staff at next licensing visit		
8. Provider orientation include training on HCBS expectations	<ul style="list-style-type: none"> Updated orientation training 	Dec. 2016	Statewide Training Group
9. Training be included on Certification/Licensing tool	<ul style="list-style-type: none"> Updated tool 	Contingent on regulatory updates	Office of Program Support
10. Develop a information sheet on HCBS expectations for the toolkit	<ul style="list-style-type: none"> Information sheet 	Nov. 2016	Waiver Transition Team
11. Deficiencies will be tracked	<ul style="list-style-type: none"> Certification/Licensing Data 	Ongoing	Office of Program Support
12. Certification data will be analyzed as per General Implementation Strategy # 3	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. Electronic version b. Paper copies 		Complete	Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	<ul style="list-style-type: none"> Written process 	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items	<ul style="list-style-type: none"> 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:

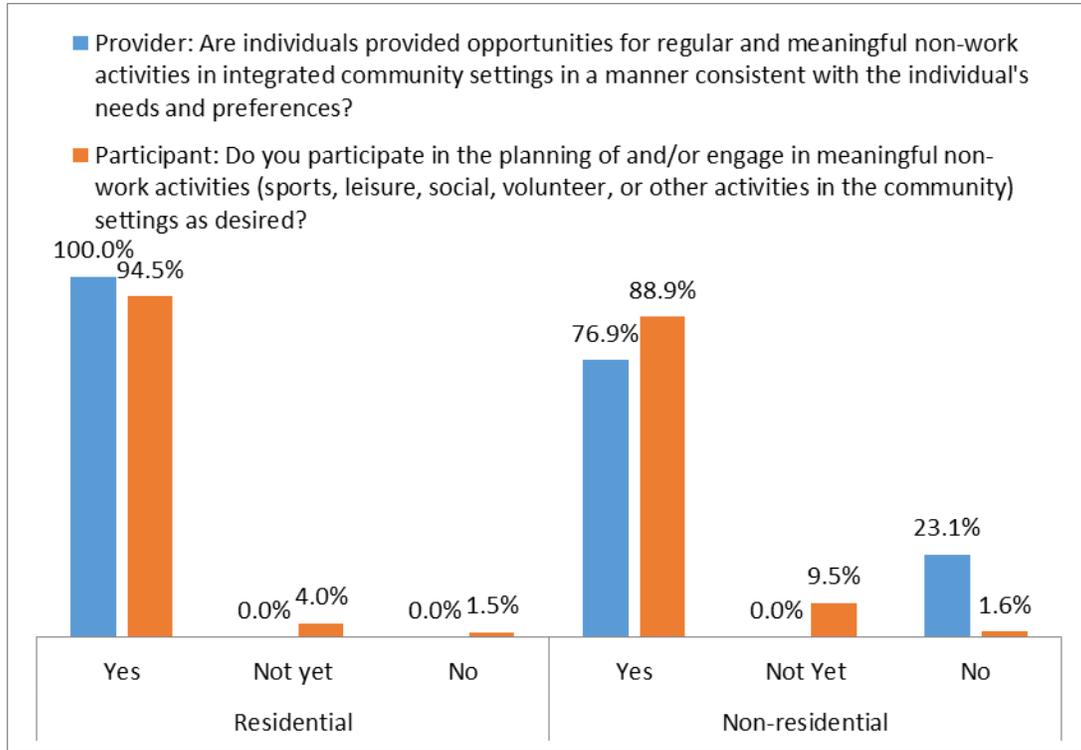
Q1: Do you participate in the planning of and/or engage in meaningful non-work activities?

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) Community Participation

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?

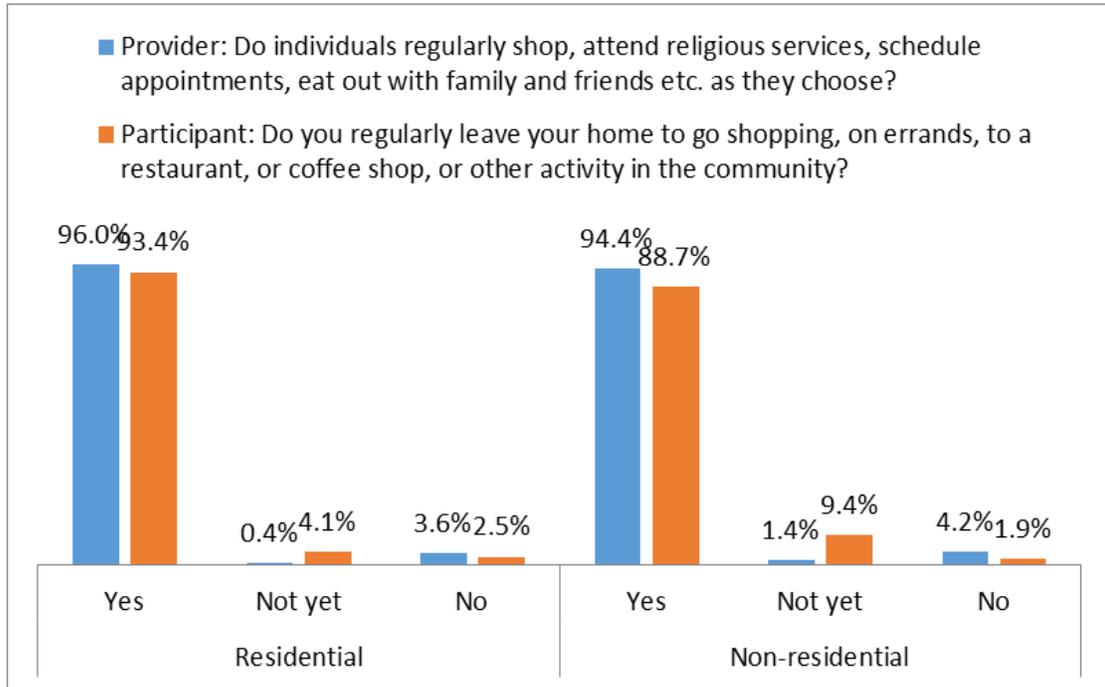
There were 194 R and 53 NR responses. When asked, “do you feel isolated in your home or day services?” 7.8% [15] of R participants and 14.5% [7] of NR participants responded “yes.” In addition, 12.4% [24] of R and 14.7% [8] NR participants responded “sometimes.” Comments included statements such as “I 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 <ul style="list-style-type: none"> Area Agency template for services provided in family homes (as per He-M 521, He-M 524, and He-M 525) include this expectation 	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> Community access and participation 		June 2017	DHHS-LTSS,

<p>occur during service provision in all service settings.</p> <p>b. How not providing community access and participation with the broader community will be addressed</p> <p>c. Community access and participation needs to be documented, including frequency, choices offered, and choice of support person</p> <p>d. Documentation of community access/participation be included in progress notes</p> <p>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)</p>			Providers
<p>3. Community access/integration requirement be incorporated into the certification/licensing tool</p>	<ul style="list-style-type: none"> Revised certification/licensing tools 	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>4. DHHS-LTSS Request for Certification forms for residential services provided in the family home (He-M521, He-M524, He-M525) reflect the expectation of community access/participation</p>	<ul style="list-style-type: none"> Request for Certification form for 521, 524 and 525 settings be updated 	<p>Jan. 2017</p>	<p>DHHS-LTSS</p>
<p>5. Quarterly satisfaction form be revised to include community access/participation</p>	<ul style="list-style-type: none"> Revised Quarterly Satisfaction form 	<p>Jan. 2017</p>	<p>Waiver Transition Team</p>

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.

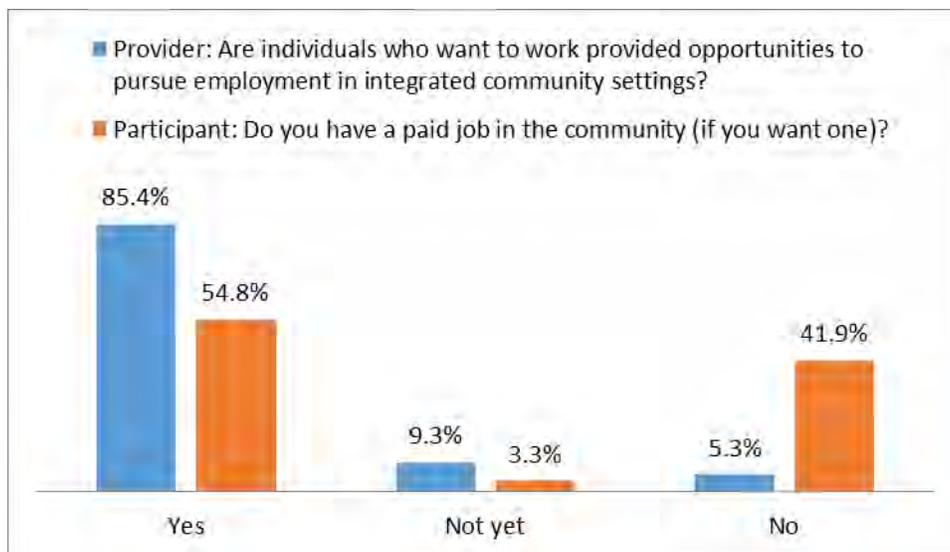
Q2: If yes, are you working as much as you would like to?

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Training schedule 	Feb. 2017	NH Statewide Employment Committee
3. Develop a user friendly guide for participants, families and providers	<ul style="list-style-type: none"> Draft guide brought to Advisory Group for feedback 	May 2017	NH Statewide Employment Committee
4. Revise guide, as appropriate, based on Advisory Group feedback	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Data Report 	Ongoing	Providers
3. Data be analyzed for trends, areas for	<ul style="list-style-type: none"> Data Report 	Each	Employment

improvement		reporting period	Leadership Committee
4. Data be shared with Advisory Task Force	<ul style="list-style-type: none"> Data Report 	Each reporting period	Waiver Transition Team, Employment Leadership Committee
5. Quarterly satisfaction form be revised to include questions regarding employment	<ul style="list-style-type: none"> 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.

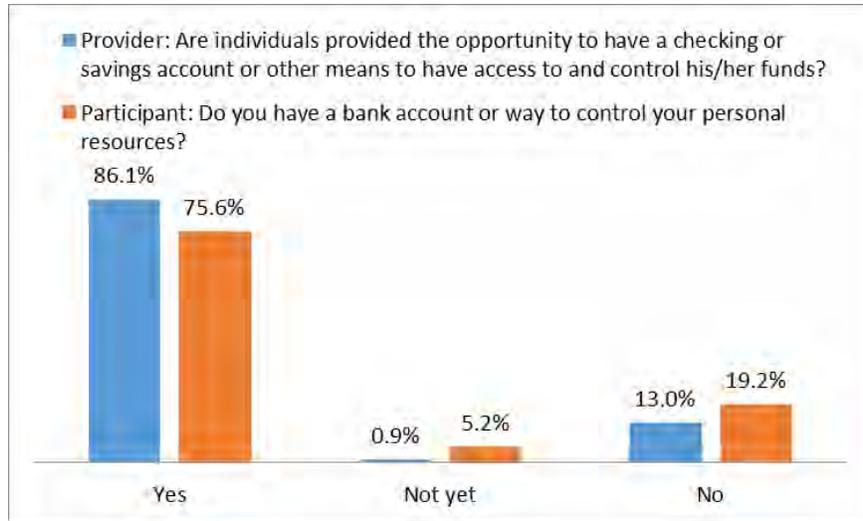
Q1: Do you have a bank account or way to control your personal resources?

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	<ul style="list-style-type: none"> Standardized Service Agreement template 	Complete	DHHS-LTSS
2. Finalized template will be shared with the Advisory Task Force	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Updated certification/licensing tool once the regulations have been revised 	Contingent upon regulatory updates	Office of Program Support
4. Determine implementation date for use of template	<ul style="list-style-type: none"> Notification to providers 	Contingent upon regulatory updates	Office of Program Support
5. Certification/Licensing staff identify deficiencies related to service agreement including discussion regarding access to personal funds	<ul style="list-style-type: none"> Certification/Licensing data 	Contingent upon regulatory updates	Office of Program Support
6. Data will be analyzed as per General	<ul style="list-style-type: none"> Data Report 	Ongoing	Office of

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

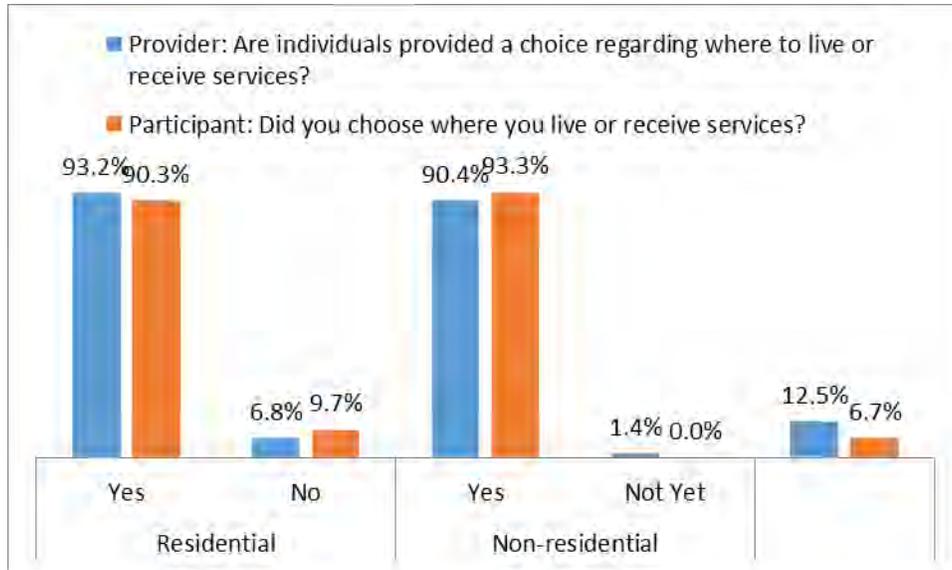
Q4: If you wanted to change, do you know how to request new housing or a non-residential service (day program)?

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Deficiency data will show the number of deficiencies related to choice of setting being documented 	Contingent upon regulatory 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.”

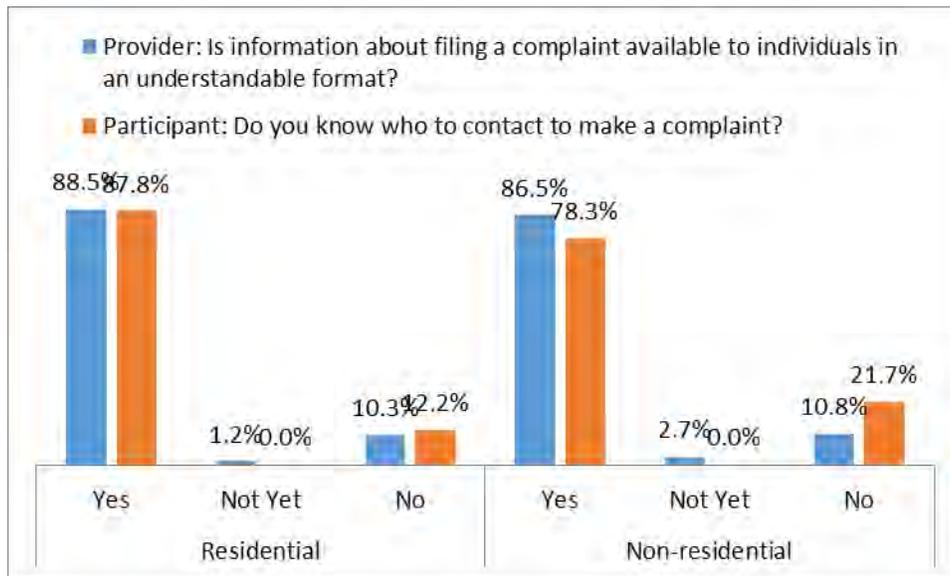
Q3: Are you prohibited from participating in legal activities similar to typical peers (without disabilities) such as voting, having a boyfriend/girlfriend, etc.?

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	<ul style="list-style-type: none"> Identify stakeholders to work on process 	Apr. 2017	DHHS-LTSS

for participants			
2. Revise rights booklet to include new regulatory and HCBS expectations	<ul style="list-style-type: none"> Draft booklet developed 	June 2017	Self-Advocates, Waiver Transition Team
3. Obtain feedback from Advisory Task Force and self-advocates	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Training outline be shared with Advisory Group 	Aug. 2017	Self-Advocates, Advisory Task Force
5. Pilot training with participants to get feedback	<ul style="list-style-type: none"> Trainings offered 	Sept. 2017	Self-Advocates, DHHS-LTSS
6. Revise training based on participant feedback	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Finalized version of rights booklet will be available to all participants, providers and stakeholders 	Dec. 2017	DHHS-LTSS
8. Training be offered to participants	<ul style="list-style-type: none"> Training schedule and attendance 	Ongoing	Providers
9. Rights booklet be included in the participant toolkit	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Modifications are participant specific 	<ul style="list-style-type: none"> Provider Policy 	Nov. 2016	Providers

<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. During orientation b. Annually 	<ul style="list-style-type: none"> • Provider training 	Ongoing	Providers, Statewide Training Committee
3. Certification/Licensing tool include requirement of the written documentation and approval of modifications. <ul style="list-style-type: none"> a. Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Certification/ Licensing data 	Ongoing	Office of Program Support
5. Data will be analyzed as outlined in DD/ABD General Implementation Strategy #2	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Attendance • Updated orientation expectations 	Ongoing	Providers
3. Policy is available to all participants, representatives and guardians in electronic and paper format	<ul style="list-style-type: none"> • 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.”

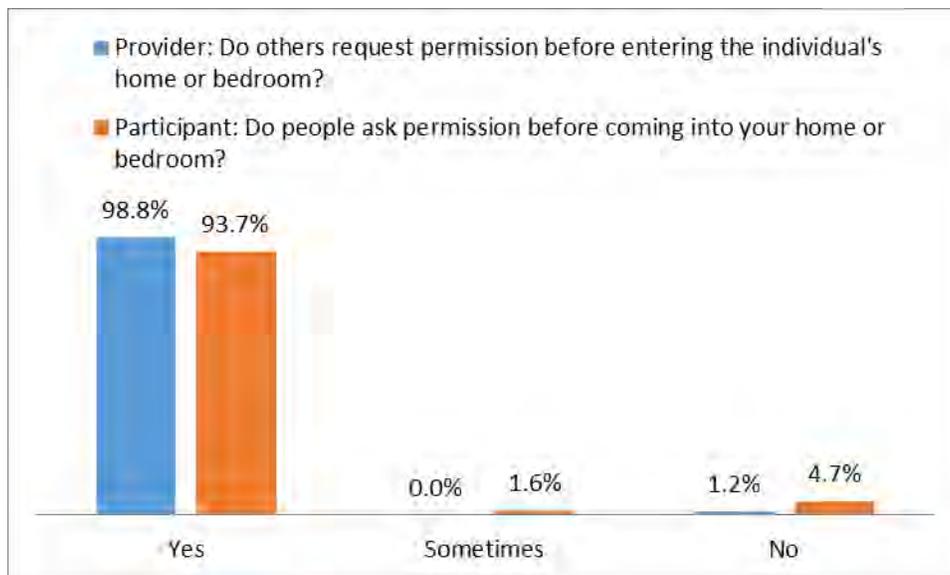
Q3: Can you close and lock the bedroom or bathroom door (if it is safe to do so)?

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Implementation guideline 	May 2017	Providers
4. Identify implementation date of the expectation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Policy 	June 2017	Providers
6. Policy be submitted to Office of Program Support at the next certification/licensing visit	<ul style="list-style-type: none"> Policy 	At next scheduled certification or licensing visit	Providers, Office of Program Support
7. Revise Certification/Licensing tool to	<ul style="list-style-type: none"> 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.”

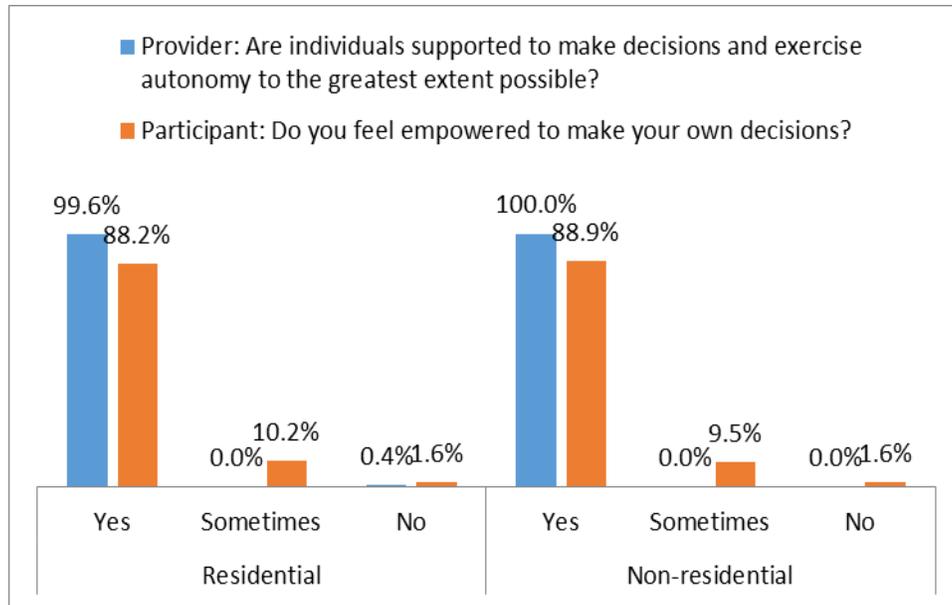
Participant Results:

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: <ul style="list-style-type: none"> a. Role of guardians b. Guardianship options that may give more autonomy to the participant 		Jan. 2017	Statewide Training Committee
2. Develop training for: <ul style="list-style-type: none"> a. Participants b. Guardians c. Families d. Representatives e. Staff 		Jan. 2017	Providers, Statewide Training Committee
3. Offer training <ul style="list-style-type: none"> a. Include training requirement in orientation for new staff 	<ul style="list-style-type: none"> • Attendance 	Ongoing	Providers
4. Create information sheet for participants, families and representatives	<ul style="list-style-type: none"> • Draft information sheet 	Feb. 2017	Providers
5. Information sheet brought to Advisory Task Force for feedback	<ul style="list-style-type: none"> • Revised information sheet 	Mar. 2017	Providers
6. Make information sheet available <ul style="list-style-type: none"> a. On-line b. Paper version 	<ul style="list-style-type: none"> • Places to access information sheet identified 	Mar. 2017	Providers, DHHS-LTSS
7. Include information sheet in provider	<ul style="list-style-type: none"> • Information sheet in 	Mar.	Waiver

toolkit	toolkit	2017	Transition Team
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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?

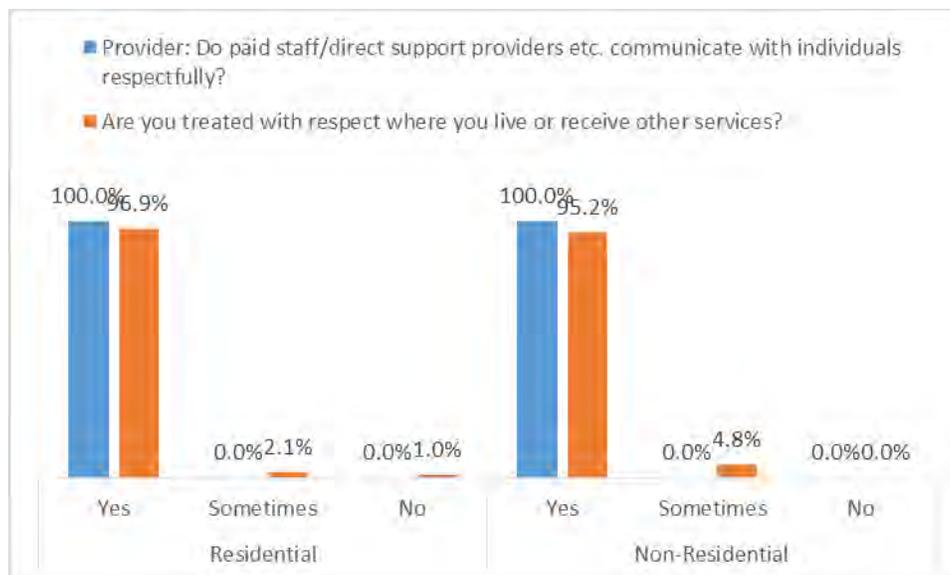
There were 187 R and 61 NR responses to this question. Of those, 78% [146] R and 72.1% [44] NR participants reported that people who support them do not talk about them or their roommates in front of them. However, 9.1% [17] R and 6.6% [4] NR participants responded “sometimes” and 12.9% [24] R and 21.3% [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) Access to the Environment

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.

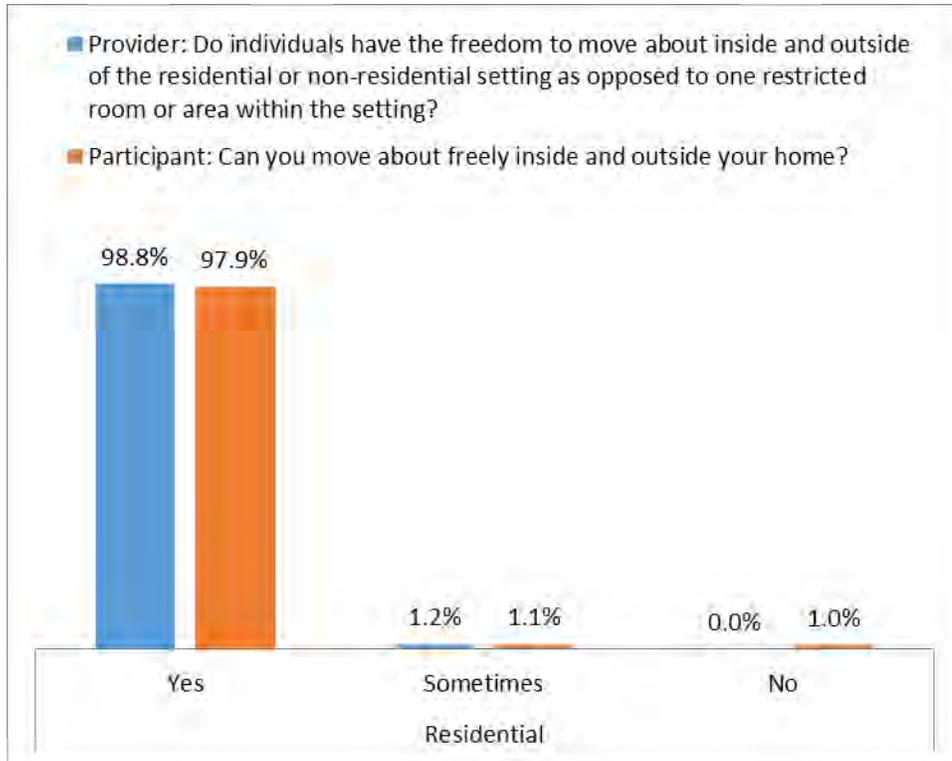
Q3: Do you have full access to the kitchen, laundry, and other living spaces?

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	<ul style="list-style-type: none"> ATEC referral 	Ongoing	Provider, Service Coordinator
3. For each participant who is impacted, create written documentation of: <ol style="list-style-type: none"> The area that is not accessible by the participant Why the area is unavailable to participant <ol style="list-style-type: none"> Safety Structural limitations Other If/what the impact is of the 	<ul style="list-style-type: none"> Person centered plan will include information 	Ongoing	Service Coordinator

<p>restriction on the participant</p> <p>d. Results of the ATEC evaluation, if applicable</p> <p>i. Are environmental modifications needed?</p>			
<p>4. Certification/Licensing tool will be revised to include requirement that all modifications be documented in the person centered plan</p>	<ul style="list-style-type: none"> Revised tool 	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>5. Certifiers will note any deficiencies related to this issue during the certification/licensing visits.</p>	<ul style="list-style-type: none"> Certification/Licensing Data 	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>6. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3</p>	<ul style="list-style-type: none"> Data report 	<p>Ongoing</p>	<p>Waiver Transition Team</p>

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
<p>1. Investigate options and financial resources for participants to have a secure way to enter their home</p> <p>a. Keypad</p> <p>b. Key</p> <p>c. Other options</p>	<ul style="list-style-type: none"> List of options 	<p>Mar. 2017</p>	<p>Statewide Quality Improvement Committee</p>
<p>2. Offer options to participants</p>	<ul style="list-style-type: none"> Identify options offered 	<p>June 2017</p>	<p>Providers, Families, Guardians</p>
<p>3. Document choices and participants response in their person centered plan</p>	<ul style="list-style-type: none"> Person centered plan 	<p>Ongoing</p>	<p>Providers</p>
<p>4. Certification/Licensing tool be updated to include requirement for documentation of key option(s)</p>	<ul style="list-style-type: none"> Revised tool 	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>5. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3</p>	<ul style="list-style-type: none"> Data report 	<p>Contingent on regulatory updates</p>	<p>Waiver Transition Team, Office of Program Support</p>

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	<ul style="list-style-type: none"> Updated Policy 	Jan. 2017	Providers
2. Provider training will be updated to include new policy requirements	<ul style="list-style-type: none"> Updated Policy 	Jan. 2017. 2016	Providers
3. Providers will submit updated policy to the Office of Program Support	<ul style="list-style-type: none"> Updated Policy 	At time of next certification visit	DHHS-LTSS
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> Updated orientation training 	Ongoing	Providers
5. Certification/Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> Revised tool 	Contingent on regulatory updates	Office of Program Support
6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> Certification/Licensing data 	Contingent on regulatory updates	Office of Program Support
7. Data will be analyzed as per General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> Data Analysis report 	Ongoing	Office of Program

			Support, Waiver Transition Team
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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?

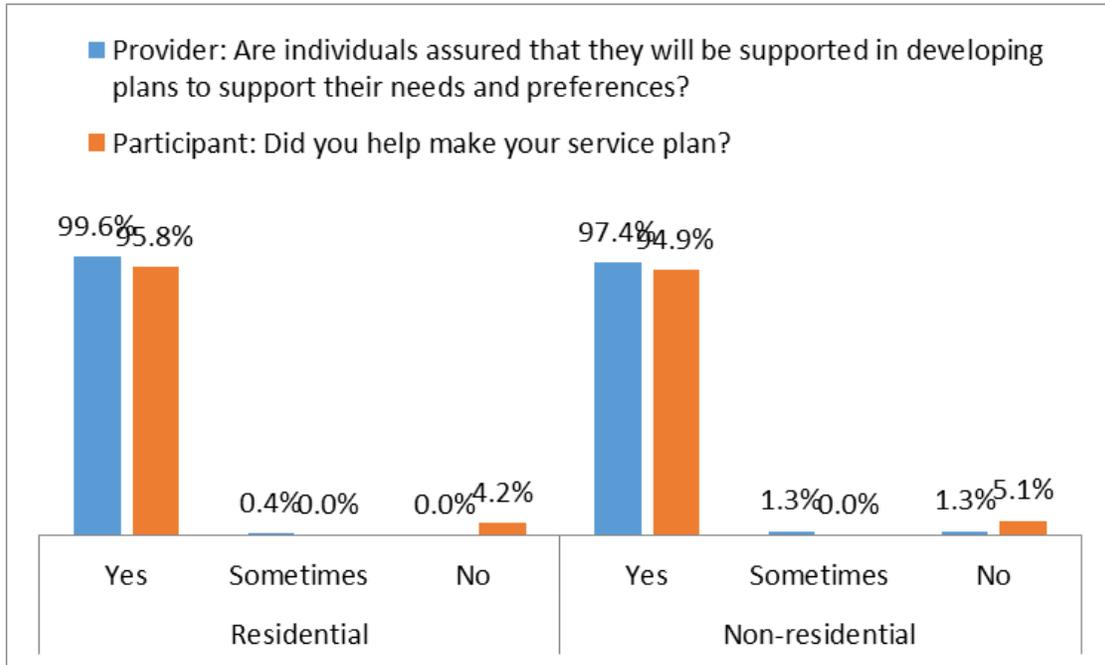
There were 191 R and 60 NR participant responses to this question. Of the responses, 97.9% [187] R and 100% [60] NR participants reported that their planning meeting was scheduled at a convenient time. In addition, 2.1% [4] R participants responded “no.”

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	<ul style="list-style-type: none"> 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

NH DHHS Statewide Transition Plan

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	<ul style="list-style-type: none"> Attendance for training 	Sept. 2017	Service Coordinators
6. Develop information sheet for those who facilitate the person centered planning process	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Providers update their policy to include expectations 	Mar. 2017	Providers
9. Providers submit updated policy to Office of Program Support	<ul style="list-style-type: none"> 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

NH DHHS Statewide Transition Plan

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: <ol style="list-style-type: none"> a. Templates b. Legal implications c. Contractual implications 	<ul style="list-style-type: none"> • Meeting minutes 	June 2017	DHHS-LTSS, Community Support Network Incorporated (CSNI)
3. Create standardized template: <ol style="list-style-type: none"> a. Includes all of HCBS expectations b. Reviewed by legal counsel for implications 	<ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • Policy 	Dec. 2017	DHHS-LTSS, Providers
6. Implementation date determined <ol style="list-style-type: none"> a. All person centered plans to include settings agreement 	<ul style="list-style-type: none"> • Date determined 	Dec. 2017	DHHS-LTSS, Office of Program Support
7. Training developed <ol style="list-style-type: none"> a. Schedule identified 		Dec. 2017	DHHS-LTSS
8. Mandatory training occurs for all Service Coordinators	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Certification/Licensing tool revised 	Contingent on regulatory updates	Office of Program Support
10. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> • Certification/Licensing data 	Contingent on regulatory	Office of Program Support

		updates	
11. Certification/Licensing data will be analyzed as per DD/ABD General Implementation Strategies #2 and #3	<ul style="list-style-type: none"> 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.

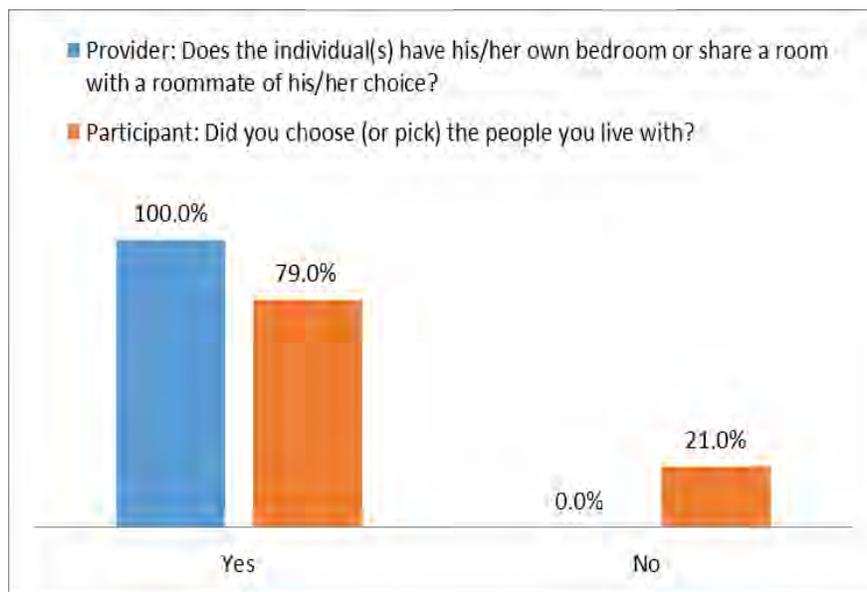
Q3: Do you have the option of living/rooming with a spouse or partner if you want to?

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 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	<ul style="list-style-type: none"> Revised policy 	Jan. 2017	Provider
2. Choice of roommate be documented in the Service Agreement	<ul style="list-style-type: none"> Update service agreement template to include the expectation of a choice in roommate 	Complete	DHHS-LTSS
3. Certification/Licensing tool be revised to	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Certification/ Licensing data 	Conti- 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	<ul style="list-style-type: none"> • 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.

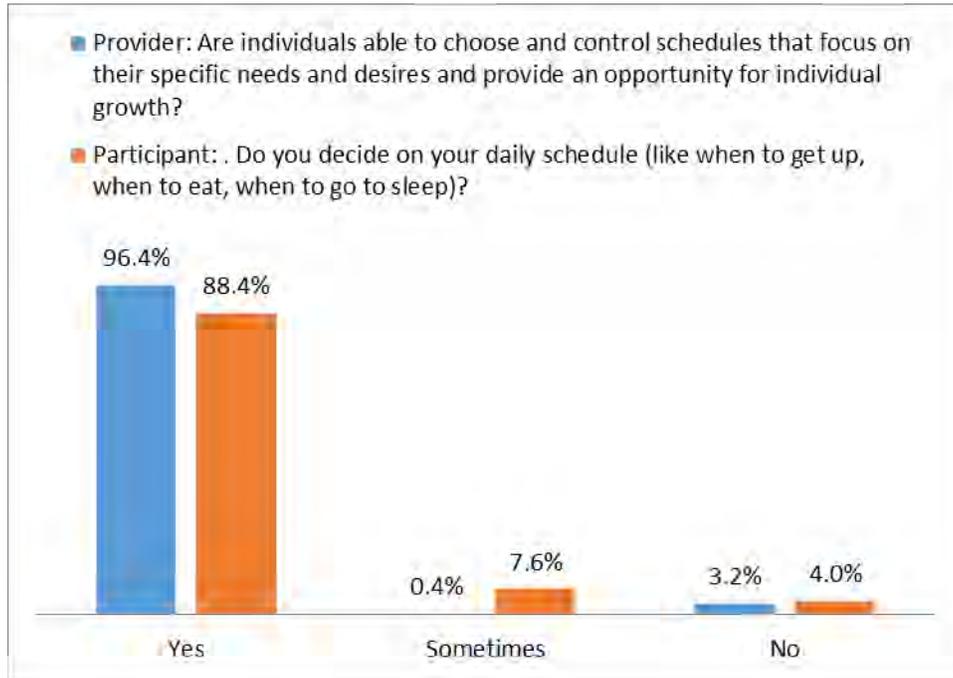
Q1: Do you decide on your daily schedule (like when to get up, when to eat, when to go to sleep)?

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) Choice Related to Meals/Snacks

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.

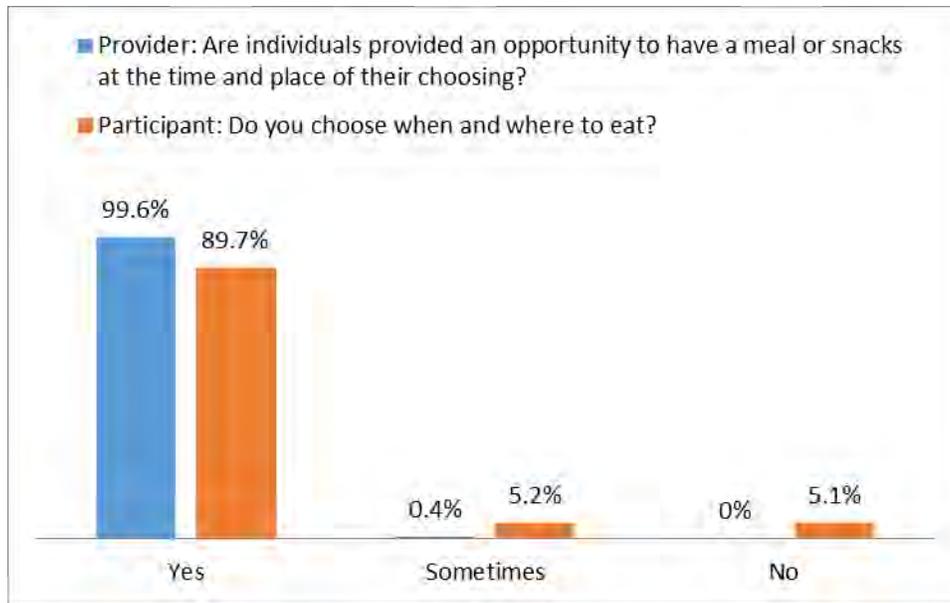
Q2: Can you obtain different food if you don't like what is being served (unless you have specific dietary restrictions)?

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) 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 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:

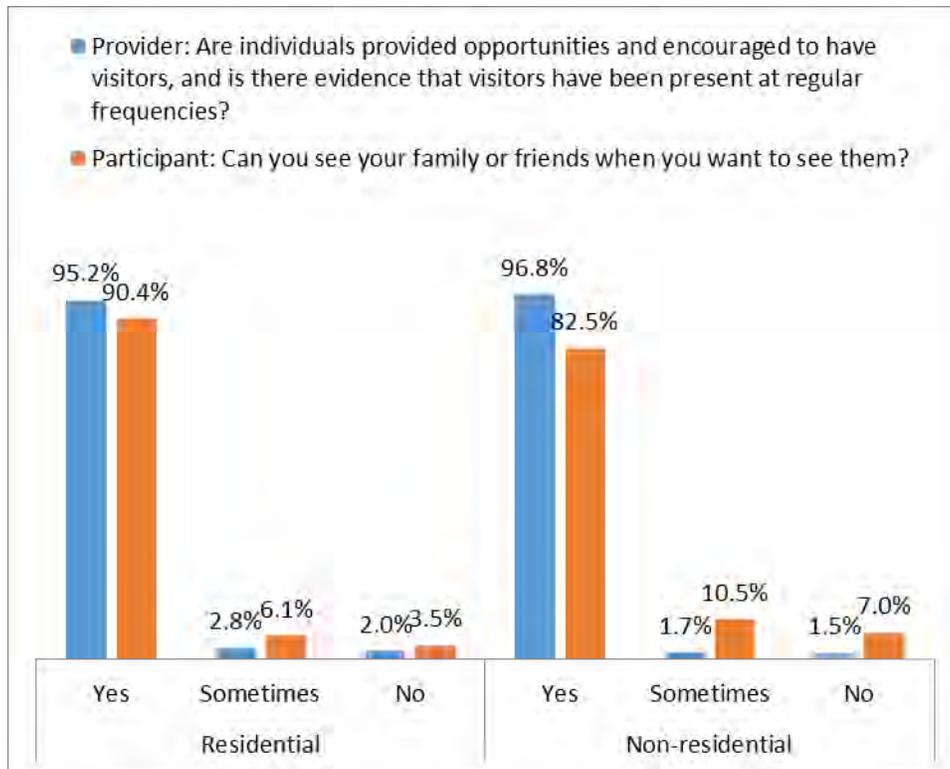
There was one question related to visitors.

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) Physical Environment

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	<ul style="list-style-type: none"> • 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 IMPLEMENTATION 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	<ul style="list-style-type: none"> • List of forms and policies 	Oct. 2016	Workgroup
3. Create templates	<ul style="list-style-type: none"> • Templates for HCBS policies and CFI provider forms 	Nov. 2016 – Feb. 2017	Workgroup, Providers
4. Share templates with providers	<ul style="list-style-type: none"> • Draft templates 	Mar. 2017	Workgroup, Providers
5. Revise templates, if appropriate	<ul style="list-style-type: none"> • Revised templates 	Apr. 2017	Workgroup
6. Put policies and templates into the provider toolkits	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Updated policies 	Ongoing	Providers Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Workgroup member list 	Sept.- Oct. 2016	DHHS-LTSS, Waiver Transition Team
2. Develop training for providers of services <ul style="list-style-type: none"> a. Assisted Living Facilities b. Adult Day Services c. Case Management Agencies d. Adult Family Care Residences 	<ul style="list-style-type: none"> Training outline created 	Sept.- Oct. 2016	Workgroup
3. Share training outline with Advisory Task Force		Nov. 2016	Workgroup
4. Revise training based on feedback	<ul style="list-style-type: none"> Revised training outline 	Nov. – Dec. 2016	Workgroup
5. Develop training for participants of services, their families and/or guardians <ul style="list-style-type: none"> a. Include how to make a complaint 	<ul style="list-style-type: none"> Finalized training outline created 	Nov. - Dec. 2016	Workgroup
6. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> Meeting minutes 	Jan. 2017	Workgroup
7. Revise training based on feedback	<ul style="list-style-type: none"> Revised training outline 	Jan. 2017	Workgroup

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8. Create training schedule a. For providers b. For participants	<ul style="list-style-type: none"> Schedule will be available on DHHS website and ARCH website 	Jan. 2017	Workgroup
9. All providers attend training	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Information sheet 	Dec. 2016	Workgroup
12. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> Certification/Licensing data 	Contingent on regulatory updates	Office of Program Support
13. Certification/Licensing Data will be analyzed per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Updated regulations 	See regulatory review	DHHS
2. Review and revise current licensing tool based on regulatory revisions and HCBS expectations	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Attendance 	Contingent 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	<ul style="list-style-type: none"> Revised application form 	Sept. 2016 or STP approval	Office of Program Support
3. Share updated process with Advisory Task Force	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Written process 	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Workgroup membership 	Dec. 2016	Waiver Transition Team BEAS, Ombudsman's office
2. Develop process for complaint resolution	<ul style="list-style-type: none"> Draft process 	Feb. 2017	Waiver Transition Team, BEAS, Ombudsman's office
3. Written process be included in provider and participant toolkits	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. Community Participation

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.

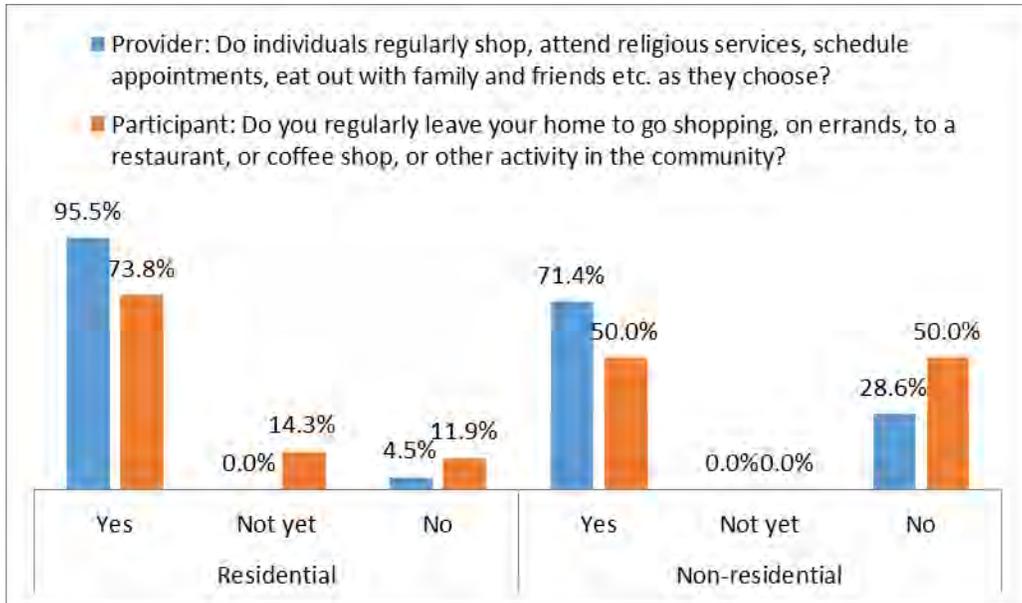
Q2: Do you regularly leave your home to go shopping, on errands, to a restaurant or coffee shop or other activity in the community?

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: <ol style="list-style-type: none"> Increased/improved opportunities for participants to engage in activities that are meaningful within the setting Ways that providers are able to offer opportunities for the participants to access the community on a regular basis 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 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 	<ul style="list-style-type: none"> Workgroup identified 	Feb. 2017	Providers, Waiver Transition Team, NHARCH
2. Develop an information sheet with resources to assist existing and new	<ul style="list-style-type: none"> Information sheet 	Apr. 2017	Workgroup

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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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • List of resources 	Jan.-Feb. 2017	Workgroup
3. Workgroup identify at least three pilot opportunities	<ul style="list-style-type: none"> • Pilot proposals 	Feb. 2017	Workgroup, DHHS-LTSS
4. Present pilot proposals to DHHS-LTSS		Feb. 2017	Workgroup, DHHS-LTSS
5. Revise proposals, if needed	<ul style="list-style-type: none"> • Final proposal 	Mar. 2017	Workgroup
6. Share pilot proposals with Advisory Task Force	<ul style="list-style-type: none"> • Proposal 	April 2017	Workgroup
7. Implement pilot proposals		Apr. – June 2017	Providers
8. Bring feedback to DHHS-LTSS	<ul style="list-style-type: none"> • Data from pilots 	July 2017	Workgroup
9. Identify if proposal can be implemented on a permanent basis <ol style="list-style-type: none"> If yes, develop implementation plan for all providers If no, identify alternative pilot proposals 	<ul style="list-style-type: none"> • 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.

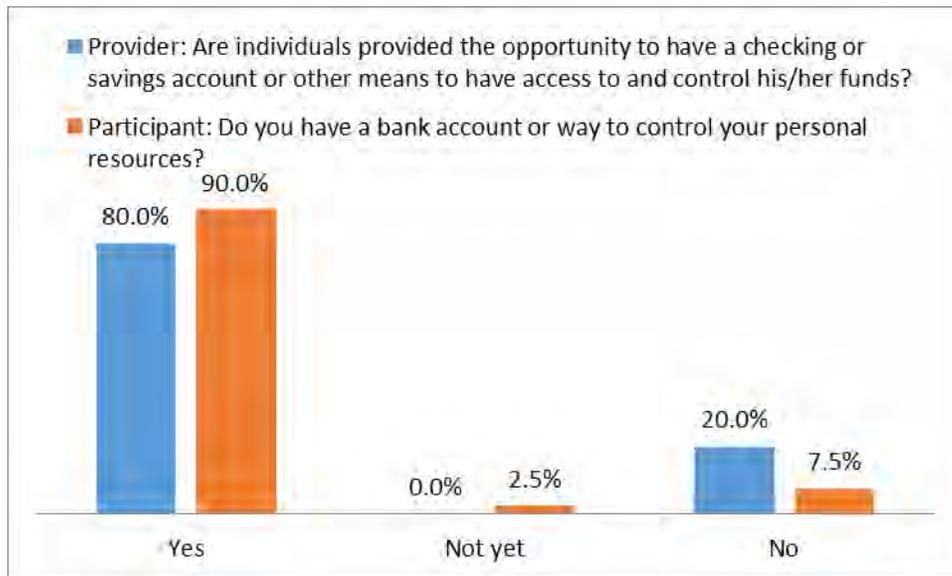
Q1: Do you have a bank account or way to control your personal resources?

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Revised licensing tool 	Contingent on regulatory updates	Office of Program Support
3. Licensors will document any deficiencies related to access to funds	<ul style="list-style-type: none"> Licensing tool 	Contingent on regulatory updates	Office of Program Support
4. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> 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. 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 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.”

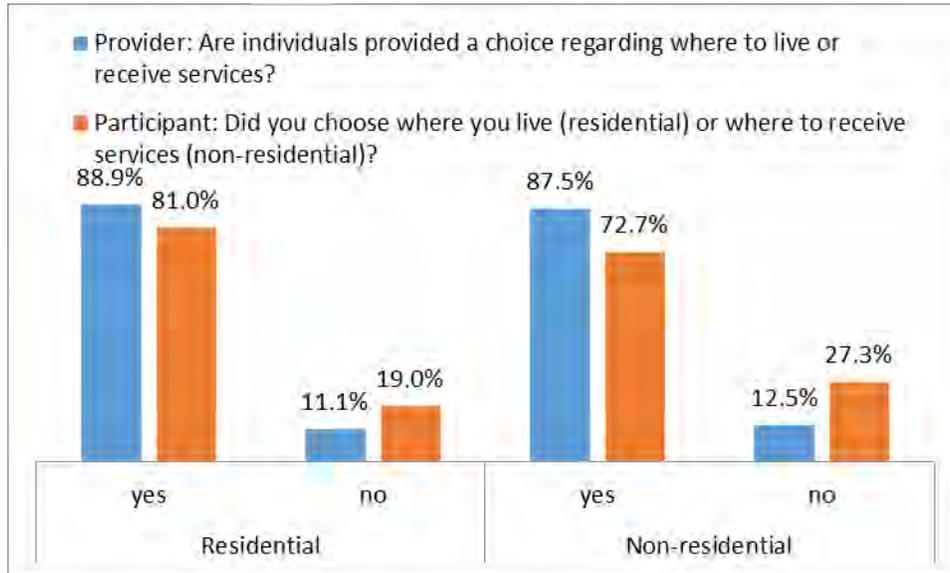
Q4: If you wanted to change, do you know how to request new housing or a non-residential service (day program)?

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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Updated policies 	Mar. 2017	Providers
3. Develop information sheet for participants	<ul style="list-style-type: none"> • Information sheet 	Mar. 2017	Case Management Agencies

4. Documentation of the choices available to the participant and their decision about the site be included in the person centered planning document	<ul style="list-style-type: none"> Updated person centered planning template 	June 2017	Providers
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CFI TOPIC AREA GOAL #6			
Process: To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting³ 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	<ul style="list-style-type: none"> List of current and potential options 	Dec. 2016	Workgroup
3. Develop plan for implementing new options, including resources and technical assistance needed	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Revised plan 	May 2017	Workgroup
6. Revise plan	<ul style="list-style-type: none"> Finalized plan 	May 2017	Workgroup
7. Implement plan	<ul style="list-style-type: none"> Increased options for participants 	Ongoing	Providers, DHHS-LTSS, Waiver Transition Team
8. Educate providers, including Case Management Agencies, about the options	<ul style="list-style-type: none"> Training 	Aug. 2017	Workgroup, DHHS-LTSS, Waiver Transition Team
9. Create information sheet with options for CFI participants	<ul style="list-style-type: none"> Information sheet 	Aug. 2017	Workgroup
10. Put information sheet in the participant toolkit	<ul style="list-style-type: none"> 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).

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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.

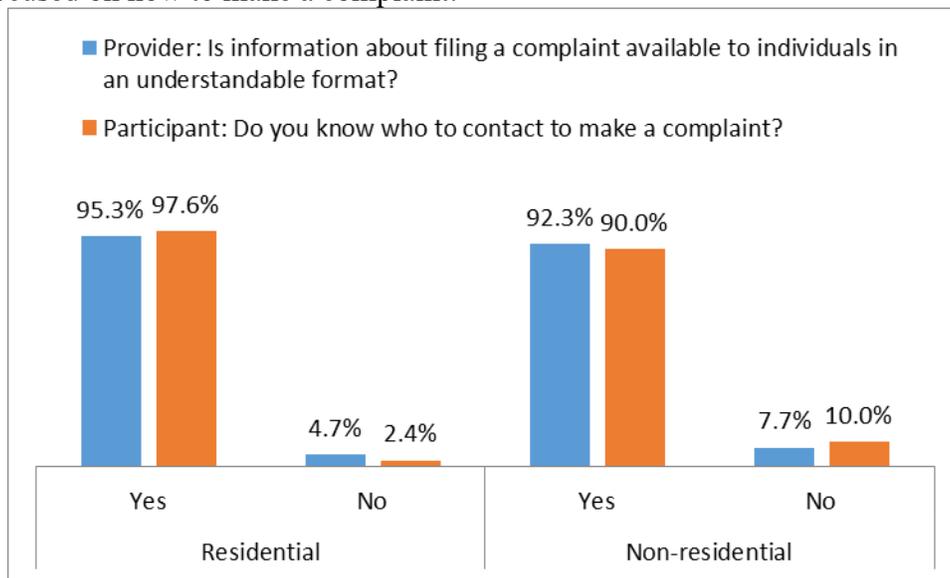
Q3: Are you prohibited from participating in legal activities similar to typical peers (without disabilities) such as voting, having a boyfriend/girlfriend, etc.?

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: <ul style="list-style-type: none"> a. Privacy b. Dignity c. Respect d. Freedom from coercion and restraint 		Feb. 2017	Providers

NH DHHS Statewide Transition Plan

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	Contingent on regulatory updates	Office of Program Support
8. Deficiencies be noted for lack of training	• Licensing data	Contingent 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	<ul style="list-style-type: none"> • Attendance • 	Aug. 2017	Providers
4. All provider staff be trained on the policy. <ul style="list-style-type: none"> a. Upon hiring b. Annually 	<ul style="list-style-type: none"> • Attendance will be taken at trainings 	Ongoing	Workgroup
5. Licensing tool be updated to include requirements	<ul style="list-style-type: none"> • Updated tool 	Contingent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	<ul style="list-style-type: none"> • Licensing data 	Contingent on regulatory updates	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> a. Policy include training for new staff 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> a. Training is documented b. Training is included in orientation 	<ul style="list-style-type: none"> • 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	Contingent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	• Licensing data	Contingent 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."

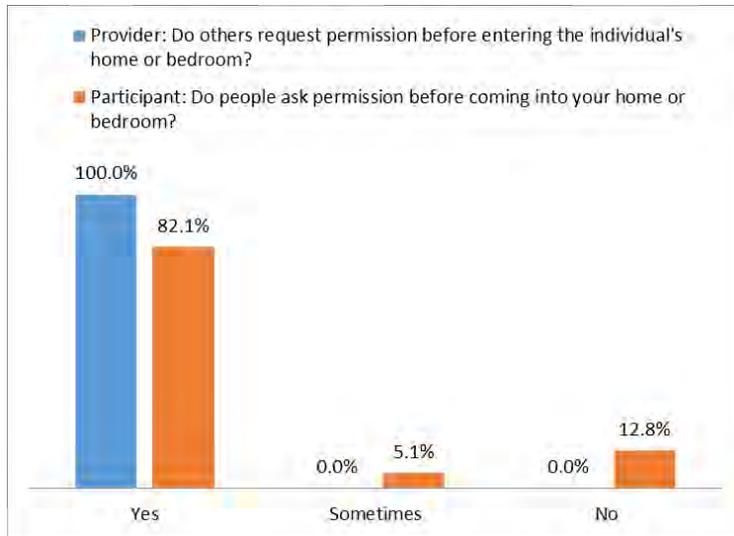
Q3: Can you close and lock the bedroom or bathroom door (if it is safe to do so)?

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Implementation guidelines 	Mar. 2017	Providers
4. Identify implementation date of the expectation	<ul style="list-style-type: none"> Notice sent out to providers about expectations 	Mar. 2017	DHHS-LTSS, Office of Program Support

5. Providers develop policy regarding: <ul style="list-style-type: none"> a. Implementation of locks b. Emergency measures if doors are locked and access is needed c. Documentation of participant’s choice regarding locks 	<ul style="list-style-type: none"> • Policy 	June 2017	Providers
6. Revise licensing tool to documentation of the participant’s decision regarding lockable doors on their bedroom and bathroom	<ul style="list-style-type: none"> • Revised licensing tool 	Contingent on regulatory updates	Office of Program Support
7. Licensing to cite deficiencies if expectations aren’t met	<ul style="list-style-type: none"> • Licensing data 	Contingent on regulatory updates	Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> • 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.”

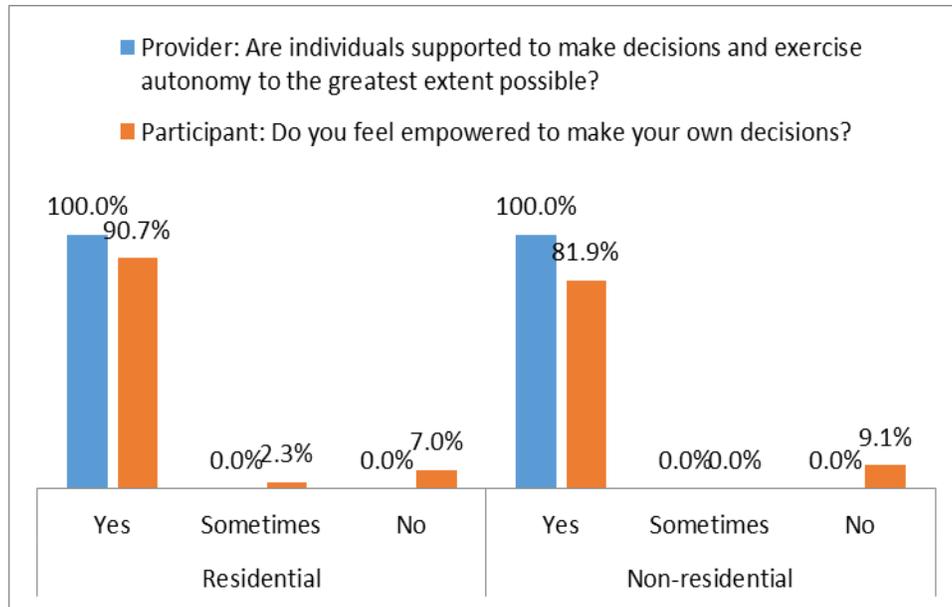
Participant Results:

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.”

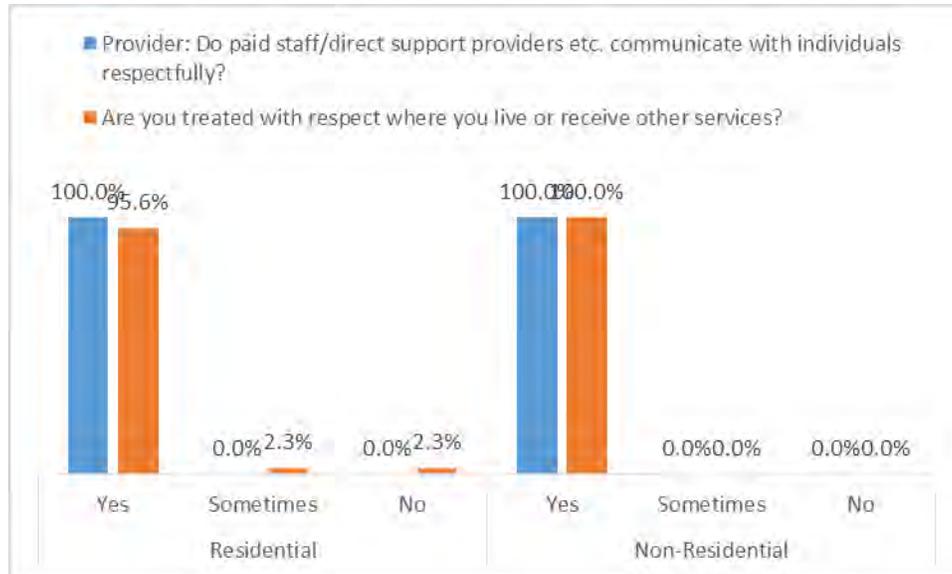
Q2: Do the people who support you/your staff talk about you or your roommates in front of you?

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. Access to the Environment

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.”

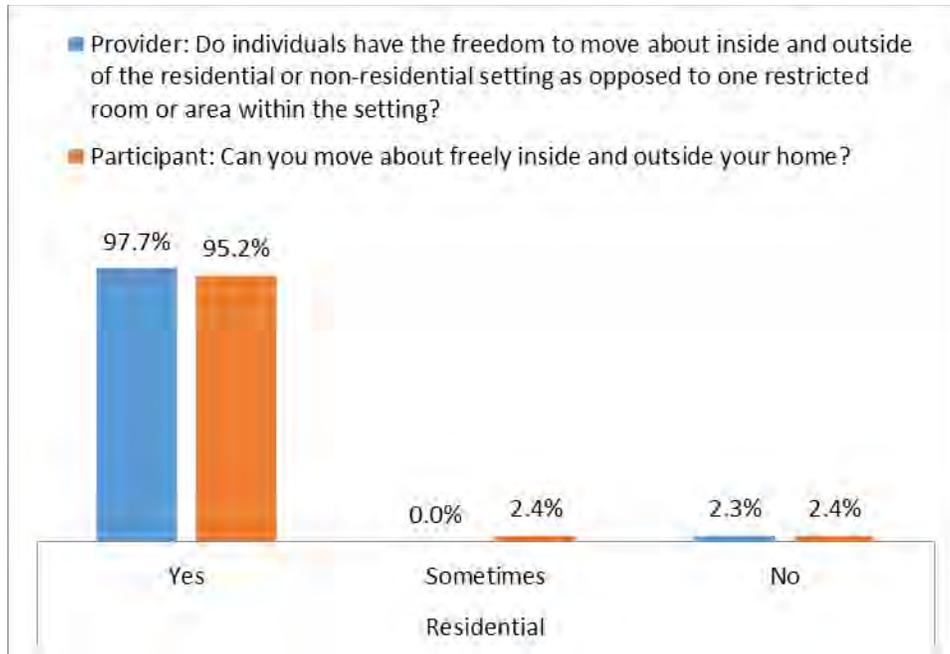
Q3: Do you have full access to the kitchen, laundry, and other living spaces?

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	<ul style="list-style-type: none"> Person centered plan 	Ongoing	Providers
4. Licensing tool be updated to include requirement for documentation of key option(s)	<ul style="list-style-type: none"> Revised tool 	Contingent on regulatory updates	Office of Program Support
5. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Person centered plan will be updated 	Feb. 2017	Providers
2. For each participant who is impacted, create written documentation of: <ol style="list-style-type: none"> The area that is not accessible by the participant Why the area is unavailable to participant If/what the impact is of the restriction on the participant 	<ul style="list-style-type: none"> Modification policy documentation will be in place 	Apr. 2017	Providers
3. Follow the modification policy, as appropriate	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Revised licensing tool 	Contingent on regulatory updates	Office of Program Support
6. Licensors will note any deficiencies related to this expectation during the licensing visits	<ul style="list-style-type: none"> Licensing data 	Ongoing	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Submission to OPS at next licensing visit 	Ongoing	DHHS-LTSS
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> Updated orientation training 	Ongoing	Providers
5. Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> Revised tool 	Contingent on regulatory updates	Office of Program Support
6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> Licensing data 	Ongoing	Office of Program Support
7. Analyze Licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> 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.”

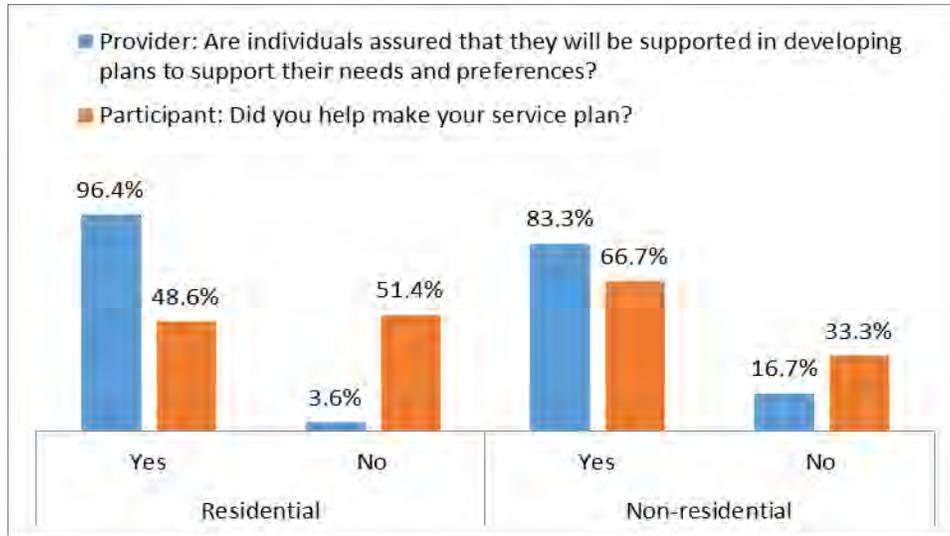
Q3: Was the planning meeting scheduled at a time and place convenient to you, your family or anyone else you wanted to participant?

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	<ul style="list-style-type: none"> Updated licensing tool 	Contingent 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	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Settings Agreements are part of person centered planning process b. Signed by provider(s) and participants <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Updated policies 	Mar. 2017	Providers
3. Policies and revised templates sent to DHHS-LTSS	<ul style="list-style-type: none"> • Updated Settings Agreement Policy for each provider 	Given to OPS at next licensing visit	Providers, Office of Program Support
4. Implementation date determined <ul style="list-style-type: none"> a. All person centered plans to include settings agreement 	<ul style="list-style-type: none"> • Date shared with providers 	Apr. 2017	DHHS-LTSS
5. Training to occur regarding expectations for the person centered planning process and settings agreements	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Updated tool 	Contingent on regulatory updates	Office of Program Support
7. Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> • Licensing data 	Contingent on regulatory updates	Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> • Data report 	Ongoing	Waiver Transition Team,

			Office of Program Support
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- *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.

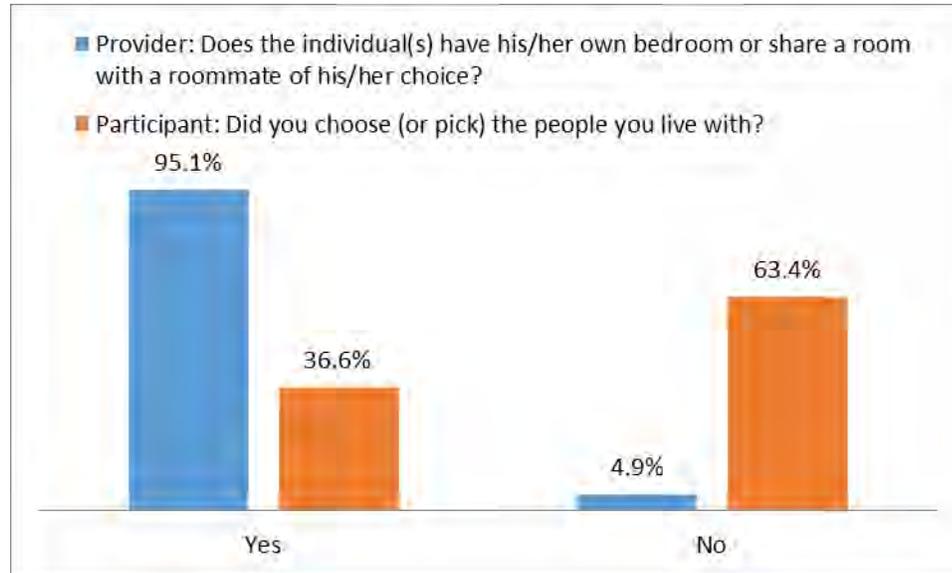
Q3: Do you have the option of living/rooming with a spouse or partner if you want to?

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 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) 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 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.

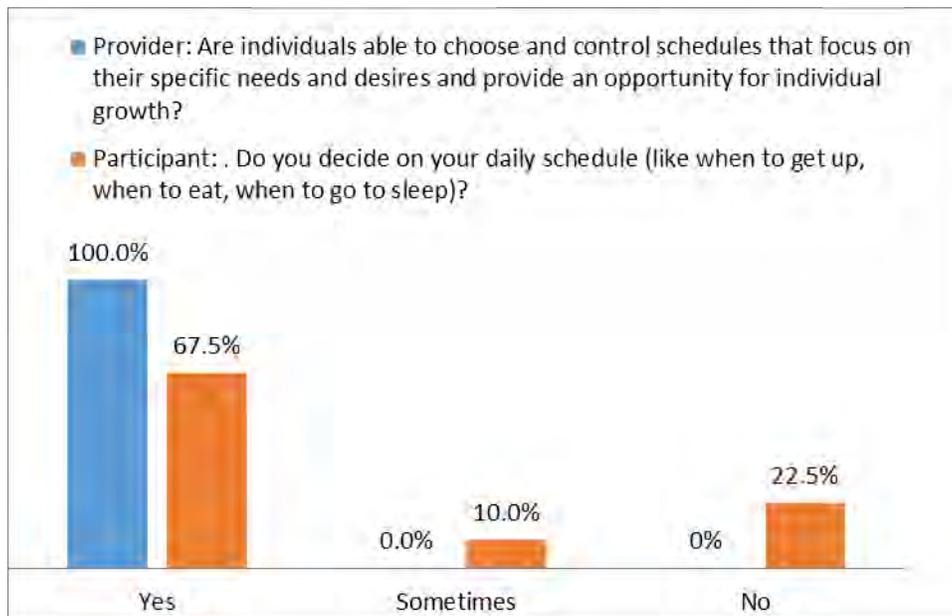
Q1: Do you decide on your daily schedule (like when to get up, when to eat, when to go to sleep)?

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) Choice Related to Meals/Snacks

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.

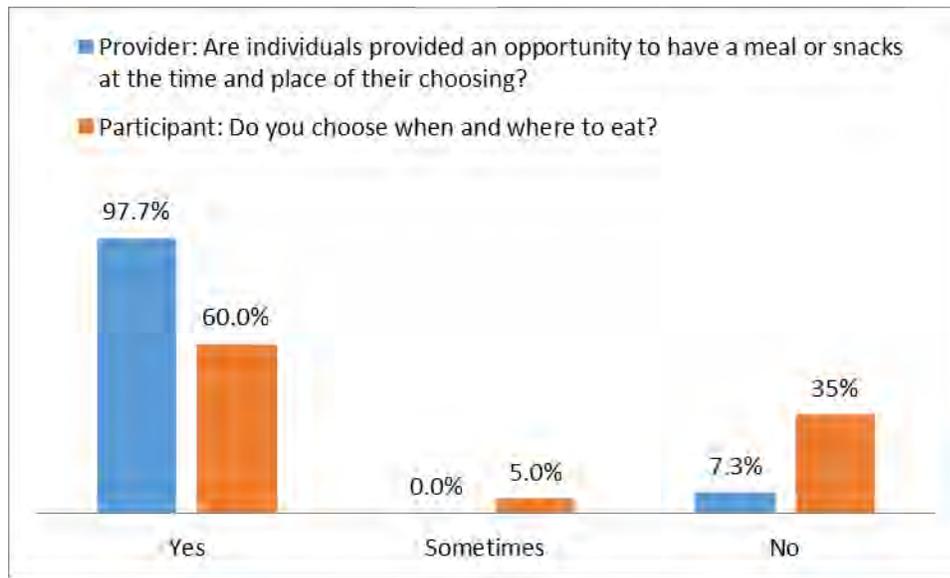
Q2: Can you obtain different food if you don't like what is being served (unless you have specific dietary restrictions)?

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:

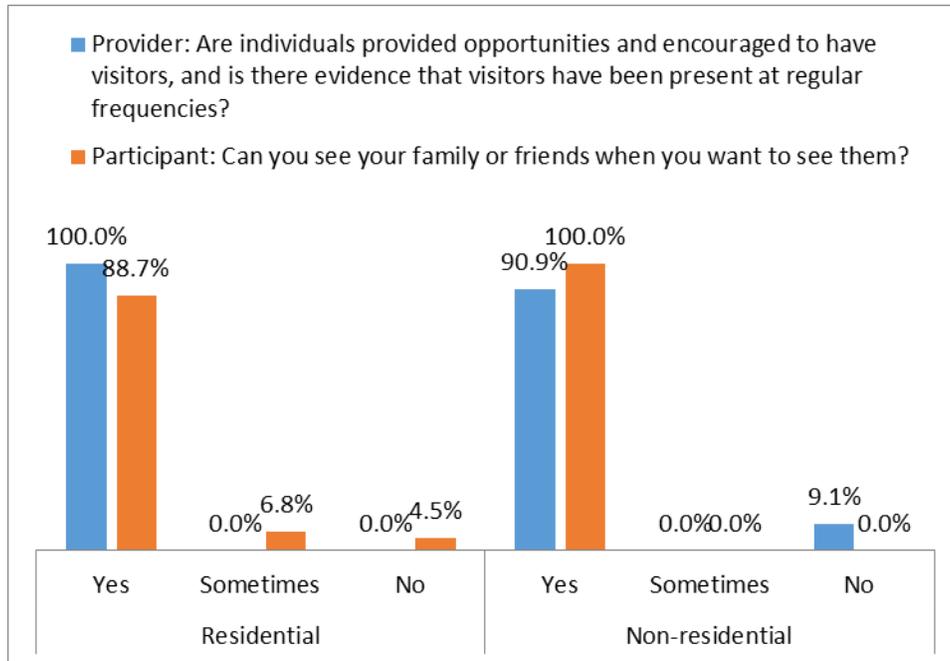
There was one question related to visitors.

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) Physical Environment

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

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<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Systemic areas b. Provider specific 	<ul style="list-style-type: none"> • Assessment form 		Waiver Transition Team
6. Develop remediation plan for areas of concern <ul style="list-style-type: none"> a. Systemic areas b. Provider specific 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Report Template 	June 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	<ul style="list-style-type: none"> • Annual Report 	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> Revised process 	Complete	DHHS-LTSS
2. Complete re-designation process on two Area Agencies per year during transition period	<ul style="list-style-type: none"> Re-designation reports 	Annually	DHHS-LTSS
3. Feedback to Area Agencies include focus areas related to the HCBS	<ul style="list-style-type: none"> Re-designation reports 	Annually	DHHS-LTSS
4. Areas of concern be brought to the Advisory Task Force	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Finalized forms 	June 2017	Workgroup
7. Distribute forms to providers		July 2017	Workgroup
8. Offer training to all providers	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Updated tool 	Contingent on regulatory updates	Office of Program Support
12. Certifiers/Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> Certification/licensing data 	Ongoing	Office of Program Support
13. Analyze certification/licensing data as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> New member added to roster of Advisory Task Force 	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

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c. Random selection		
3. Sites will be given a remediation follow up form, as appropriate	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Remediation Form 	Provider
5. Remediation Plan will be reviewed	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
6. Verification will be done	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Certification requirements identified 	DHHS-LTSS
2. Revise regulation as needed	<ul style="list-style-type: none"> Revised regulation 	DHHS-LTSS
3. Revise certification tool to include components of He-M 518, Employment Services, as well as the HCBS requirements	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Certification data 	Office of Program Support
7. Analyze certification/licensing data as per DD/ABD General Implementation Strategies #2 and #3	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Revised expectations 	DHHS-LTSS
2. Create standardized format for collecting the data	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Process identified 	Statewide Employment Group, Waiver Transition Team
2. Identify areas of follow up and create action steps, as appropriate	<ul style="list-style-type: none"> Reporting format developed 	Statewide Employment Group, Waiver Transition Team
3. Share information with: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Identify if the person accused of violating a participant's rights had a waiver in place 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

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		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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Draft template 	DHHS-LTSS, Office of Client and Legal Services, Waiver Transition Team
12. Identify who will receive data and	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Data analysis methodology 	Sept 2017	Waiver Transition Team
2. Revise self-assessment tool	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Licensing data Survey responses Self-assessment data Complaint data Satisfaction data Quality assessment data 	<ul style="list-style-type: none"> Data report 		Waiver Transition Team
5. Identify areas of concern for providers: <ul style="list-style-type: none"> Systemic areas Provider specific 	<ul style="list-style-type: none"> Assessment form 		Waiver Transition Team
6. Develop remediation plan for areas of concern <ul style="list-style-type: none"> Systemic areas Provider specific 	<ul style="list-style-type: none"> Remediation Form 	Mar. 2018	Waiver Transition Team
7. Share results and action plan with		Mar.	Waiver

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Advisory Task Force for feedback		2018	Transition Team, Advisory Task Force
8. Implement remediation form	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Report Template 	Sept. 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	<ul style="list-style-type: none"> Annual Report 	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Draft contract/agreement 	Feb. 2017	DHHS-LTSS
2. Review and sign contract/agreement	<ul style="list-style-type: none"> Signed contract/agreement 	Mar. – June 2017	Providers
3. Update Medicaid provider enrollment process to include a contract/agreement with DHHS	<ul style="list-style-type: none"> Updated process 	Apr. 2017	DHHS-LTSS
4. Share updated process with providers		July 2017	DHHS-LTSS

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> New member added to roster of Advisory Task Force 	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> 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,

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			Quality Assurance and Improvement Office, Waiver Transition Team
2. Develop assessment process to include: <ul style="list-style-type: none"> a. Self-assessment b. Expectations <ul style="list-style-type: none"> i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process 	<ul style="list-style-type: none"> • Draft assessment process 	Feb. Apr. 2017	Workgroup
3. Develop assessment tool	<ul style="list-style-type: none"> • Draft assessment tool 	May 2017	Workgroup
4. Bring tool and assessment to providers for feedback		June 2017	Workgroup
5. Revise tool, as appropriate	<ul style="list-style-type: none"> • Revised tool 	July 2017	Workgroup
6. Train providers on process and tool	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> a. Identify systemic areas for improvement b. Identify provider specific areas for improvement 	<ul style="list-style-type: none"> • Data Analysis 	Ongoing	Waiver Transition Team
10. Data analysis shared with <ul style="list-style-type: none"> a. Providers b. Advisory Task Force 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> a. Self-assessment b. Expectations <ul style="list-style-type: none"> i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process 	<ul style="list-style-type: none"> • Draft assessment process 	Nov. 2016	Workgroup
3. Develop assessment tool	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Revised tool 	Apr. 2017	Workgroup
6. Train providers on process and tool	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> a. Identify systemic areas for improvement b. Identify provider specific areas for improvement 	<ul style="list-style-type: none"> • Data Analysis 	Ongoing	Waiver Transition Team
10. Data analysis shared with <ul style="list-style-type: none"> a. Providers b. Advisory Task Force 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> a. Interview with staff b. Participants c. Record review 		DHHS-LTSS; Quality Assurance and Improvement Office, Providers
2. Analyze data: <ul style="list-style-type: none"> a. Statewide report 	<ul style="list-style-type: none"> • Data Report 	DHHS-LTSS; Quality

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b. Agency report c. Systemic issues		Assurance and Improvement Office
3. Providers complete corrective action plan for areas of concern	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Report format developed 	DHHS-LTSS, BEAS
3. Review follow-up actions taken by provider in response to complaints	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> When it will be used Who will be part of the process Outcome of process Who will be responsible for outcomes 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. Ensure that the form includes the HCBS expectations 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Revised form 	Apr. 2017	Waiver Transition Team
4. Develop policy for use of the form	<ul style="list-style-type: none"> Policy 	May 2017	Providers
5. Provide training for Case Managers on the form and expectations <ul style="list-style-type: none"> b. Frequency of form c. Action plan for follow up 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Data report 	Ongoing	Providers, Waiver Transition Team
10. Share data with Advisory Task Force	<ul style="list-style-type: none"> Data report 	Quarterly	Waiver Transition Team
11. Implement follow up plans as necessary	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> New sites being certified/licensed Sites where concerns are identified Random selection 		DHHS-LTSS, Office of Program Support, Waiver Transition Team
11. Sites will be given a remediation follow up form, as appropriate	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Remediation Form 	Provider
13. Remediation Plan will be reviewed	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
14. Verification will be done	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
15. Plan will be approved or additional actions will be requested	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
16. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • To the individual/family/guardian • Provider of services, and/or • Area Agency 	DHHS-LTSS
3. On-site visit occurs to gather information, including: <ul style="list-style-type: none"> • Interview with participants using the exploratory questions designed by CMS • Interviews with staff using the exploratory questions designed by CMS • Review of documentation <ul style="list-style-type: none"> • Schedules • Provider qualifications for staff • Staff training • Service definitions • Modifications to expectations 	DHHS-LTSS

<p>4. Complete summary of review to explain why the setting is not considered institutional, including:</p> <p>Settings on the grounds of, or immediately adjacent to, a public institution:</p> <p>Licensure or regulatory requirement that clearly distinguish it from institutional licensure or regulations</p> <p>Description of the proximity to and scope of interactions with community settings used by non-Medicaid funded people</p> <p>Provider qualifications for staff that indicate training or certification in HCBS services</p> <p>Service definitions that explicitly support the setting requirements</p> <p>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</p> <p>Procedures in place that indicate support for activities in the community</p> <p>Documentation that the participant chose the setting</p> <p>Description of the proximity to avenues of available public transportation or an explanation as to how transportation is provided</p> <p>Settings that are in a publicly or privately-owned facility that provides inpatient treatment:</p> <p>Documentation showing that the setting is not operationally interrelated with the facility setting:</p> <ul style="list-style-type: none"> • 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 	<p>DHHS-LTSS</p>
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<ul style="list-style-type: none"> • 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
<p>8. If a request will be made to CMS for heightened scrutiny, the state will:</p> <p>a) Share Request for Heightened Scrutiny information through the public notice procedure outlined by CMS, to include:</p> <p>(a) A list of the affected settings by name and location and the number of individuals served in each setting.</p> <p>(b) Any and all justification from the state why the setting is home and community based and not institutional (reviewer reports, interview summaries, etc.)</p> <p>(c) Provide enough detail such that the public has an opportunity to support or rebut the state’s information</p> <p>(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</p>	DHHS-LTSS
9. Develop responses to public comments	DHHS-LTSS
<p>10. Submit Heightened Scrutiny request to CMS. Submission will include:</p> <ul style="list-style-type: none"> • 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
<p>12. If CMS approves request:</p> <ul style="list-style-type: none"> • Provider and/or Area Agency is notified • Individual/family guardian is notified • Office of Program Support is notified 	DHHS-LTSS
<p>13. In the event that CMS does not approve request and the request is under the Transition Plan, the state will:</p> <ul style="list-style-type: none"> • Use the remaining transition period to bring the setting into compliance with all 	CMS

requirements or, <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> Timeline for notification How information will be provided about alternative choices Documentation of options and choice included in the person centered planning Transition plan expectations for participant regarding critical services and supports Relocation plan follow up survey 	<ul style="list-style-type: none"> • Draft Relocation Process 	Waiver Transition Team

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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	<ul style="list-style-type: none"> Information sheet 	Waiver Transition Team
3. Share process/information sheet with Advisory Task Force	<ul style="list-style-type: none"> Meeting minutes 	Advisory Task Force
4. Revise process/information sheet based on feedback, as appropriate	<ul style="list-style-type: none"> Final Relocation Process 	Waiver Transition Team
5. Put information sheet into Toolkit	<ul style="list-style-type: none"> Final information sheet 	Waiver Transition Team
6. Identify those participants who will need to transition	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Information Sheet 	Waiver Transition Team
3. Share process and information sheet with Advisory Task Force	<ul style="list-style-type: none"> Meeting minutes 	Advisory Task Force
4. Revise process/information sheet based on feedback, as appropriate	<ul style="list-style-type: none"> Final Relocation Process 	Waiver Transition Team
5. Put information sheet into Toolkit	<ul style="list-style-type: none"> Final information sheet 	Waiver Transition Team
6. Identify those participants who will need to transition	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.medicare.gov/Medicare-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
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- K. DD/ABD Goals Summary
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New Hampshire Statewide Transition Plan

APPENDIX

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- N. Public Comment and Response - Amended & updated 06/28/16

APPENDIX A
NEW HAMPSHIRE TRANSITION FRAMEWORK
MARCH 2015

Attachment A

PURPOSE:

In January 2014, the Center for Medicaid and Medicare Services (CMS) finalized regulations that require Medicaid-funded Home and Community Based Services (HCBS) possess particular qualities in residential and nonresidential settings. All states are required to demonstrate how their HCBS programs comply with the new federal HCBS rules. The purpose of this draft Transition Framework is to ensure that in New Hampshire individuals receiving HCBS are integrated in and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. Overall, the Transition Plan provides a roadmap for how the State will assure that individuals receiving HCBS have the same degree of access as individuals not receiving Medicaid HCBS. This Transition Plan outlines the proposed process that New Hampshire will be utilizing to ensure alignment with the HCBS requirements. Stakeholders were asked to provide public input and comment in order to allow New Hampshire to develop a comprehensive assessment plan. New Hampshire has created an Advisory Taskforce to ensure stakeholder input is obtained throughout the transition planning process.

OVERVIEW:

New Hampshire must submit an HCBS transition plan to CMS by March 14, 2015 because it operates four 1915(c) waivers: Choices for Independence, Developmental Disabilities, Acquired Brain Disorder, and In Home Supports.

The high level transition plan (draft framework) to CMS will include:

1. An inventory plan to review applicable state standards, rules, regulations and policies;
2. A preliminary assessment plan for assessing HCBS settings;
3. A 30-day public comment period of the draft transition plan;
4. A response summary of public comment received;
5. A time frame for the assessment of HCBS setting;
6. A time frame for remediation including a summary of how each setting meets or does not meet the federal HCBS setting requirements and a time frame for the development of a comprehensive transition plan and process for bringing all HCBS settings into compliance; and ultimately a plan for ensuring the health and safety of participants who reside in locations that need to meet corrective action requirements for the setting to come into compliance during the states specified transition time.

PUBLIC NOTICE:

New Hampshire's 30 day public notice and comment period ran from January 11th to February 16th. Notice was published in two statewide newspapers ; the links to the public notices published are here: [..\Public Notice\telegraph mon jan 12 2015 HCBS transition framework.pdf](#); [..\Public Notice\union leader sun jan 11 2015 HCBS transition framework.pdf](#). Notice was also published on a designated DHHS webpage found at <http://www.dhhs.nh.gov/ombp/medicaid/draft-transition-framework.htm> Two public hearings were held, one on January 20th at the Brown Building Auditorium in Concord and the other on February 10th at the New Hampshire Hospital Association in Concord. Phone and webinar participation were available at the first hearing; due to technical difficulties, the second hearing had only in-person attendance. Two additional webinars were conducted on February 19th and 25th to provide additional remote attendance opportunities. Staff from New Hampshire Department of Health and Human Services and the Institute on Disability also attended informal meetings regarding the HCBS transition planning work throughout the public process. The details of formal and informal hearings are below.

DATE/TIME	LOCATION	ORGANIZATION	# ATTENDEES	EVENT DESCRIPTION
1/17/15	Walker Building	People First	17	Informational meeting and input
1/21/15	Community Bridges, Concord	Service coordinator Supervisors	10	Presentation and feed-back
1/21/15	DD Council	Quality Council	24	Presentation at bi-monthly meeting
1/20/2015 6:00-8:00 PM	Brown Building Concord	General Public	3 in person, 3 online	Public Hearing - live and webinar
2/10/15 2:30-4:30PM	NH Hospital Assoc.	General Public	20-25	Public Hearing – live; webinar failed
2/10/2015 12:45 - 1:30	ARCH Offices	ARCH Board of Directors	10	Informational meeting and input
2/19/2015 10:00 a.m.	Online	General public	0	Phone and webinar
2/25/2015 11:00 a.m.	Online	General public	0	Phone and webinar

An advisory taskforce has been created to ensure stakeholder input is solicited throughout the planning process. The advisory taskforce will meet on the second Wednesday of each month going forward.

Transition Framework for Establishing HCBS Settings Compliance New Hampshire Department of Health and Human Services			
Action Item	Description	High-Level Strategies	Target Timeline
Public Comment: Draft Transition Framework: Transition Plan Framework			
<i>Public comment for Draft Transition Framework for establishing Home and Community Based Settings compliance</i>	30 day public comment period for review of Draft Transition Framework	Statewide notice published in two statewide newspapers on January 11 and 12. MMIS sent notice in an all provider communication; NH DHHS constructed webpage which hosts the notice and draft framework; 2 public hearings held: Jan 20 th and Feb 10 th . Additional webinars on Feb 19 and Feb 25 held. State conducted informal meetings during and after public notice and comment period.	1-11-15 – 2-16-15
<i>Submit Draft Transition Framework for assessing Home and Community Based Settings compliance to Centers for Medicare and Medicaid Services [CMS].</i>	State finalizes and submits Draft Transition Framework to CMS	-Design NH Transition Plan Framework around successful state models.	2-27-15

1. Inventory			
<i>State standards inventory</i>	Establish comprehensive list of state rules, regulations, policies, and standards to be reviewed and validated with respect to whether existing state standards conform to Home and Community Based Settings rule.	-Members of Transition Framework team submit lists of regulations for review. Compile submissions based on relevant waiver.	12-12-14
<i>Collect and review current state standards (rules and regulations) as they relate to new Home and Community Based Settings rule.</i>	Transition Framework team will collect regulations, standards and policies including rules and related policies, licensing and certification requirements, training and enrollment materials.	-Seek external legal counsel for thorough review.	1-12-15
<i>Obtain active Home and Community Based Settings provider breakdown by site</i>	NH will identify the relevant Home and Community Based service providers and establish a list that includes category of service, address and contact information.	-Members of Transition Framework team submit provider lists.	12-12-14
<i>Develop and refine assessment tools</i>	Develop and refine assessment tools to evaluate conformity and compliance with Home and Community Based Settings rules; assessment tools are reviewed and tested to ensure they adequately capture needed elements. Develop provider self-assessment tool and assessment tools for participants.	-Transition Framework team to review tools known to have worked successfully in other states. Develop assessment tools for providers and participants. Solicit feedback on assessment tools, the plans to deploy them, and by whom,	4-30-15

		with Advisory Taskforce.	
<i>Incorporation of assessment tool into provider enrollment process and application</i>	State incorporates self-assessment requirement into provider enrollment process and application	- Transition Framework team reviews language and instructions after soliciting feedback from Advisory Taskforce.	7-31-15
2. Assessment			
<i>Assess NH state standards' current level of compliance</i>	Assess what changes are required to update provider qualification standards, licensure regulations, enrollment, training, and all other related standards, rules regulations and policies to conform to Home and Community Based Settings rules	-Contract third party for thorough legal review; identify areas of potential non-compliance. Share initial review with Advisory Taskforce. After soliciting feedback from Advisory Taskforce, determine which requirements will be amended.	2-27-15 – 4-30-15
<i>Establish advisory taskforce comprised of advocates, consumers, and HCBS providers.</i>	Convene regularly scheduled meetings to review assessment activities and findings, assist in the development of the remediation and compliance plan based on assessment results.	-Institute on Disability together with Department of Health and Human Services to coordinate; initial invitations sent on 2/20; additional invitations sent on 3/6; first meeting scheduled for 3/11/15	2-15-15
<i>Providers and Participants Complete Assessments</i>	Via assessment tools developed after soliciting feedback from Advisory Taskforce	After soliciting feedback from Advisory Taskforce on Assessment Work Plan, (including development of	6-30-15

		assessment tools) Transition Framework team coordinate provider and participant outreach. Transition Framework team will coordinate schedule for provider follow-up and assessment completion.	
<i>Data compiled and analyzed</i>	Data compiled to determine those Home and Community Based Settings providers who meet, do not meet and could come into compliance with Home and Community Based Settings guidance.	-Upon completion of assessment, build list of providers for sample validation. Solicit feedback on sample validation plan with Advisory Taskforce .	7-31-15
<i>Selected entities validate sample of assessments</i>	Selected entities, validate a state determined percentage of provider assessments	-Transition Framework team to identify and coordinate with providers for field validation, after soliciting feedback from Advisory Taskforce. Utilize multiple validation avenues.	9-30-15
<i>Assessment Report; Comprehensive Transition Plan</i>	State formally presents results of both assessments to Advisory Taskforce;	-Summarize results of both self- and validated assessment for Advisory Taskforce. Distribute results to Advisory Taskforce.	10-30-15

3. Remediation and Compliance			
<i>Based on assessment results, develop comprehensive transition plan to bring NH Home and Community Based Settings into compliance</i>	Institute on Disability and Department of Health and Human Services together with the Advisory Taskforce develop a comprehensive statewide Transition Plan which establishes a path for comprehensively addressing all components of compliance with Home and Community Based Settings rule.	-Draft and finalize narrative white paper summarizing the level of compliance within NH at the end of the assessment period, and establishing a plan for comprehensively addressing all components of compliance with Home and Community Based Settings rules, using advice from the Advisory Taskforce.	10-30-15 to 3-31-16
<i>Submit Waiver Amendment to CMS</i>	Department of Health and Human Services will submit waiver amendments as needed to CMS to ensure provider and setting requirements are met.	-Department of Health and Human Services will submit.	3-31-16
<i>Policy Development</i>	State will develop revised policies and procedures to address ongoing monitoring and compliance.	-Policy partners within Department of Health and Human Services, Bureau of Developmental Services, Bureau of Elderly and Adult Services with Advisory Taskforce	3-31-16

<i>Remediation Strategies</i>	Design, adopt, and implement plan for achieving comprehensive compliance of provider standards with Home and Community Based Settings rules (credentialing, licensing and policies).	-Transition Framework Team together with Advisory Taskforce develops revised policies and procedures to address ongoing monitoring and compliance.	3-31-16
<i>Provider Training and Education</i>	Design and implement plan for incorporating necessary training and education into provider enrollment, orientation, and training on transition plan to providers	-Utilize Advisory Taskforce and other key stakeholder input and existing provider standards specific to particular provider groups.	3-31-16
<i>Monitoring of Compliance</i>	State, with feedback from the Advisory Taskforce, will develop surveys and/or incorporate policy and consumer satisfaction surveys to identify areas of non-compliance	-Rely on existing policy documents and key stakeholder input.	3-31-16 and ongoing
4. Outreach and Transparency			
<i>Public Comment and Stakeholder Input</i>	Department of Health and Human Services provides opportunities for formal public comment according to federal standards and multiple opportunities and modalities for informal stakeholder input	-2 statewide public statements of notice -Direct provider outreach by Bureau of Developmental Services/Bureau of Elderly and Adult Services; Webinar, Website; E-mail for feedback; Two public hearings; Multiple meetings	1-17-15 to 2-17-15

<i>Public Comment and Stakeholder Input</i>	Department of Health and Human Services collects public comment and stakeholder input through multiple methods and makes appropriate changes to Transition Framework.	-Comments will be taken via email, in person or by written submission.	1-17-15 to 2-17-15
<i>Public Comment- collection and plan revisions</i>	Department of Health and Human Services incorporates appropriate changes to initial transition plan based on public comments	-Transition Framework team review feedback -Edit Draft Transition Framework as needed.	2-17-15 to 2-27-15
<i>Public Comment - retention</i>	Department of Health and Human Services will safely store public comments and state responses for CMS and the public	-Department of Health and Human Services to record and store according to internal protocol.	2-17-15 - ongoing
<i>Posting of revisions to initial document</i>	Department of Health and Human Services will post the rationale behind any substantive change to the comprehensive transition plan	-Department of Health and Human Services to make changes available to public.	2-17-15 - ongoing
<i>Stakeholder training and education</i>	Design, schedule and conduct training for individual recipients of waiver services, their families and similarly situated stakeholders on waiver compliance, including changes they can expect to see and which will affect their services	-Institute on Disability with Department of Health Human Services to coordinate.	ongoing
<i>Public Comment - ongoing input</i>	State will leverage various stakeholder groups to periodically present feedback to Comprehensive Transition Plan development in preparation for comprehensive plan submission	-Advisory Taskforce to meet monthly -Organize groups according to waiver as needed.	2-17-15

5. Public Comment: Draft Comprehensive Transition Plan			
<i>Public comment for draft Comprehensive Transition Plan</i>	30 day public comment period for review of Draft Comprehensive Transition Plan	<ul style="list-style-type: none"> -State will follow same public notice and comment period including 2 statewide public statements of notice -Direct provider outreach by Bureau of Developmental Services/Bureau of Elderly and Adult Services -Webinar -Website -E-mail for feedback -Two public hearings; multiple public presentations 	1-31-16
<i>Submit Comprehensive Transition Plan to CMS</i>	State finalizes and submits Comprehensive Transition Plan to CMS	-Department of Health and Human Services with Institute on Disability and Advisory Taskforce	3-31-16

March 10, 2015

Transparency and Stakeholder Engagement

Comment 1: Several commenters expressed concern that the process for determining membership in the Advisory Taskforce was opaque and that it did not sufficiently represent the external stakeholders who are knowledgeable and relevant to this process, including direct support workers, people living with developmental or intellectual disabilities, and those with acquired brain disorders.

Response 1: The State is sensitive to the concern that the Advisory Taskforce, as the body who will be consulted for feedback throughout the assessment and remediation processes, will be representative of the people whose lives will be impacted by these regulatory requirements and any changes made to establish compliance with them. The State has taken steps to mitigate that risk. First, New Hampshire has outlined that at least four of the seats on the Advisory Taskforce need be held by people who are receiving services who will be impacted by these regulations and has asked three external organizations, Granite State Independent Living, The Office of the Long-Term Care Ombudsman, and the federally required Medical Care Advisory Committee (MCAC) to help select those consumers. In response to concerns raised about membership, the State will extend additional invitations as needed to assure that the interests of people who are served by the Waivers that will be affected by these regulations are represented well within the Advisory Taskforce.

Comment 2: Commenters expressed concern that that the work plan offered limited opportunity for stakeholder engagement.

Response 2: In response to concerns that stakeholder input into the comprehensive statewide plan appears to be very limited, the State has edited the work plan to reflect the junctures at which the State anticipates that the Advisory Taskforce will provide feedback: in reviewing the summary of the regulatory landscape, assisting in the development of the assessment tools, assisting in development of plans to deploy the assessment tools, reviewing the results of the assessments, and assisting in the development of the formal remediation plan which will establish for New Hampshire what changes need to be made to in order to establish the State's compliance with the settings requirement. Finally, the work plan also notes that the State will put the final comprehensive transition plan, when developed, out for a statewide, thirty day public notice and comment period. The State recognizes that inclusion of key stakeholders is central to an effective HCBS transition planning process.

Comment 3: Commenters expressed concern that Direct Support Professionals are underpaid in general and are crucial to the HCBS transition planning process.

Response 3: The State is sensitive to the need for Direct Support Professional to be involved in the HCBS transition planning process and will assure their participation.

Draft Transition Plan

Comment 4: Commenters expressed concern that the draft transition plan was vague and lacked details about each step of the process and that significant work relating to the policy review at the State level was being conducted without the inclusion of key stakeholders.

Response 4: The State recognizes that at this initial stage, the work plan is very high level. This is a reflection of the need to solicit feedback from stakeholders throughout the inventory, assessment and remediation processes. Moreover, it does provide for the time frames for conducting inventory, assessment and remediation tasks that are necessary as well as a description of the parties to be involved in those steps. As the work progresses in each phase, in consultation with the Advisory Taskforce, more details regarding each additional step will be developed and communicated. Regarding the concern about the State's reliance on a third party for review of state compliance without inclusion of key stakeholders, the State has clarified in the work plan that the summary of the third party's work, which is a review and summary of the regulatory landscape relating to each of the State's four waivers, has been prepared in order to be shared with the Advisory Taskforce to solicit the Advisory Taskforce's feedback. The summary of the regulatory landscape that has been conducted, while thorough, is preliminary and not final.

Comment 5: One commenter noted that the settings requirements do not only apply to residential services and that therefore the title of the document, "Draft Transition Framework for Establishing Home and Community Based Services Residential Settings Compliance" was confusing.

Response 5: The State has deleted the term "residential" from the title of the document.

Comment 6: One commenter encouraged the state to seek clarification as to how the rules are intended to apply to people living in their own homes and encouraged the state to expand the transition planning process to include assessing supports provided to people living in their own homes or with family and that day programs should be included as well.

Response 6: Subregulatory guidance indicates that the regulations allow states to presume the enrollee's private home or the relative's home in which the enrollee resides meet the requirements of HCBS settings. Person-centered planning remains an important protection to assure that individuals have opportunities for full access to the greater community to the same degree as individuals not receiving Medicaid HCBS when they live in their own or a relative's private home. The State will work with CMS to clarify how non-residential home and community based settings should be addressed.

Assessment Phase

Comment 7: Commenters expressed concern that there is a lack of clarity about which entities will conduct the assessments and about the level of expertise and training of those entities and individuals who will conduct the assessments, and encouraged the State to assess as many people as possible. One commenter encouraged the State to ensure that those conducting the assessments be trained in Social Role Valorization or other comparable values-based training.

Response 7: The State is in the process of developing an initial approach to assessment that has not yet been reviewed with the Advisory Taskforce. As a result, the details regarding who will conduct the assessment and how the assessments will be deployed and what the requirements are for those assessments in terms of skill and training are not yet finalized. As noted above, the State will be soliciting feedback from the Advisory Taskforce about its initial approach to assessment to ensure that the assessment tasks are deployed in an effective way.

Comment 8: Commenters expressed concern that the draft transition plan did not contain sufficient detail about a variety of issues related to assessment and remediation phases including how to protect people who will need to be transitioned, whether there will be accessible methods for participants to voice complaints about a setting, how the State will establish what the current array of compliant settings are, and the absence of a plan to evaluate capacity or increase the home and community based service capacity to fulfill the requirements of this regulation.

Response 8: These concerns will be addressed based on the results of the assessments the State needs to complete. Assessment will include, by necessity, an evaluation of current capacity; and the State assures that participants will be able to voice complaints. When the results of the assessments are completed, the State will be able to address whether plans to increase capacity are needed, when and how participants would have to be transitioned, and how to transition participants safely. The State will provide the assurances that are required under sub-regulatory guidance from the Centers for Medicare and Medicaid Services, should relocation of beneficiaries be part of the State's remedial strategy, which include the following: an assurance that the State will provide reasonable notice to beneficiaries and due process to those individuals; a description of the timelines for the relocation process; the number of beneficiaries impacted, and a description of the State's process to assure that beneficiaries, through the person-centered planning process, are given the opportunity, information and supports to make an informed choice of an alternate setting that aligns or will align with the regulation and that critical services/supports are in place in advance of the individual's transition.

Comment 9: One commenter noted that in the assessment phase that personal experience of participants is central and that provider input should supplement, but not replace, first hand reports of people receiving services.

Response 9: The State recognizes the importance of assessing participants as well as providers and is committed to ensuring that both are effectively assessed.

Broad application of 42 CFR 441.301(c)(4)

Comment 10: Several commenters expressed concern that implementing the new federal regulations in a one-size-fits-all manner, especially with respect to lockable doors, forcing people to be engaged in community even if they don't want to be, making food available at all times, and choice of roommate are impractical, will require additional funding to providers to make needed modifications and may disrupt the lives of residents, who like their current residences.

Response 10: 42 CFR 441.301(c)(4) requirements are based "on the needs of the individual as indicated in their person-centered service plan." That qualification provides some flexibility to ensure a balance between safety and well-being of the individual and the required qualities of Home and Community Based Services outlined in the regulation. Moreover, it requires that the individual's person-centered service plan indicate his or her preferences and needs.

Finally, modifications of some of the qualities required in provider-owned or controlled settings are allowed if those modifications are sufficiently supported and justified through the participant's person-centered service plan.

Comment 11: Several commenters expressed concern that residents being allowed to lock doors for privacy is unnecessary, may prevent providers from adequately monitoring or caring for residents, or encourage residents to isolate behind locked doors in an unhealthy manner.

Response 11: The federal requirement regarding doors at 441.301(c)(4)(vi)(B)(1) applies within a provider-owned or controlled setting and requires that the sleeping or living unit has entrance doors that are lockable; the rule also specifically allows for appropriate staff to have keys to any lockable doors. This would allow providers to safeguard and tend to the needs of their residents while allowing the resident to control, to some extent, access to their private living space.

Comment 12: One commenter requested clarification as to what it means to give a resident a choice of roommate and whether a Medicaid-funded waiver participant can thereby refuse a roommate in a setting. The commenter further requested clarification about whether Medicaid-funded waiver residents would then be allowed to reject a roommate when a non-Medicaid-funded participant in the same setting would not have that right.

Response 12: The Department of Health and Human Services will work with the Centers for Medicare and Medicaid Services to clarify choice of roommate provisions.

Comment 13: Several commenters expressed concerns that broad application of general rules will prevent providers from being able to focus on the individual needs of participants.

Response 13: The State notes that the new settings requirements are bounded in the federal regulation by "the needs of the individual as indicated in the person centered service plan" thus allowing individuals' needs to be addressed within the federal requirements.

Comment 14: One commenter expressed concern that the HCBS transition will mean that the Area Agencies will be replaced by managed care organizations.

Response 14: The federal HCBS settings requirements apply to Medicaid-funded HCBS settings provided under Medicaid waiver authorities regardless of the mechanism used to deliver waiver HCBS services.

Comment 15: One commenter requested that the transition plan take into account the positive benefits that assisted living has for residents and that residents not be thrust out into the community where they would receive services at a lower level.

Response 15: The new federal requirements prioritize participant needs and preferences driving which services the participant receives and from whom.

Comment 16: More than one commenter expressed concern that broad application of the new regulations would effectively limit the choices of participants who receive Waiver services, expressing that all people want to be able to choose how they spend their time and with whom they spend it and with whom they do not spend it; others wanted to know how the term isolation would be applied, indicating that some people do not want to be mandated to be included but rather want to be left alone.

Response 16: The regulation presumes that settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community are not desirable. It is a general standard that applies to the setting; it is not a mandate in and of itself requiring participants to be engaged in a way they do not wish to be.

Comment 17: One commenter asserted that one characteristic of a setting that is isolating - “the individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides services to them” would apply to every residential care home in the state and wondered if it was CMS’ intention to defund every such site.

Response 17: CMS has stated that, when coupled with other characteristics, the above characteristic might meet the criteria for having the effect of isolating individuals receiving Medicaid-funded HCBS, but not necessarily. A setting that, after assessment, is found to not meet home and community based requirements, can request that the State pursue the heightened scrutiny process and request CMS review evidence presented by the State and other stakeholders as to whether that setting can meet HCBS characteristics. However, the heightened scrutiny review process can only be pursued with the State’s agreement.

Comment 18: Many commenters requested clarification regarding whether particular requirements, i.e., the opportunity to seek employment and work in a competitive environment was a mandate that applied to all participants in all contexts.

Response 18: The regulations at issue require that the settings possess a number of qualities and opportunities that the participants may or may not access based on the needs of the participants as indicated in their person-centered service plans.

Miscellaneous

Comment 19: One commenter asked that the State consider future program changes in light of the new federal HCBS rule and to adopt a specific process for using the new rule as a benchmark any time a change is made in state rule or policy that would impact a waiver program, including budget directives.

Response 19: New Hampshire is required to comply with federal regulatory requirements and will consider its federal requirements whenever policy decisions are made at the state level.

Comment 20: One commenter asked where the federal requirements can be accessed.

Response 20: The federal requirements are found at 42 CFR 441.301(c)(4)(5) which can be accessed here:
<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

Comment 21: One commenter asked whether the four waivers which will be impacted by HCBS settings requirements are new or existing.

Response 21: Four 1915(c) waivers are currently operating in New Hampshire: Choices for Independence, Acquired Brain Disorder, Developmental Disabilities, and In-Home Supports.

Comment 22: One commenter asked how many adults in New Hampshire are receiving services through the developmental disabilities waiver.

Response 22: The client counts for each waiver are approximately:

DD waiver: 4, 494

CFI waiver: 2,876

ABD waiver: 243

IHS waiver: 323

Comment 23: One commenter asked who will be responsible for person centered planning, how the State will ensure that each individual has a person centered plan and how the State will fund the development of these plans.

Response 23: The principle of person-centered planning is embedded within 441.301(c)(4)(5) and throughout state regulatory instruments governing home and community based service provision. The state will continue to use its regulatory and contracting processes to ensure these obligations are fulfilled.

Comment 24: One commenter asked how the State will define settings being integrated into the greater community.

Response 24: The State, with feedback from the Advisory Taskforce, will be assembling the examples provided by CMS and analyzing them in order to have a comprehensive understanding of federal definitions and thus have a functional definition in accordance with CMS' expectations and guidance.

Comment 25: One commenter asked how the State will define institutional settings given that the new CMS regulations indicate that HCBS funds cannot be used for these settings.

Response 25: After the assessment phase of the draft transition framework is complete and based on those results, the State will align services within the definitions provided by CMS to ensure that federal financial participation can be guaranteed.

Comment 26: With regard to staffed residences, one commenter asked how the State will support an individual's choice of staff member(s).

Response 26: The new federal requirements prioritize participant needs and preferences driving which services the participant receives and from whom. The State, together with the Advisory Taskforce, will explore through the inventory and assessment phases of the transition plan, how best to animate the requirement to support an individual's choice in the services received and the provider elected to provide them.

APPENDIX B
PROVIDER SURVEY/VALIDATION VISIT ASSESSMENT TOOL

Attachment B

NH Provider Self-Assessment of HCBS Community Settings

In March 2014, CMS finalized its HCBS Community Settings Rule that defines and sets criteria for what constitutes a community setting for services delivered under the Home and Community Based Services (HCBS) Waiver Program. The intent of the rule is to assure that individuals receiving services and supports through HCBS funded programs have full access to the benefits of community living and the opportunity to receive services in integrated settings including opportunities to seek employment and work in competitive integrated settings. The HCBS Settings requirements apply to both residential and non-residential settings for individuals who are receiving Medicaid funding for HCBS.

In order to meet the requirements of the new rule, states need to develop a Transition Plan, “detailing any actions necessary to achieve or document compliance with the setting requirements.” States will have up to 5 years to implement the approved plan.

An integral component of developing the Transition Plan is an assessment of existing settings to determine how closely they currently comply with the HCBS Settings Rule; and if they don’t comply with what is required, a plan to come into compliance. This self-assessment will assist in that process. Validation of responses will occur on a random basis with site visits and HCBS participant interviews.

The following questions will assist you in conducting a self-assessment. Please answer “yes”, “not yet”, “no” or “N/A” to each question.

- Answer “yes” when you believe the setting is in full agreement with the question.
- Answer “not yet” when you believe the setting meets the requirements of the question at times or efforts are underway to become in full agreement with the question.
- Answer “no” when you believe the setting does not currently meet the requirements of the question.
- Answer “N/A” in a situation where you are assessing a non-residential setting and the question is specific to residential only (i.e. Does the individual(s) have his/her own bedroom or share a room with a roommate of his/her choice?).

All questions must be answered. Please also provide comments, evidence of compliance or plans to do so when the answer is “no” or “not yet”.

It is not expected that all sites will be in compliance at this point in the process. However, we assume that you aspire to achieve the outcomes articulated in the HCBS Community Settings Rule over the next 5 years. Please be thoughtful and honest in your assessment.

Provider Name:

Provider Address:

Site Address:

Setting Type:

- Residential
- Non-residential

Type of Waiver Funding:

- NH DD
- NH ABD
- NH CFI
- Other State (please specify)

Date assessment completed:

Question Category	Question	Response				Comments, Evidence of Compliance or Remedy
		Yes	Not Yet	No	N/A	
Choice of setting	Are individuals provided a choice regarding where to live (if residential setting) or receive services (if non-residential setting)?					
	Are individuals afforded opportunities to choose with whom to do activities in or outside the setting or are individuals assigned only to be with a certain group of people?					
	Are individuals provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options? Were the options explained to them?					
Participation in activities	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?					
	Are individuals provided the opportunity for tasks and activities matched to individuals' skills, abilities and desires?					
	Are the tasks and activities comparable to those of typical peers (without disabilities)?					
Community participation	Do individuals regularly shop, attend religious services, schedule appointments, eat out with family and friends, etc. as they choose?					

	Are individuals provided opportunities and encouraged to have visitors, and is there evidence that visitors have been present at regular frequencies? <i>For example, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public?</i>				
	Are individuals provided with contact information, access to and support or training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?				
	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.				
	Are individuals offered opportunities that include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities?				
Community employment	Are individuals who want to work provided opportunities to pursue employment in integrated community settings?				
	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?				
Choice of housemate or roommate	Does the individual(s) have his/her own bedroom or share a room with a roommate of his/her choice? Do individuals know how to request a change in roommate?				
	Are married couples or couples in long term relationships provided with a shared or separate bedroom and living accommodation if they choose?				
Own schedule	Are individuals able to choose and control schedules that focus on their specific needs and desires and provide an opportunity for individual growth? <i>For example, can individuals identify preferred activities and participate when and where they choose?</i>				

Access to personal funds	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. <i>For example, is it clear that the individual is not required to sign over his/her paychecks to the provider other than regulated benefits payments?</i>					
Choice related to meals/snacks	Are individuals provided an opportunity to have a meal or snacks at the time and place of their choosing? <i>For instance, are individuals provided full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, affording dignity to the diners?</i>					
	Are opportunities for an alternative meal and/or private dining available if requested by the individual?					
	Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?					
Individual choice	Does the residential or non-residential setting have policies, procedures and/or practices that ensure the informed choice of the individual?					
Free from coercion	Is information about filing any type of complaint available to individuals in an understandable format? Are individuals comfortable discussing concerns? Do individuals know the person to contact or the process to make an anonymous complaint?					
	Are individuals informed of their treatment and service rights, and right to be free from restraint, seclusion, abuse, neglect, and exploitation?					
	Are individuals prevented from engaging in legal activities (for example: voting)?					
Role in person centered service plan	Are individuals assured that they will be supported in developing plans to support their needs and preferences? Are Enhanced Family Care/direct support providers and others knowledgeable about the capabilities, interests, preference and needs of individuals involved in the plan development?					
	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?					
Access to environment	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?					
	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?					
	Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? Is access to certain areas limited due to health and safety reasons?					
Physical environment	Does the physical environment meet the needs of those individuals who require supports? For those individuals who need supports to move about as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? If applicable, are appliances accessible to individuals (<i>e.g. the washer and dryer are front loading for individuals who use wheelchairs</i>)? Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?					
	Does the setting support individual independence and preference? Do individuals have full access to the kitchen, laundry, or living areas?					
	Are personal items present and arranged as the individual prefers? Do the furnishings and décor reflect individual choice and preference?					
Integration and access to the community	Is the setting on the grounds of, or immediately adjacent to a public institution or facility?					
	Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient treatment?					

	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?					
	Does the setting provide individuals with disabilities multiple types of services and activities on-site? <i>(For example: residential, day services, medical, social/recreational, etc.)</i>					
Health information	Is individual health information held securely and confidentially?					
Dignity and privacy	Is all information about individuals kept private? <i>For instance, are there confidentiality policy/practices and are they followed to ensure that? For example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?</i>					
	Are individuals who need assistance with their grooming/personal appearance supported to appear as they desire, and is personal assistance, provided in private, as appropriate?					
	Do individuals have privacy in their bedrooms and bathrooms? Can they lock the doors when they are in use?					
	Do others request permission before entering the individual's home, bedroom, or bathroom?					
Decision making	Are individuals supported to make decisions and exercise autonomy to the greatest extent possible?					
	Does the setting ensure that individual behavioral approaches are specific to the individual and not the same as everyone else and/or restrictive to the rights of every individual receiving services/supports in that setting?					
Communication	Do Enhanced Family Care or paid staff/direct support providers and management personnel interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing support or assistance during the regular course of daily activities?					
	Do residential and non-residential setting practices assure that Enhanced Family Care, paid staff, direct support providers or other caregivers do not talk to others about an individual(s) in					

	the presence of other persons or in the presence of the individual as if s/he were not present?					
	Is communication conducted in a language or manner that the individual understands? <i>(For example: non-English speakers, individuals who are deaf)</i>					
Settings agreement	For residential settings, is there a legally enforceable agreement for the unit or dwelling where the individual resides. Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement? Does the individual know his/her rights regarding housing and when s/he could be required to relocate? Does the individual know about resources that can assist in relocation?					

Comments:

APPENDIX C

PARTICIPANT SURVEY/VALIDATION VISIT ASSESSMENT TOOL

Attachment C

NH HCBS Participant Survey

WHO: We are seeking feedback from all participants who receive funding from the DD, ABD, or CFI Waivers.

You do not have to take this survey. Your decision to take or not take this survey will not affect your health insurance or your medical care. The answers you provide will be kept private and will be analyzed in aggregate, not individually, by the UNH Institute on Disability.

WHAT: This survey asks questions about the settings where you receive your services (residential and/or day/employment). Please choose the answer that best describes your experience overall and add any comments that you think would be helpful.

When you take this survey, it is important to remember that all individuals have the fundamental right to personal freedoms, and if your living situation or program/services are restricted in any way, it must be allowed by an approved individualized plan. If you do not have an individualized plan or don't know why your program/services or living situation has restrictions or limitations, please use the "Comments" section to let us know.

WHY: The Centers for Medicare and Medicaid Services (CMS) is requiring states to review and evaluate current Home and Community-Based Settings (HCBS). There are new rules to make sure that individuals who get Medicaid waiver services and supports have full access to the benefits of community living. The reports generated from the survey responses will be used to assist the New Hampshire Department of Health and Human Services (DHHS) respond to CMS.

If you have any questions about this survey, please contact Linda Bimbo at the UNH/Institute on Disability, Linda.Bimbo@unh.edu

This survey should take you approximately 15-20 minutes to complete. Thank you in advance for your assistance!

HOW TO SUBMIT YOUR SURVEY:

Use the online survey tool to submit your survey answers:

https://unh.az1.qualtrics.com/SE/?SID=SV_863QthEwB8d3lt3

- Mail the completed paper survey to:
UNH/Institute on Disability
56 Old Suncook Road, Concord, NH 03301
Attn: Susan Orr
 - FAX it to 603-228-3270 Attn: Susan Orr
-

Participant Name (Optional): _____

Site Address: _____

Services received at this site are: ___ Residential or ___ Non-residential (i.e. adult day, day/vocational, employment)

Type of Waiver Funding for your services: ___ DD ___ ABD ___ CFI

Do you have a guardian or Power of Attorney? ___ Yes ___ No

A. Choice of setting

1. Did you choose where you live (residential) or where to receive services (non-residential)?

___ Yes ___ No

Comments:

2. Did you visit your residence and/or day program before you began receiving services there?

___ Yes ___ No

Comments:

3. Do you like your home/where you live or receive other services?

___ Yes ___ No ___ Sometimes

Comments:

4. If you wanted to change, do you know how to request new housing or a non-residential service (day or employment services) site change?

___ Yes ___ No

Comments:

5. Are you allowed to use the phone and/or internet (if available) when you want to?

___ Yes ___ No ___ Sometimes

Comments:

B. Choice of housemate or roommate

6. Did you choose (or pick) the people you live with?

Yes No

Comments:

7. Do you know how to change your roommate if you want to?

Yes No

Comments:

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

Yes No

Comments:

9. Have you been moved to another room or made to room with someone without your consent?

Yes No

Comments:

C. Participation in activities

10. Do you participate in the planning and/or engage in meaningful non-work activities Do you participate in the planning of and/or engage in meaningful non-work activities (sports, leisure, social, volunteer, or other activities in the community) Yes

No Sometimes

Comments:

11. Are you supported when you want to do something that's not scheduled?

Yes No Sometimes

Comments:

D. Integration and access to the community

12. 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.)?

Yes No

Comments:

13. Can you see your family or friends when you want to see them?

Yes No Sometimes

Comments:

14. Do you feel isolated in your home or day program/service?

Yes No Sometimes

Comments:

15. Do you regularly leave your home to go shopping, on errands, to a restaurant or coffee shop, or other activity in the community?

Yes No Sometimes

Comments:

16. When you want to go somewhere, do you have a way to get there? (For example, access to public transportation or other resources)

Yes No Sometimes

Comments:

E. Community Employment

17. Do you have a paid job in the community (if you want one)?

Yes No Sometimes

Comments:

18. If yes, are you working as much as you would like to?

Yes No Sometimes

Comments:

19. If you would like to work, is someone helping you with that goal?

Yes No Sometimes

Comments:

F. Own schedule

20. Do you decide on your daily schedule (like when to get up, when to eat, when to go to sleep)?

Yes No Sometimes

Comments:

21. Do you decide on how you spend your free time (when you are not working, in school or at a day program)?

Yes No Sometimes

Comments:

G. Access to personal funds

22. Do you have a bank account or way to control your personal resources?

Yes No Sometimes

Comments:

23. Do you have regular and easy access to personal funds? (For example, do you choose what you buy with your personal spending money?)

Yes No Sometimes

Comments:

H. Choice related to meals/snacks

24. Do you choose when and where to eat?

Yes No Sometimes

Comments:

25. Can you obtain different food if you don't like what is being served (unless you have specific dietary restrictions)?

Yes No Sometimes

Comments:

26. Do you have access to the kitchen and refrigerator when you choose (unless you have specific dietary restrictions)?

Yes No Sometimes

Comments:

I. Individual needs/preferences

27. Does your case manager/service coordinator ask you what you want?

Yes No Sometimes

Comments:

28. If you ask for something, does your case manager/service coordinator help you get what you need?

Yes No Sometimes

Comments:

J. Freedom from coercion

29. Are you comfortable discussing concerns (things that upset or worry you) with someone where you live or receive other services?

Yes No Sometimes

Comments:

30. Do you know who to contact to make a complaint?

Yes No

Comments:

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

Yes No Sometimes

Comments:

32. In your home or where you receive services, have you been placed in seclusion, physically restrained, or chemically restrained against your wishes? If yes, please comment.

Yes No

Comments:

K. Role in person centered service plan

33. Did you help make your service plan?

Yes No

Comments:

34. Does your service plan get updated when you express a desire to change the type, how often, or the provider of supports/services?

Yes No Sometimes

Comments:

35. Was the planning meeting scheduled at a time and place convenient to you , your family or anyone else you wanted to participate?

Yes No

Comments:

36. Did you receive a copy of your service plan?

Yes No

Comments:

L. Access to living environment

37. Can you move about freely inside and outside your home?

Yes No Sometimes

Comments:

38. If access is limited in your home, do you have an individual plan describing the reasons for the limitation?

Yes No

Comments:

39. Do you have full access to the kitchen, laundry, and other living spaces?

Yes No Sometimes

Comments:

40. Do you have your own keys to your house or your room?

Yes No

Comments:

M. Physical environment

41. Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?

Yes No Sometimes

Comments:

42. Is the furniture in your bedroom or living space arranged as you like? It is according to your likes and taste?

Yes No Sometimes

Comments:

N. Dignity and privacy

43. Do you have enough privacy at home?

Yes No Sometimes

Comments:

44. Do you have a safe place to store your personal belongings?

Yes No Sometimes

Comments:

45. Can you close and lock the bedroom or bathroom door (if safe to do so)?

Yes No Sometimes

Comments:

46. Do people ask permission before coming into your home or bedroom?

Yes No Sometimes

Comments:

O. Communication

47. Are you treated with respect where you live or receive other services?

Yes No Sometimes

Comments:

48. Do the people who support you/your staff talk about you or your roommates in front of you?

Yes No Sometimes

Comments:

49. Do you feel empowered to make your own decisions?

Yes No Sometimes

Comments:

50. 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?

Yes No Sometimes

Comments:

P. Housing/rental agreement

51. Do you have a housing/rental agreement with your name on it?

Yes No Unknown

Comments:

52. If yes, does the written agreement outline your legal rights, protect you against unreasonable eviction and allow appeals of eviction or discharge?

Yes No Unknown

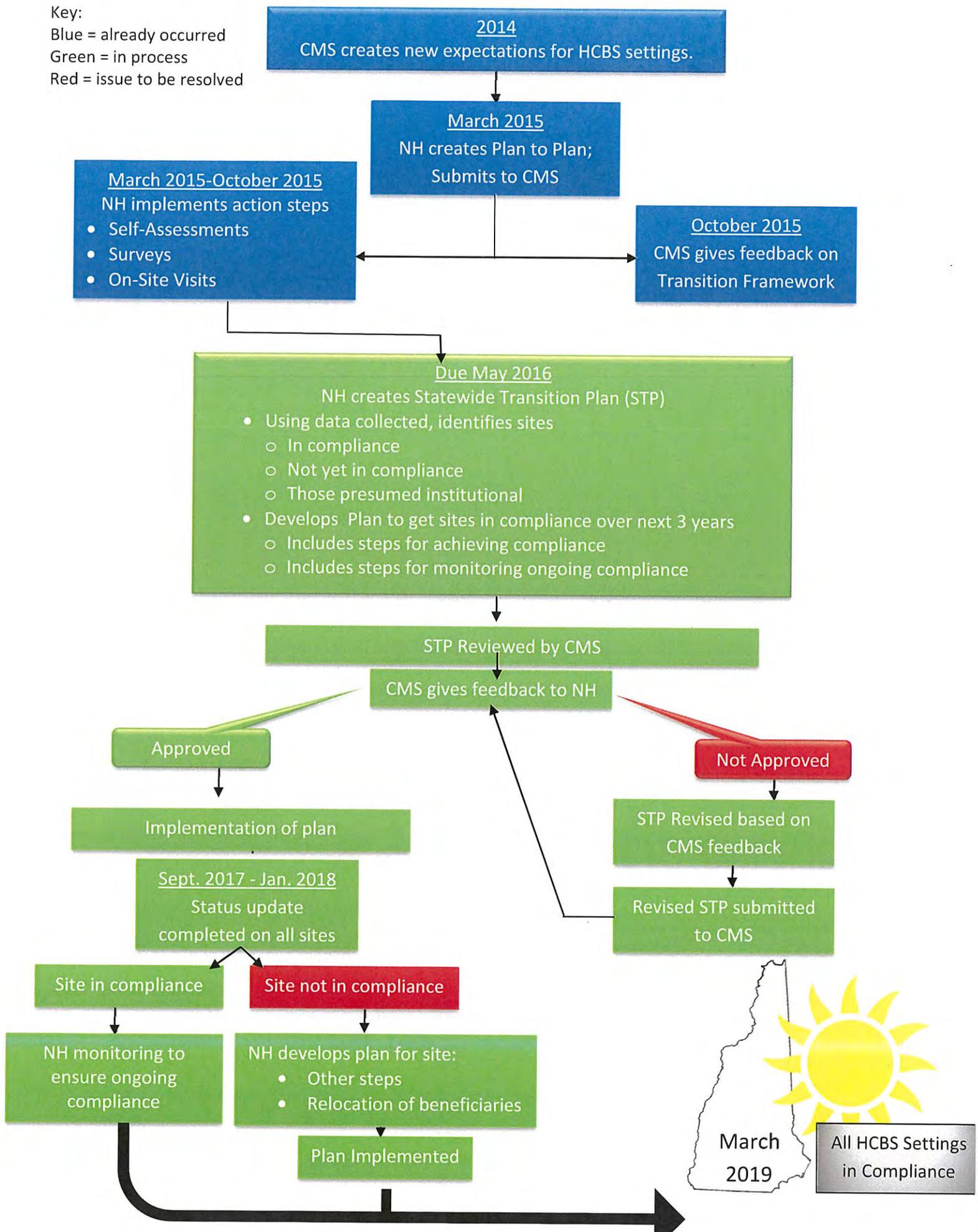
Comments:

Q. Additional Comments:

APPENDIX D
NEW HAMPSHIRE STP IMPLEMENTATION FLOW CHART

ATTACHMENT D - NEW HAMPSHIRE'S IMPLEMENTATION FLOW CHART

Key:
 Blue = already occurred
 Green = in process
 Red = issue to be resolved



APPENDIX E
REMEDIATION FORM

ATTACHMENT E - REMEDIATION PLAN FOR HCBS COMPLIANCE

Oversight Agency: _____

Provider: _____

Site Address: _____

Date of visit: _____

TOPIC AREA	CONCERN	ACTION PLAN FOR FULL COMPLIANCE	DATE OF COMPLETION

- Provider is expected to complete form/steps within 21 days of site visit and return form to Waiver Transition Team.
- Waiver Transition Team will review the plan and complete a follow-up visit, as appropriate within five days of the submission date of the Remediation Plan Form.
- Waiver Transition Team will approve/disapprove plan.
- If plan is disapproved, provider will make edits and resubmit plan.

Person responsible: _____

Contact information: Phone #: _____

Email Address: _____

WTT verification:

Completed by: _____

Date: _____

APPENDIX F-1
DD/ABD REGULATORY ANALYSIS
He-M 1001 & He-P 814

Attachment F-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

COMMUNITY LIVING FACILITY – COMMUNITY RESIDENCE (RSA 126-a:19, et seq., He-M 1001, and He-P 814)

This analysis is for both certified residences pursuant to He-M 1001 and licensed community residences pursuant to He-P 814.

126-A:19 Community Living Facilities

The commissioner shall develop a statewide program of community living facilities for persons with developmental disabilities or mental illnesses. The commissioner shall be responsible for the selection, certification, and monitoring of such community living facilities in accordance with rules adopted by the commissioner pursuant to RSA 541-A. The commissioner shall also be responsible for prior approval of all individual residential placements and shall adopt rules relative to monitoring the care, treatment, and habilitation provided to all residents of community living facilities. Rates for enhanced family care residents shall be set according to the severity of the resident's disability. Placements of children shall be consistent with RSA 170-A [Interstate Compact on the Placement of Children], 170-C [Termination of Parental Rights], and 170-E [Child Day Care, Residential Care, and Child Placing Agencies], as appropriate. Approval by the commissioner of an individual for placement in a community living facility shall be based on a finding by the commissioner that the community living facility is the least restrictive environment appropriate to the needs of the individual. "Least restrictive environment" means the facility, program, or service which least inhibits a person's freedom of movement, freedom of choice, and participation in the community, while achieving the purposes of habilitation and treatment.

126-A:24 Placement.

Community living facilities serving persons with developmental disabilities shall be considered a part of the service delivery system as defined in RSA 171-A.

He-M 517.04 Provider Participation

- (a) Except as allowed by (b) below, all community residences shall be certified pursuant to He-M 1001. Community residences that serve 4 or more people shall also be licensed by the bureau of health facilities administration in accordance with RSA 151:2, I, (e) and He-P 814.
- (b) A residence funded under the home and community-based care waiver that provides services to persons with acquired brain disorders and is licensed as a supported residential care facility or a residential treatment and rehabilitation facility under RSA 151:2, I, (e) shall not be required to be certified as a community residence pursuant to He-M 1001.

He-M 1001.02 Definitions

- (k) "Community residence" means either an agency residence or family residence, exclusive of any independent living arrangement, that:
- (1) Provides residential services for at least one individual with a developmental disability in accordance with He-M 503, or an acquired brain disorder in accordance with He-M 522;
 - (2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be without supervision for specified periods of time;
 - (3) Serves individuals whose services are funded by the department; and
 - (4) Is certified pursuant to He-M 1001.

He-M 1001.03 Administrative Requirements.

- (a) A community residence shall have no more than 3 persons receiving paid services in the residence

Attachment F-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

without regard to payment source.

- (b) A community residence that was certified prior to September 1, 1994 for more than 3 individuals shall be exempt from (a) above. Such a residence shall not be recertified to serve more individuals than it was certified to serve on September 1, 1994.
- (c) Any community residence serving 4 or more individuals shall be licensed as required by RSA 151:2.
- (e) If a community residence serving persons who are 18 years of age or older intends to serve, or is serving, a person(s) who is under 18 years of age, it shall obtain written approval for such an arrangement from the guardian(s) of the person(s) under age 18 and the area agency.
- (f) A community residence that serves a person(s) who is under 18 years of age shall be licensed as a foster family home pursuant to RSA 170-E:31-32.

He-P 814.03 Definitions

(m) "Community residence" means a facility of 4 or more individuals that is both certified by the department under RSA 126-A and licensed by the department under RSA 151, and that is operating in accordance with He-M 1001 or He-M 1002. The term includes "home".

He-P 814.16 Required Facility and Individual Services

Each CR [community residence] shall provide, at a minimum, services and programs for the individuals they provide services to in accordance with He-M 1001 or He-M 1002.

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4): Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>No action required. The following rules are currently compliant – He-M 310.06(a)(7), 310.06(d), He-M 503.10(c), and He-M 1001.05(b)</p>	

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources</p>	<p>He-M 310.06(a), 310.06(d), and He-M 503.10(c)(10) are currently compliant. He-M 503.10(c)(11) is currently silent regarding that the documentation is based on resources available for room and</p>	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

and for room and board.	board. This provision will be added to the regulation. He-M 522 is currently non-compliant with this requirement and will be amended to be the same as He-M 503.10(c)(10) and (11).	
NH Statute/Regulation and Analysis		
Compliance Action Required		
Timing		
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.		
	No compliance action necessary. The following rules are compliant with this requirement: He-M 310.05(a),(c) and (d), 310.06(17), He-M 310.09(a)(4), He-M 1001.03(m) and He-M 1001.07.	

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis		
Compliance Action Required		
Timing		
(iv): 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.		
	The following rules are currently compliant: He-M 310.06(a)(7), 310.09(a)(5), He-M 503.07(b), and He-M 522.09(b).	

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis		
Compliance Action Required		
Timing		
(v): Facilitates individual choice regarding services and supports, and who provides them.		
	He-M 503.08-503.10 meets this requirement. He-M 522 is currently compliant as well, but will be amended to include the same language as 503.08-503.10. He-M 310.06(a)(4) a. is currently non-compliant and will be amended to read: "Is directed by the individual or representative, where possible."	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

Community Living Facility-Community Residence		
NH Statute/Regulation	Compliance Action Required	Timing
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:		
(A) 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.		
	New Hampshire landlord tenant law currently excepts these settings from the protections therein. A legal review will be conducted to determine what changes are necessary to NH statutes and/or rules to comply with this requirement.	Jan – June 2017 legal review will be complete and compliance steps will be identified.
(B) <u>Each individual has privacy in their sleeping or living unit:</u> (1) <u>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</u> (2) <u>Individuals sharing units have a choice of roommates in that setting.</u> (3) <u>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</u>		
	He-M 310.09(a) is currently compliant. He-M 1001.03 is currently silent on items (1)-(3) He-M 1001.03 will be amended to provide: "An individual's rights in accordance with He-M 310.09 shall be protected." As noted above, a legal review will be conducted regarding	Jan – June 2017 Jan – June 2017; legal review will be complete and compliance steps will be identified.

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

	changes necessary regarding "lease or other agreement."	
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Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
<u>Freedom and support to control their own schedules and activities:</u>	No compliance action necessary. The following rules are currently compliant: He-M 310.06(a)(7), 310.09(a)(5), He-M 503.07(b), and He-M 522.09(b).	
<u>Access to food at any time:</u>	No compliance action necessary. The following rules are already in compliance: He-M 310.09(5), and He-M 1001.06(k).	

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(D) Individuals are able to have visitors of their choosing at any time.		
	No compliance action necessary. He-M 310.09(3)(c) complies with this requirement.	

Community Living Facility-Community Residence		
NH Statute/Regulation	Compliance Action Required	Timing
(E) The setting is physically accessible to the individual.		
	No compliance action necessary. He-M 310.09(a)(2) is in compliance.	

Community Living Facility-Community Residence		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(F): Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service		
	He-M 310.09(i) and He-M 503.10(i) and (j) are in compliance with this requirement. He-M 522 is silent on this	Jan – June 2017 Jan – June 2017, legal

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

	<p>requirement. It will be amended to include the language of He-M 503.10(i) and (j).</p> <p>As noted above, a legal review will be conducted regarding changes necessary regarding "lease or other agreement." Upon the completion of said review, changes can then be made.</p>	<p>review will be complete and compliance steps will be identified.</p>
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APPENDIX F-2
DD/ABD REGULATORY ANALYSIS
He-P 807

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

RESIDENTIAL TREATMENT AND REHABILITATION FACILITIES

(RSA 151:2, I(e) & He---P 807)

The residential treatment and rehabilitation facility is a licensed setting.

RSA 151:2

I. The following facilities shall not be established, conducted, or maintained without acquiring a license under this chapter: . . .

(e) Residential care facilities, whether or not they are private homes or other structures built or adapted for the purpose of providing residential care, offering services beyond room and board to 2 or more individuals who may or may not be elderly or suffering from illness, injury, deformity, infirmity or other permanent or temporary physical or mental disability. Such facilities shall include those:

- (1) Offering residents home---like living arrangements and social or health services including, but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications; or
- (2) Offering residents social, health, or medical services including, but not limited to, medical or nursing supervision, medical care or treatment, in addition to any services included under subparagraph (1).

Such homes or facilities shall include, but not be limited to, nursing homes, sheltered care facilities, rest homes, residential care facilities, board and care homes, or any other location, however named, whether owned publicly or privately or operated for profit or not.

Note: The RTRF licensing rule, He---P 807.01, incorrectly references RSA 151:2, I(d) as the governing statute. The Health Facilities Administration verified that the correct reference is RSA 151:2, I(e).

He---P 807.03 Residential Treatment and Rehabilitation Facilities

“Residential treatment and rehabilitation facility“(RTRF) 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, psychosocial, vocational, educational and or substance abuse therapy needs.

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4) In Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(ii) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The following rules are currently compliant with all elements of this requirement: He-M 310.06(a)(7), 310.06(d), and He-M 503.10(c).</p> <p>He-F 807.14 (a) provides that the licensee shall comply with all relevant federal, state, and local laws, rules, codes, and ordinances as applicable. Thus, the licensee must comply with He-M 310 and He-M 503 as applicable, which are compliant with this requirement.</p>	

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
<p>(iii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>He-M 310.06(a) and He-M 503.10(c)(10) are currently compliant. He-M 503.10(c)(11) is currently silent regarding that the documentation is based on resource available for room and board. This provision will be added to the regulation. He-M 522 is currently not-compliant with this requirement and will be amended to be the same as He-M 503.10(c)(10) and (11).</p>	<p>Jan - June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.		
	No compliance action necessary. The following rules are compliant with this requirement: He-M 310.05(a),(c) and (d), 310.06(17), He-P 807.14 (n), and He-P 807.14(g)-(j).	

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(iv): 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.	No compliance action required. The following rules are currently compliant: He-M 310.05(a)-(d), He-M 310.06(17), and He-M 522.00(b). He-M 807.14(n) requires the licensee to comply with RSA 151:21. RSA 151:21 complies with this requirement.	

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(v): Facilitates individual choice regarding services and supports, and who provides them.		
	He-M 503.08-503.10 meets this requirement. He-M 522 is currently compliant as well, but will be amended to include the same language as 503.08-503.10.	Jan - June 2017 for change to He-M 310

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

	<p>He-M 310.06(a)(4) a. is currently non-compliant and will be amended to read:</p> <p>“Is directed by the individual or representative, where possible.”</p> <p>He-P 807 currently requires a “care plan,” which is developed by a different process than He-M 503 and 522. A legal review will be conducted to determine whether any changes are necessary to this rule to comply with this requirement.</p>	<p>Jan - June 2017 legal review of He-P 807 will be complete and any compliance steps will be identified.</p>
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Residential Treatment and Rehabilitation Facility (RTRF)		
NF State Regulation and Analysis	Compliance Action Required	Dates
<p>(v) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord-tenant law of the State, county, city, or other designated entity. For settings in which landlord-tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord-tenant law.</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

	<p>New Hampshire landlord tenant law currently exempts these settings from the protections therein. A legal review will be conducted to determine what changes are necessary to NH statutes and/or rules to comply with this requirement.</p>	<p>Jan - June 2017, legal review will be complete and compliance steps will be identified</p>
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Residential Treatment and Rehabilitation Facility (RTRF)		
NE Statute/Regulation and Analysis	Compliance Action Required	Timing
<p>(B) Each individual has privacy in their sleeping or living unit:</p> <p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p> <p>(2) Individuals sharing units have a choice of roommates in that setting.</p> <p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>		
	<p>RSA 151:21, XV provides the resident with the right to the choice of roommate.</p> <p>RSA 151:21 and He-P 807 are silent with respect to requirements (1) and (3). He-P 807.14(p)(2) is currently non-compliant with requirement (2). A legal review will be conducted to determine whether any changes are necessary to this rule to comply with this requirement.</p> <p>As noted above, a legal review will be conducted regarding changes necessary regarding "lease or other agreement."</p>	<p>Jan - June 2017 legal review will be complete and any compliance steps will be identified.</p> <p>Jan - June 2017, legal review will be complete and</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

		compliance steps will be identified
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Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
<u>Freedom and support to control their own schedules and activities:</u>	No compliance action necessary. The following rules are currently compliant: He-M 310.06(a)(7), 310.09(a)(5), He-M 503.07(b), and He-M 522.09(b).	
<u>Access to food at any time:</u>	He-P 807 is not compliant with this requirement. A legal review will be conducted to determine whether any changes are necessary to this rule to comply with this requirement.	Jan - June 2017, legal review will be complete and any compliance steps will be identified.

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(D) Individuals are able to have visitors of their choosing at any time.		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

State uses to review/approve them.	No compliance action necessary RSA 151:21 complies with this requirement.	
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Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(E) The setting is physically accessible to the individual.		
	He-P 807.23(a) complies with this requirement.	

Residential Treatment and Rehabilitation Facility (RTRF)		
NH Statute/Regulation and Analysis	Compliance Action Required	Timing
(F): Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person--centered service plan.		
	<p>He-M 503.10(i) and (j) are in compliance with this requirement. He-M 522 is silent on this requirement. It will be amended to include the language of He-M 503.10(i) and (j).</p> <p>As noted above, a legal review will be conducted regarding changes necessary regarding "lease or other agreement." Upon the completion of said review, changes can then be made.</p> <p>He-P 807 currently requires a "care plan," which is developed by a different process than He-M 503 and 522. A legal review will be</p>	<p>Jan - June 2017</p> <p>Jan - June 2017 legal review will be complete and compliance steps will be identified.</p> <p>Jan - June 2017 legal review will be complete and any</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for Individuals with Developmental Disabilities and Acquired Brain Disorders

	conducted to determine whether any changes are necessary to this rule to comply with this requirement.	compliance steps will be identified.
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APPENDIX G-1
CFI REGULATORY ANALYSIS
He-P 813

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

**ADULT FAMILY CARE RESIDENCE
(RSA 151:9, VIII & He-P 813)**

The adult family care setting is a certified residential care facility.

RSA 151:2.

II. This chapter shall not be construed to require licensing of the following: . . . (b) Facilities maintained or operated for the sole benefit of persons related to the owner or manager by blood or marriage within the third degree of consanguinity.

IV. Rules for residential care facilities and supported residential care facilities, as defined in rules adopted by the department pursuant to RSA 541-A, which are licensed pursuant to RSA 151:2, I(e) or certified in accordance with RSA 151:9, VIII, shall permit such facilities to admit residents who have been determined eligible for nursing facility services under a Medicaid home and community-based care waiver for the elderly and chronically ill and who have been referred to such a facility as an alternative to placement in a nursing facility, provided that the clinical services and supports required by the person can be provided or obtained in the facility. No bed may be licensed in both the nursing facility and residential care facility categories at the same time.

RSA 151:9

VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a home-like living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.

151-E:2 Definitions.

VIII. "Residential care facility" means a facility, including a supported residential care facility, which provides services to 2 or more individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents home-like living arrangements, social, health, or medical services, including but not limited to, medical or nursing supervision, or medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care. "Residential care facility" shall also include a facility certified in accordance with RSA 151:9, VIII.

He-P 813.03 Definitions

(d) "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.

(e) "Adult family care residence (AFRC)" means the dwelling in which AFC is provided for one or 2 residents.

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFRC)

NH Statute/Regulation	Compliance Action Required	Timing
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in</p>		

Attachment G-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<ul style="list-style-type: none"> • <i>Amend He-E 801.02(j) to read -</i> “Comprehensive care plan” means an individualized plan described in He-E 805.05 that is the result of a person-centered process that identifies the strengths, capacities, preferences, and desired outcomes of the participant.” <i>Amend He-E 805.05(b)(2) to read -</i> “(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas: <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; h. Community participation, including the participant’s need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; i. Desired setting where individual will reside; and j. Any other area identified by the participant as being important to his or 	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>her life”</p> <p><i>Amend He-P 813.04(h) to read-</i> “The family provider shall provide or arrange for the resident with access to community activities, including:</p> <ul style="list-style-type: none"> (1) Religious services; (2) Social and cultural events; (3) Educational activities; (4) Recreational activities; (5) Opportunities for the resident to visit with his or her family and friends; and (6) Employment activities.” 	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Amend He-E 805, the case management rule, to require identification and documentation of setting options and choice of setting in the CFI comprehensive care plan process.</p> <p><i>Amend He-E 805.05(b)(2) to read -</i> “(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, 	<p>Jan - June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>accessibility and safety;</p> <p>d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual;</p> <p>e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime;</p> <p>f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk;</p> <p>g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney;</p> <p>h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities;</p> <p>i. Desired setting where individual will reside; and</p> <p>j. Any other area identified by the participant as being important to his or her life"</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<ul style="list-style-type: none"> Amend AFCR rules to make clear the resident's right to refuse care. <i>Amend He-P 813.04(c) to read –</i>"Family providers shall follow the orders of the licensed practitioner or other licensed professional with prescriptive authority for each resident and when a resident refuses care, ensure the resident understands the potential consequences of such an action." 	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p align="center">Amend He-E 801.24 to read:</p> <p>(d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients':</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<ul style="list-style-type: none"> Amend He-P 813.15(a) to include, in addition to language already there – “The AFCR’s emergency and fires safety plan developed pursuant to He-P 813.20(d).” 	<p align="center">Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NI Statute/Regulation	Compliance Action Required	Timing
(y) Facilitates individual choice regarding services and supports, and who provides them.	<ul style="list-style-type: none"> Amend He-P 813.03(ab) to read- "Person-centered" means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals." Ensure the AFCR allows the individual to be treated by his/her physician of choice. <i>Patient's Bill of Rights already requires this.</i> 	Jan – June 2017

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NI Statute/Regulation	Compliance Action Required	Timing
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	No changes required.	
<p>(B) Each individual has privacy in their sleeping or living unit:</p> <p>(1) Units have entrance doors lockable by the individual, with only</p>		

Attachment G-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>appropriate staff having keys to doors.</p> <p>(2) Individuals sharing units have a choice of roommates in that setting.</p> <p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p><i>Amend He-P 813.19</i></p> <p>He-P 813.19 <u>Physical Environment.</u></p> <p>(b) The family provider shall protect the resident's right to privacy and shall only enter the resident's bedroom if:</p> <p>(1) Invited; or</p> <p>(2) For the purpose of providing necessary care and services</p> <p>(d) Each resident bedroom shall:</p> <p>(1) Contain no more than 2 beds;</p> <p>(2) Have its own separate entry to permit the resident to reach his or her bedroom without passing through the room of another resident;</p> <p>(3) Not be used as an access way to a common area or another bedroom or for any other purposes;</p> <p>(4) Be separated from halls, corridors and other rooms by floor to ceiling walls;</p> <p>(5) Have at least one operable window with a tightly fitting screen to the outside; and</p> <p>(6) Be lockable by the resident.</p> <p>(f) The certified home family provider shall provide the following for the resident's use:</p> <p>(1) A bed appropriate to the needs of the resident, including a mattress, pillow, linens and blankets;</p> <p>(2) Clean linens for personal care;</p> <p>(3) Furniture including, a bureau, mirror, and lamp;</p> <p>(4) Easily accessible closet or storage space for clothing and</p>	<p>Jan – June 2017</p>

Attachment G-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
	personal belongings; (5) Window blinds or curtains that provide privacy; (6) A lockable container for the storage of medications; and (7) A key to the resident's bedroom.	
(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
(D) Individuals are able to have visitors of their choosing at any time.		
(E) The setting is physically accessible to the individual.	Amend He-P 813.19(a) to read – (a) Living space and outdoor space shall be arranged and maintained as to provide for the health, safety and physical accessibility of all household members.	Jan – June 2017
(F) Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.		

Attachment G-1

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Adult Family Care Residence (AFCR)		
NH Statute/Regulation	Compliance Action Required	Timing
(7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.		

APPENDIX G-2
CFI REGULATORY ANALYSIS
He-P 601, 809, & 822

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

**HOME SETTING – HOME HEALTH CARE PROVIDER, HOME CARE SERVICE PROVIDER, & OTHER QUALIFIED AGENCY
(RSA 151:2-b, RSA 161-I:2, & He-P 601, 809, & 822)**

The home health care provider and home care service provider are licensed agencies. The Other Qualified Agency is a certified agency.

RSA 151:2-b Home Health Care Provider and Individual Home Care Service Provider.

- I. "Home health care provider" means any organization, business entity, or subdivision thereof, 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: nursing services, home health aide services, or other therapeutic and related services which may include, but shall not be limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services, and homemaker services, which may be of a preventive, therapeutic, rehabilitative, health guidance or supportive nature to persons in their places of residence.
- II. Home health care providers which provide only homemaker services and no other health care services as listed in paragraph I of this section shall be issued a license limiting their services to homemaker services.
- III. Home health care providers that provide only personal care services and no other health care services as listed in paragraph I of this section shall be issued a license limiting their services to personal care services.

RSA 161-I:2

IX. "Other qualified agency" means those entities authorized to offer personal care services and/or intermediary services by the department in accordance with rules adopted pursuant to RSA 541-A.

He-P 601.03 Definitions

(q) "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 809.03 Definitions

(ab) "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 822.03 Definitions

(z) "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.

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)

NH Statute/Regulation	Compliance Action Required	Timing
<p>greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<ul style="list-style-type: none"> • Amend CFI rules to include a comprehensive care plan focus on supports for employment and regular participation in non-work activities, including volunteer activities, that is desired by the resident and outside of the residential setting. <p><i>Amend He-E 801.02(j) to read -</i> “Comprehensive care plan” means an individualized plan described in He-E 805.05 that is the result of a person-centered process that identifies the strengths, capacities, preferences, and desired outcomes of the participant.”</p> <p><i>Amend He-E 805.05(b)(2) to read -</i> “(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ol style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of 	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)

NH Statute/Regulation	Compliance Action Required	Timing
	<p>attorney;</p> <p>h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities;</p> <p>Desired setting where individual will reside; and</p> <p>j. Any other area identified by the participant as being important to his or her life"</p>	
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>		
	<p><i>Amend He-E 805.05(b)(2) to read -</i></p> <p>"(2) Culminate in a written document that describes the participant's abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant's in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; 	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
	h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; i. Desired setting where individual will reside; and j. Any other area identified by the participant as being important to his or her life"	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<ul style="list-style-type: none"> Requirement is already met by RSA 151:21-b 	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
(iv) 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.		

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
(v) Facilitates individual choice regarding services and supports, and who provides them.	<i>Amend He-P 809.03(k) to read –</i> "Care plan" means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OOA)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>preferences, strengths, capacities, needs, and desired outcomes or goals.</p> <p><i>Amend He-P 822.03(av) to read –</i> (av) “Service plan” means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.”</p> <p><i>Amend He-P 601.03(t) to read –</i> “Person-centered” means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p> <p><i>Amend He-E 805.02(q) to read –</i> “Person-centered” means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OOA)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) 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</p>		

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

**Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting
Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency
(OQA)**

NH Statute/Regulation	Compliance Action Required	Timing
<p>landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p> <p>(B) Each individual has privacy in their sleeping or living unit:</p> <ol style="list-style-type: none"> (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (2) Individuals sharing units have a choice of roommates in that setting. (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. <p>(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p> <p>(D) Individuals are able to have visitors of their choosing at any time.</p> <p>(E) The setting is physically accessible to the individual.</p> <p>(F) Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ol style="list-style-type: none"> (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. 		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>		
	<p>Amend He-E 801.24 to read: (d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients':</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their</p>	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Home/Apartment Setting Home Health Care Providers (HHCP), Home Care Service Providers (HCSP) & Other Qualified Agency (OQA)		
NE Statute/Regulation	Compliance Action Required	Timing
	choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.	

APPENDIX G-3
CFI REGULATORY ANALYSIS
He-P 804

Attachment G-3

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

ASSISTED LIVING RESIDENCE - RESIDENTIAL CARE

(RSA 151:2, I(e) & He-P 804)

The assisted living residence-residential care setting is a licensed setting.

RSA 151:2, I(e): Residential care facilities, whether or not they are private homes or other structures built or adapted for the purpose of providing residential care, offering services beyond room and board to 2 or more individuals who may or may not be elderly or suffering from illness, injury, deformity, infirmity or other permanent or temporary physical or mental disability. Such facilities shall include those:

- (1) Offering residents home-like living arrangements and social or health services including, but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications; or
- (2) Offering residents social, health, or medical services including, but not limited to, medical or nursing supervision, medical care or treatment, in addition to any services included under subparagraph (1).

Such homes or facilities shall include, but not be limited to, nursing homes, sheltered care facilities, rest homes, residential care facilities, board and care homes, or any other location, however named, whether owned publicly or privately or operated for profit or not.

RSA 151:9, VII(a): The rules adopted under RSA 151:9, I for residential care facilities shall, in establishing licensure classifications, recognize the following licensure levels which correspond to a continuum of care requiring different programs and services to assure quality of life in the least restrictive environment possible:

- (1) Residential care, requiring a minimum of regulation and reflecting the availability of assistance in personal and social activities with a minimum of supervision or health care, which can be provided in a home or home-like setting.

151-E:2 Definitions.

I. "Assisted living facility" means a facility with individual living units where medical and social support services are provided on the basis of an individualized plan of care and which provides other common social support services.

VIII. "Residential care facility" means a facility, including a supported residential care facility, which provides services to 2 or more individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents home-like living arrangements, social, health, or medical services, including but not limited to, medical or nursing supervision, or medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.

He-P 804.03 Definitions

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

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4): Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NI Statute/Regulation	Compliance Action Required	Timing
<p>seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<ul style="list-style-type: none"> • <i>Amend He-E 801.02(j) to read -</i> “Comprehensive care plan” means an individualized plan described in He-E 805.05 that is the result of a person-centered process that identifies the strengths, capacities, preferences, and desired outcomes of the participant. <i>Amend He-E 805.05(b)(2) to read –</i> (2) Culminate in a written document that describes the participant’s abilities and needs in the following areas: <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; h. Community participation, including the participant’s need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; i. Desired setting where individual will reside; and j. Any other area identified by the participant 	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>as being important to his or her life</p> <p><i>Amend He-P 804.16(b) to add the following to the language already there</i> – Information on access to supports for employment or participation in community activities;</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><i>Amend He-E 805.05(b)(2) to read –</i></p> <p>(2) Culminate in a written document that describes the participant's abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant's in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; h. Community participation, including the 	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver

	participant’s need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; i. Desired setting where individual will reside; and j. Any other area identified by the participant as being important to his or her life	
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Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.		

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
(iv): 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.		
	<i>Amend He-P 804.16(b) to add the following to the language already there – Evacuation Drill requirements and procedures.</i>	Jan – June 2017

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
(v): Facilitates individual choice regarding services and supports, and who provides them.		
	<i>Amend He-E 804.03(k) to read –</i> “Care plan” means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals. <i>Amend He-E 805.02(q) to read –</i>	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
	<p>“Person-centered” means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
<p>(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p> <p>(D) Individuals are able to have visitors of their choosing at any time.</p> <p>(E) The setting is physically accessible to the individual.</p> <p>(F) Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan</p>		
	<p><i>Amend He-E 801.24 to read –</i></p> <p>(d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’:</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.</p>	<p>Jan – June 2017</p>

APPENDIX G-4
CFI REGULATORY ANALYSIS
He-P 805

Attachment G-4

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

**ASSISTED LIVING RESIDENCE – SUPPORTED RESIDENTIAL HEALTH CARE FACILITY
(RSA 151:2, I(e) & He-P 805)**

The assisted living residence-supported residential health care facility setting is a licensed setting.

RSA 151:2, I(e): Residential care facilities, whether or not they are private homes or other structures built or adapted for the purpose of providing residential care, offering services beyond room and board to 2 or more individuals who may or may not be elderly or suffering from illness, injury, deformity, infirmity or other permanent or temporary physical or mental disability. Such facilities shall include those:

- (1) Offering residents home-like living arrangements and social or health services including, but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications; or
- (2) Offering residents social, health, or medical services including, but not limited to, medical or nursing supervision, medical care or treatment, in addition to any services included under subparagraph (1).

Such homes or facilities shall include, but not be limited to, nursing homes, sheltered care facilities, rest homes, residential care facilities, board and care homes, or any other location, however named, whether owned publicly or privately or operated for profit or not.

RSA 151:9, VII(a): The rules adopted under RSA 151:9, I for residential care facilities shall, in establishing licensure classifications, recognize the following licensure levels which correspond to a continuum of care requiring different programs and services to assure quality of life in the least restrictive environment possible: . . .

- (2) Supported residential health care, reflecting the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents of the facility who may be convalescing from an illness and these residents shall be capable of self-evacuation.

151-E:2 Definitions.

I. “Assisted living facility” means a facility with individual living units where medical and social support services are provided on the basis of an individualized plan of care and which provides other common social support services.

VIII. “Residential care facility” means a facility, including a supported residential care facility, which provides services to 2 or more individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents home-like living arrangements, social, health, or medical services, including but not limited to, medical or nursing supervision, or medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.

He-P 805.03 Definitions

(bi) “Residential board and care”, as defined in NFPA 101 of the fire code, means a facility where residents are provided with personal care and activities that foster continued independence and residents are trained and required to respond to fire drills to the extent they are able. These facilities are further grouped as “small”, 4-16 beds or “large”, over 16 beds.

(bj) “Residential care facility”, as defined in NFPA 101 of the fire code, means a long term care residence providing personal assistance at the residential care level pursuant to RSA 151:9, VII(a)(1).

(bu) “Supported residential health care facility (SRHCF)” means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9, VII(a)(2).residence providing personal assistance at the residential care level pursuant to RSA 151:9, VII(a)(1).

Attachment G-4

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4): Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>		
	<p><i>Amend He-E 801.02(j) to read -</i> “Comprehensive care plan” means an individualized plan described in He-E 805.05 that is the result of a person-centered process that identifies the strengths, capacities, preferences, and desired outcomes of the participant.</p> <p><i>Amend He-E 805.05(b)(2) to read -</i> “(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as 	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>well as health, social or behavioral issues that may indicate a risk;</p> <p>g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney;</p> <p>h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities;</p> <p>i. Desired setting where individual will reside; and</p> <p>j. Any other area identified by the participant as being important to his or her life"</p> <p><i>Amend He-P 805.16(c) by adding the following to the language already in place –</i></p> <p>"Information on access to supports for employment or participation in community activities."</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><i>Amend He-E 805.05(b)(2) to read –</i></p> <p>"(2) Culminate in a written document that describes the participant's abilities and needs in the following areas:</p> <p>a. Biopsychosocial history;</p> <p>b. Functional ability, including activities of daily living and instrumental activities of daily living;</p> <p>c. Living environment, including the participant's in-home mobility, accessibility and safety;</p>	<p>Jan – June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual;</p> <p>e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime;</p> <p>f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk;</p> <p>g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney;</p> <p>h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities;</p> <p>i. Desired setting where individual will reside; and</p> <p>j. Any other area identified by the participant as being important to his or her life"</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.		

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
(iv): 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.		
	<i>Amend He-P 805.16(c) to add the following to the language already there – "Evacuation Drill requirements and procedures."</i>	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
(v): Facilitates individual choice regarding services and supports, and who provides them.	<p><i>Amend He-E 805.03(k) to read –</i> “Care plan” means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p> <p><i>Amend He-E 805.02(q) to read –</i> “Person-centered” means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p>	Jan – June 2017

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) 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</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
provided under the jurisdiction's landlord tenant law.	No compliance action required.	
<p>(B) Each individual has privacy in their sleeping or living unit:</p> <p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p> <p>(2) Individuals sharing units have a choice of roommates in that setting.</p> <p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p><i>Amend He-E 801.24 to read –</i></p> <p>(d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’:</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.</p>	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Assisted Living Residence-Supported Residential Health Care Facility (ALR-SRHCF)		
NH Statute/Regulation	Compliance Action Required	Timing
(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
(D) Individuals are able to have visitors of their choosing at any time.		
(E) The setting is physically accessible to the individual.	<i>Amend He-P 805.24(a) to read –</i> “The physical environment shall be maintained, inside and outside, so as to provide for the health, safety, well-being and comfort of resident(s) and personnel, including reasonable accommodations for residents and personnel with disabilities to ensure access to a resident’s bedroom, all common areas, and all services provided by the SRHCF.”	Jan – June 2017
(F): Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.		

APPENDIX G-5
CFI REGULATORY ANALYSIS
He-P 801.28

Attachment G-5

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

SUPPORTIVE HOUSING

(He-E 801.28)

Supportive housing is housing for older adults subsidized under HUD.

He-E 801.28 Supportive Housing Services.

(a) Supportive housing services shall be covered when provided by a home health care providers licensed in accordance with RSA 151:2 and He-P 809 and when provided to participants who live in federally subsidized individual apartments.

Note: BEAS provides that the federal subsidy is a HUD subsidy. The assumption made for this analysis is that this is "housing for older persons" as defined in RSA 161-J:2, III—

"Housing for older persons" means housing which provides or holds itself out as providing on-site personal assistance services over and above service coordination which is:

- (a) Provided under any state or federal program that the Secretary of the United States Department of Housing and Urban Development determines is specifically designed and operated to assist elderly persons as defined in the state or federal program; or
- (b) Intended for, and solely occupied by, persons 62 years of age or older; or
- (c) Intended and operated for occupancy by at least one person 55 years or older per unit.]

Note

Overall, the assumption is made here that this is a home-based care setting. Facts about this setting may show otherwise.

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Supportive Housing (SH)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4): Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>		
	<p><i>Amend He-E 805.05(b)(2) to read –</i></p> <p>“(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; h. Community participation, including the participant’s need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; i. Desired setting where individual will reside; and j. Any other area identified by the participant as being important to his or her life” 	<p>Jan – June 2017</p>
<p>(ii) The setting is selected by the individual from among setting options including non-</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Supportive Housing (SH)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<ul style="list-style-type: none"> “Amend He-E 805, the case management rule, to require identification and documentation of setting options and choice of setting in the CFI comprehensive care plan process. <i>Amend He-E 805.05(b)(2) to read –</i> <p>“(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ol style="list-style-type: none"> Biopsychosocial history; Functional ability, including activities of daily living and instrumental activities of daily living; Living environment, including the participant’s in-home mobility, accessibility and safety; Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; Self-awareness, or the degree to which the participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime; Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk; Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney; Community participation, including the participant’s need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities; Desired setting where individual will reside; and Any other area identified by the participant as being important to his or her life” 	<p>Jan – June 2017</p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<ul style="list-style-type: none"> No compliance action required; standard met by RSA 151:21-b 	
<p>(iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices,</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Supportive Housing (SH)		
NH Statute/Regulation	Compliance Action Required	Timing
including but not limited to, daily activities, physical environment, and with whom to interact.	<ul style="list-style-type: none"> No compliance action required; standard met by RSA 161-M:3 	
(v) Facilitates individual choice regarding services and supports, and who provides them.	<p><i>Amend He-P 809.03(k) to read –</i> “Care plan” means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p> <p><i>Amend He-P 822.03(av) to read –</i> (av) “Service plan” means an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p> <p><i>Amend He-E 805.02(q) to read –</i> “Person-centered” means a planning process to develop an individual support plan that is directed by the person, his or her representative, or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals.</p>	Jan – June 2017
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) 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</p>		

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Supportive Housing (SH)		
NH Statute/Regulation	Compliance Action Required	Timing
<p>comparable to those provided under the jurisdiction's landlord tenant law.</p> <p>(B) Each individual has privacy in their sleeping or living unit:</p> <ol style="list-style-type: none"> (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (2) Individuals sharing units have a choice of roommates in that setting. (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. <p>(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p> <p>(D) Individuals are able to have visitors of their choosing at any time.</p> <p>(E) The setting is physically accessible to the individual.</p> <p>(F) Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ol style="list-style-type: none"> (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regular collection and review of data to measure the 		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver - Supportive Housing (SH)

NH Statute/Regulation	Compliance Action Required	Timing
<p>ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>		

APPENDIX G-6
CFI REGULATORY ANALYSIS
He-P 818

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

**ADULT DAY PROGRAMS (ADP)
(RSA 151:2, II (f) & He-P 818)**

The adult day program setting is a licensed setting.

LICENSING

RSA 151:2:

- I. The following facilities shall not be established, conducted, or maintained without acquiring a license under chapter: ...
 (f) Adult day care services offering medical supervision, care or treatment, or providing assistance in daily living

He-P 818.03 Adult Day Programs, Definitions

(g) "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 ADL;
- (3) Nursing care;
- (4) Rehabilitation;
- (5) Recreational, social, cognitive and physical stimulation; and
- (6) Nutrition.

MEDICAID COVERAGE

He-E 801.16 Choices for Independence Program, Adult Medical Day Services

(d) Adult medical day service providers shall comply with the provider . . . requirements specified in He-E 803 and He-P 818

He-E 803.02 Adult Medical Day Care Services, Definitions

(b) "Adult medical day program" means a program of service delivery conducted at a facility that is licensed under RSA 151 and He-P 818 as an adult day program and provides adult medical day services under Medicaid in accordance with the requirements contained in this rule.

He-E 803.06 Adult Medical Day Care Services,

- (a) The following adult medical day services shall be provided as required by the participant's care plan:
- (1) The services described in He-P 818.15 [administrative services, nursing services, recreational activity services, personal care services, health and safety services to minimize likelihood of accident or injury, social services, and dietary services];
 - (2) Maintenance level therapies;
 - (3) Medical supplies which are for general use or first aid purposes; and
 - (4) Transportation services in accordance with He-E 803.03(a)(7).

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>42 CFR § 441.301(c)(4): Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	None required	

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	<p><i>Amend He-E 805.05(b)(2) to read –</i></p> <p>“(2) Culminate in a written document that describes the participant’s abilities and needs in the following areas:</p> <ul style="list-style-type: none"> a. Biopsychosocial history; b. Functional ability, including activities of daily living and instrumental activities of daily living; c. Living environment, including the participant’s in-home mobility, accessibility and safety; d. Social environment, including social/informal relationships and supports, activities and interests, such as avocational and spiritual; e. Self-awareness, or the degree to which the 	Jan – June 2017

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>participant is aware of his/her own medical condition(s), treatment(s), and/or medication regime;</p> <p>f. Risk, including the potential for abuse, neglect, or exploitation by self or others, as well as health, social or behavioral issues that may indicate a risk;</p> <p>g. Legal status, including guardianship, legal system involvement, and availability of advance directives, such as durable power of attorney;</p> <p>h. Community participation, including the participant's need or expressed desire to access specific resources, such as the library, educational programs, restaurants, shopping, medical providers, employment, and volunteer activities;</p> <p>i. Desired setting where individual will reside; and</p> <p>j. Any other area identified by the participant as being important to his or her life"</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Amend He-E 801.24 to read: (d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients':</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the</p>	<p>Jan -- June 2017</p>

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
	<p>option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.</p>	

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(iv): Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>		

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(v): Facilitates individual choice regarding services and supports, and who provides them.</p>		

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>		

42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver

NH Statute/Regulation	Compliance Action Required	Timing
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p> <p>(B) Each individual has privacy in their sleeping or living unit:</p> <p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p> <p>(2) Individuals sharing units have a choice of roommates in that setting.</p> <p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p> <p>(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p> <p>(D) Individuals are able to have visitors of their choosing at any time.</p> <p>(E) The setting is physically accessible to the individual.</p> <p>(F): Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.</p>		

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42 CFR 441.301(c)(4) Analysis-1915(c) Waiver Services for the Choices for Independence Waiver

Choices for Independence 1915(c) Home and Community-Based Care Waiver		
NH Statute/Regulation	Compliance Action Required	Timing
	<p>Amend He-E 801.24 to read: (d) Any facility that provides residential or day services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’:</p> <p>(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B) for those CFI Waiver recipients who do not have a modification of this requirement in their personal care plan and consistent with New Hampshire fire safety regulations.</p> <p>(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.</p> <p>(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time, when visitors come during quiet time or outside of regular business hours, and without infringing on the rights of other residents.</p>	<p>Jan – June 2017</p>

APPENDIX H
HEIGHTENED SCRUTINY REQUEST
Summary Request Form

Job Descriptions:

- A. Direct Support Associate/Direct Support Associate, Response Team**
- B. House Manager/Residential Manager**

Policies:

- A. Direct Support Staff Orientation Policy and supporting documentation:**
 - 1. Sample orientation and training outline**
 - 2. Community Based Services Policy Orientation Checklist**
 - 3. Community Based Services Program Orientation Checklist**
 - 4. Human Rights Acknowledgement**
 - 5. Safeguarding Confidentiality Acknowledgement**
 - 6. Motor Vehicle Supervision Acknowledgement**
 - 7. Risk Acknowledgement**
 - 8. Community Based Services Person Specific Orientation Form**
- B. Direct Support Training Policy**
- C. Management Training Policy**
- D. Human Rights & Complaint Policy**
- E. Employment Services Policy**
- F. Behavior Management Services Policy**
- G. Individual Service Plan Policy**
- H. Confidentiality Policy**
- I. Record Management Policy**

Attachment H

EASTER SEALS HEIGHTENED SCRUTINY REQUEST

The state of New Hampshire would like to request heightened scrutiny for one site in Concord, New Hampshire, where services are provided by Easter Seals.

The documentation supporting the request for heightened scrutiny includes:

- state expectations for providers and the process for monitoring them,
- provider's job descriptions,
- provider policies, and
- New Hampshire's Summary Request Form

State Expectations:

Each Provider of services to individuals with Developmental Disabilities and/or Acquired Brain Disorders are expected to follow the requirements outlined in the following regulations:

He-M 202 Rights Protection Procedures for Developmental Services	http://www.gencourt.state.nh.us/rules/state_agencies/he-m200.html
He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community	http://www.gencourt.state.nh.us/rules/state_agencies/he-m300.html
He-M 503 Eligibility and the Process of Providing Services	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 506 Staff Qualifications and Staff Development Requirements for Developmental Service Agencies	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 507 Community Participation Services	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 517 Medicaid –Covered HCBS for Persons with Developmental Disabilities and Acquired Brain Disorders	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 518 Employment Services	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 522 Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html
He-M 1001 Certification Standards for Community Residences	http://www.gencourt.state.nh.us/rules/state_agencies/he-m1000.html

Attachment H

EASTER SEALS HEIGHTENED SCRUTINY REQUEST

These regulations are specific to the site that is being reviewed and are not part of the expectations of the institution that is on the same grounds as this HCBS site.

The site is reviewed by the Office of Program Support which is the state's certification and licensing agency to ensure that the site is in compliance with the state regulations noted above. At each certification/licensing visit the surveyor (the person completing the site visit) completes a deficiency report (a report that outlines if there are areas of the regulations that the site is not in compliance). The provider develops a plan of correction outlining how they will fix the identified issue.

Each of the regulations has definitions within it to explain the service definitions that are relevant to the supports being offered.

Job Descriptions

The job descriptions outline the qualifications of the staff providing services to the participants at the site.

- A. Direct Support Associate/Direct Support Associate, Response Team (NH)
- B. House Manager/Residence Manager

Policies

The policies below outline the expectations of the staff at the site.

- A. Direct Support Staff Orientation Policy, and supporting documentation, including:
 - 1. Sample orientation & training outline
 - 2. Community Based Services Policy Orientation Checklist
 - 3. Community Based Services Program Orientation Checklist
 - 4. Human Rights Acknowledgement
 - 5. Safeguarding Confidentiality Acknowledgement
 - 6. Motor Vehicle Supervision Acknowledgement
 - 7. Risk Acknowledgement
 - 8. Community Based Services Person Specific Orientation Form
- B. Direct Support Training Policy
- C. Management Training Policy
- D. Human Rights & Complaint Policy
- E. Employment Services Policy
- F. Behavior Management Services Policy
- G. Individual Service Plan Policy
- H. Confidentiality Policy
- I. Record Management Policy

Summary Request Form for Heightened Scrutiny

The Summary Request Form contains the results of the review process that was done. The summary identifies each of the HCBS standards and the outcome based on the interviews of providers and participants, documentation and data review, and observations that were done.

Summary Request Form for Heightened Scrutiny
Site located at: 87 Pleasant St., Concord, NH
of Participants: 2

Review Process:

The review process involved a two person team. The team was comprised of a member of the Office of Program Support (the agency that completes certification and licensing reviews at sites around the state) and the project manager for the Statewide Transition Plan, from the Institute on Disability. For each on-site review, the participant(s) were interviewed, (if possible), staff were interviewed, observational data was obtained, a tour of the site occurred, and documentation was reviewed, including Service Agreements, behavior plans, Community Participation Services (CPS) schedules, daily notes, monthly progress notes for Residential services and CPS, (if applicable), incident reports, certification data, complaint data, and provider policies.

This residence is a two story home located in the middle of Concord. Each of the participants has a bedroom and living space on separate floors, and they share the kitchen and dining area. This allows for privacy for both of the men who live there.

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.*

- Due to the location of this home, it is presumed institutional because it is on the grounds of New Hampshire Hospital. Other than the location of the home, there is no relationship between New Hampshire Hospital and the provider of services. The home is a stand-alone building on the grounds of New Hampshire Hospital. There are no staff who work at New Hampshire Hospital and support the residents of this home.
- The home is located in the heart of Concord with the main street being just a few blocks away. Access to local businesses, restaurants, and theaters is within walking distance. Public transportation is available, but for the health and safety of the residents it is not currently used. Transportation is provided by staff.
- Both of the residents access the community on a regular basis with the support of their staff.
 - One participant has a behavior plan which is designed to ensure his safety and the safety of the community, so there are times when access to the community is restricted. The behavior plan is approved by the guardian as well as the Human Rights Committee of the area agency responsible for services.
 - One participant has health issues which impact his desire to go into the community on days when the weather is bad. On these occasions, staff alter the activities for the day based on the participant's preferences.
- Each of the participants have spending money and the amount varies by participant. Neither of the residents have a bank account. They both have Rep Payees who oversee their finances and ensure that all bills are paid. The provider ensures that the money they

Summary Request Form for Heightened Scrutiny

Site located at: 87 Pleasant St., Concord, NH

of Participants: 2

have is secure and available when it is needed. Financial records are kept and submitted to the Rep Payees for tracking.

- One of the residents is currently working part-time. The other resident is in the process of obtaining employment with the assistance of Vocational Rehabilitation services.

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*

- Each of the participants in the home have guardians who assist with decision making. At this time, the Service Agreement does not document the setting options that were offered. The new service agreement template will include this information as outlined in the remediation plan, under General Implementation Strategy #1. Each participant will have this incorporated into their next Service Agreement.

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

- The participant's rights are explained annually at the service agreement meeting as per He-M 503, Eligibility and the Process of Providing Services. The participant's support team, including guardians ensure that the participant's rights are protected.
- Staff working in the program have annual training on rights of individuals receiving services in community residences.
- The review team was able to observe staff's interactions with the residents. Staff were very responsive to the needs of the residents. They were flexible in their support and reviewers saw schedules being changed due to the needs and desires of the participants.
- It was identified by staff that they treat the residents with respect and they knock on the door and/or ask permission before entering a residents' room.
 - One participant said that staff treat him with dignity and respect, however he did say that some staff knock on the door and others do not.
 - This is an area that the provider has been made aware of for follow up and additional training was completed with staff.

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.*

Summary Request Form for Heightened Scrutiny

Site located at: 87 Pleasant St., Concord, NH

of Participants: 2

- Both residents in the home have schedules that are based on their wants, needs and desires. The schedules are flexible and get updated often based on the resident's choices.
- The residents choose when to go to bed and when to get up. They identify what they want for meals and create a shopping list.
- The home and bedrooms are decorated according to the tastes of the residents. The rooms are personalized to their tastes.

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

- Each participant has their own schedule and it is flexible to their needs and preferences. The schedules were reviewed, as well as daily notes. The schedules are updated often. Daily notes outline the activities that occurred each day, as well as the location. The review team was able to see when activities identified on the schedule were changed to another option.
 - Each of the residents had weekly documentation that describes that activities that were done specific to their goals.
 - Monthly progress reports were completed identifying the progress being made on the goals, as well as general information about the services and supports provided during the month.

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.*
 - The participants do not have a lease or tenancy agreement. This is a statewide issue and is addressed in the remediation plan, Topic Area Goal # 15 in the Statewide Transition Plan.
- *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*

Summary Request Form for Heightened Scrutiny
Site located at: 87 Pleasant St., Concord, NH
of Participants: 2

freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

- Each resident has their own room that is decorated according to their tastes.
- There are locks on the bathroom and bedroom doors, as appropriate. The locks can be opened by staff in case of an emergency. For health and safety reason, one of the resident's does not have a lock on their bedroom or bathroom door. This is based on an assessment and is included in their behavior plan which has been approved by the guardian and Human Rights Committee.
- The residents can enter their home by means of a key or the use of a code.
- The residents and guardians made the choice when deciding on living arrangements.
- *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*
 - All participants have control over their schedules and the activities in which they engage.
 - One participant enjoys volunteering at the local animal shelter, shopping, purchasing supplies for making items, going to fairs, fishing, going to coffee shops and growing vegetables in his vegetable garden. His behavior plan identifies how he will be supported when going into the community and if there are times when it is inappropriate to access the community based on his behavior.
 - The other participant enjoys swimming, using his IPAD and Wii, shopping, going out to eat, playing basketball, going out for coffee, exercising and going to the agricultural center.
 - Participants choose if and when they want to do activities and staff support them in their choices, as documented in the daily notes.
 - The residents can access food at any time.
- *Individuals are able to have visitors of their choosing at any time.*
 - Visitors are welcome to the home at any time, including mealtimes.
 - One of the participants identified that he has no family who visit him.
 - The other participant has family who come to visit as documented in his progress notes.

Summary Request Form for Heightened Scrutiny

Site located at: 87 Pleasant St., Concord, NH

of Participants: 2

- *The setting is physically accessible to the individual.*
 - The home is accessible for the residents who live there. One individual has hearing and visual impairments and an unsteady gait. His bedroom is on the main floor of the home, and his bathroom has a walk-in shower, and grab bars to ensure his safety.
 - Due to the unsteady gait of one of the residents, there is a gate at the bottom of the stairs so that he cannot try to go upstairs without assistance. The other resident of the home can easily open the gate if/when he needs to go up or down the stairs. Appropriate approvals have been obtained for the gate.
 - To ensure the safety of one of the residents, there are chimes on the door and on the windows to alert staff if they have been opened. Appropriate approvals have been obtained for the chimes on the windows and doors.
 - There is no access for one of the residents to the basement because the steps are very steep and the resident has an unsteady gait. The laundry is located in the basement so the resident participates in all other aspects of doing laundry that he can do upstairs.

- **Recommendation:**
 - Based on the interviews, documentation review, and policy review, it is recommended that DHHS request heightened scrutiny with expectation that Easter Seals follow through on those areas of concern noted above. A plan will be developed by Easter Seals and submitted to DHHS within 30 days of the request submission.

Approve recommendation

Do not approve recommendation



Jeffrey A. Meyers
Commissioner

2/3/16

Date

HEIGHTENED SCRUTINY REVIEW FOLLOW UP PLAN

Site Address: 87 Pleasant St., Concord, NH

Oversight Agency: One Sky

Provider: Easter Seals

Site Address: 87 Pleasant St., Concord, NH (2 participants)

Person responsible for completing action plan: Jennifer Cordaro, Easter Seals

HCBS STANDARD:	<i>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.</i>
-----------------------	--

AREA NOT IN COMPLIANCE:	There is no documentation in the person-centered service plan identifying the participant's choice of setting.
--------------------------------	--

DESIRED OUTCOME:	The person-centered service plan will include the participant's choice of setting.
-------------------------	--

ACTION STEPS FOR ACHIEVING DESIRED OUTCOME	COMPLETION DATE
1. The State will create a Service Agreement template to be used by all service providers. The template will include all HCBS expectations, as outlined in DD/ABD Topic Area Goal #5, step #2. Easter Seals will comply with all Service Agreement requirements.	TBD
2. Easter Seals will ensure that staff will attend all required trainings on the new Service Agreement template offered by the state.	TBD
3. Easter Seals will ensure that the participant's choice in setting is identified in the Service Agreement.	TBD
4. Easter Seals will submit a copy of the Service Agreement with the choice of setting identified once the participants have a person centered planning meeting after the implementation of the Service Agreement template to the Waiver Transition Team,	Participant's SA using the service agreement template

HEIGHTENED SCRUTINY REVIEW FOLLOW UP PLAN

Site Address: 87 Pleasant St., Concord, NH

HCBS STANDARD:	<i>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.</i>
-----------------------	---

AREA NOT IN COMPLIANCE:	The participant does not have a lease or tenancy agreement.
--------------------------------	---

DESIRED OUTCOME:	Participant have a lease or tenancy agreement in place.
-------------------------	---

ACTION STEPS FOR ACHIEVING DESIRED OUTCOME	COMPLETION DATE
1. The State will develop lease/tenancy agreement template for all residential sites as per DD/ABD Topic Area Goal #15.	December 2017
2. Easter Seals will comply and ensure that the lease or tenancy agreement is in place for each participant and that all residential sites are in compliance with the updated settings agreements.	TBD
3. Easter Seals will submit copies of the lease/tenancy agreements to the Waiver Transition Team once they are in place	TBD

HEIGHTENED SCRUTINY REVIEW FOLLOW UP PLAN

Site Address: 87 Pleasant St., Concord, NH

The plan must be submitted to the Waiver Transition Team at mary.stiacques@unh.edu by May 18, 2016.

ACTION PLAN APPROVED: YES PARTIALLY NO

If all, or part of the plan is/are not approved, describe what needs to be revised:

Kathleen Dunn
Kathleen Dunn
Associate Commissioner and Medicaid Director

5/16/16
Date

Revisions to the plan must be made and resubmitted by _____
Date

+++++

Verification of the plan will occur within 30 days of the identified completion date. More than one visit for verification of steps may occur.

Verification visit occurred on _____. The action steps were were not implemented.

APPENDIX H – JOB DESCRIPTION
DIRECT SUPPORT ASSOCIATE/DIRECT SUPPORT ASSOCIATE,
RESPONSE TEAM (NH)



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Level: NE—3

Job Code: DSPAS, DSPASR, DSATL

Job Title: Direct Support Associate

Direct Support Associate, Response Team (NH)

Direct Support Associate Youth Transitional Services Program, Maine

Direct Support Associate Team Leader (Rochester NY)

Job Objective: Provide support and skill building training to individuals with disabilities in order to assist in increasing their level of independence.

Qualifications:

- ◆ High School education or GED
- ◆ Two (2) years' work experience
- ◆ Must be 18 years of age for NH positions (per He-M 506.03)
- ◆ Commitment to providing high quality services to individuals with disabilities in community and residential settings.
- ◆ Able to be medication certified for some programs
- ◆ Able to work flexible hours including nights, weekends and holidays.
- ◆ Valid driver's license and reliable transportation for use in regular transportation of program participants
- ◆ See **Addendum – Direct Support Associate Youth Transitional Services Program, Maine** for additional qualifications
- ◆ See **Addendum-Direct Support Associate Response Team (NH)** for additional qualifications

Competencies: See Appendix A

Background Checks: Motor vehicle record, Auto insurance (Agency limits apply), State criminal record (For additional required background checks see Appendix B)

Essential Responsibilities:

1. Provide direct supervision to individuals in accordance with the treatment plan.
2. Demonstrate competencies in the following areas: Task Analysis, ISP Goal Development, Job Coaching/Teaching, Report Writing, and Behavioral Interventions, (NH & NY Programs).
3. Facilitate individual's independence in community/centered-based activities, job tasks or in residential activities.
4. Facilitate the development of appropriate social skills and encourage the establishment of social relationships.
5. Develop and coordinate schedules, which reflect integrated opportunities for individuals, geared toward increasing independence, community access and awareness.
6. Assist in development and revision of training plans, ISP objectives and fading plans, (NH & NY Programs).



Direct Support Associate (DSPAS, DSPASR, DSATL)

Page 2

7. Implement approved training and fading plans, ISP objectives and behavior plans, (NH & NY Programs).
8. Observe behavior, skill levels, areas of interest etc. to provide objective information and formulate data based recommendations.
9. Assure quality control standards in accordance with employer and volunteer expectations as applicable.
10. Provide positive role modeling for individuals.
11. Maintain documentation and prepare reports as required according to approved formats and designated time lines.
12. Maintain documentation and authorization for dispensing medication as applicable.
13. Transport individuals to and from program activities and or appointments in personal vehicle and/or agency van.
14. Provide training in related skills i.e., self-care skills, money management, cooking, social interactions, transportation systems, etc. as approved by the treatment team.
15. Provide services to individuals with varied behavior issues, which may include physical aggression, verbal assault, inappropriate sexual comments, gestures and/or acts.
16. Assist individual with personal care needs when necessary.
17. Communicate pertinent information with the team and support system to allow the individual to receive the maximal benefit from the services offered.
18. Demonstrate appropriate judgement and understanding of client safety while supporting individuals.
19. Follow through with supervisory requests and seek supervision when unclear about expectations.
20. Perform and/or assist with routine household task including meal preparation, housekeeping and outdoor maintenance as applicable.
21. Participate in available training opportunities geared toward expanding knowledge of treatment methods. Twenty hours of training is required per year.
22. Follow all policies and procedures as outlined by the department and agency.
23. See Addendum – Direct Support Associate Team Leader (Rochester NY) for additional responsibilities
24. See Addendum – Direct Support Associate Response Team (NH) for additional responsibilities



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Non-Essential Responsibilities:

1. Perform additional duties as requested.

The preceding Essential and Non-Essential Responsibilities are not intended to be an exhaustive list of tasks and functions for this position. Other tasks and functions may be assigned as needed to fulfill the Agency mission.

Physical Requirements:

1. Direct Support Associate

My signature below is an acknowledgement that I have received and reviewed a copy of this job description.

Employee Name (clearly printed)

Employee Signature

Date

Developed: 8/03; Revised: 04/2011, 07/11, 6/2012, 1/2013, 4/15



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Addendum – Direct Support Associate, Team Leader (Rochester, NY)

Essential Responsibilities:

1. Review, monitor and participate in the development and implementation of program goals.
2. If applicable, assist in the development of integrated, community based employment and recreational activities.
3. Assist in the preparation of documentation for individualized service plans, and implement and monitor behavior plans.
4. Assist with scheduling and training staff.
5. Monitor documentation created by staff and provide corrective feedback.
6. Perform House Managers' duties in their absence.

The preceding essential and non-essential responsibilities are not intended to be an exhaustive list of tasks and functions for this position. Other tasks and functions may be assigned as needed to fulfill the Agency mission.

My signature below is an acknowledgement that I have received and reviewed a copy of this addendum.

Employee Name (clearly printed)

Employee Signature

Date



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Direct Support Associate (DSPAS, DSPASR, DSATL)
Page 5

Addendum – Direct Support Associate – Youth Transitional Services Program, Maine

Additional Qualifications:

- ◆ Must be Ed Tech III certified (90 credits in an educational field) or
- ◆ Ability to obtain certification

My signature below is an acknowledgement that I have received and reviewed a copy of this addendum.

Employee Name (clearly printed)

Employee Signature

Date

Dev 1/2012



Direct Support Associate (DSPAS, DSPASR, DSATL)
Page 6

Addendum – Direct Support Associate, Response Team (NH)

Additional Qualifications:

- ◆ Minimum three (3) years providing support to individuals with developmental disabilities or closely related experience
- ◆ Demonstrates competency to work with individuals requiring varying degrees of care, support and supervision, including but not limited to Preventative Services and individuals with behavior plans
- ◆ Demonstrates competency to work with multiple consumers in any given week
- ◆ Required to work flexible schedule, including nights, weekends and holidays
- ◆ Must be willing to work throughout the state of New Hampshire
- ◆ Must maintain Advanced MANDT/MOAB and Medication Certifications

Essential Responsibilities:

1. Provides on call coverage for Direct Support Associate emergency needs as requested

Other:

The first/last twenty (20) miles of commute is not eligible for reimbursement. Training mileage is not eligible for reimbursement.

The preceding essential and non-essential responsibilities are not intended to be an exhaustive list of tasks and functions for this position. Other tasks and functions may be assigned as needed to fulfill the Agency mission.

My signature below is an acknowledgement that I have received and reviewed a copy of this addendum.

Employee Name (clearly printed)
Dev 1/2013

Employee Signature

Date



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Direct Support Associate (DSPAS, DSPASR, DSATL)
 Page 7

Appendix A: Competencies

COMPASSION	Genuinely cares about people; is available and ready to help; is sympathetic to the plight of others; demonstrates empathy with the others.
INTEGRITY/TRUST	Is seen as a direct, truthful individual; can present the truth in an appropriate and helpful manner; admits mistakes and does not represent him/herself for personal gain.
PATIENCE	Is tolerant with people and processes; listens and understands the people and the data before making judgements and acting; sensitive to due process and proper pacing.
PERSONAL LEARNING	Picks up the need to change interpersonal behavior quickly; seeks feedback; watches others for their reaction to his/her attempt to influence and perform.
PROBLEM SOLVING	Uses logic and methods to solve difficult problems with effective solutions; can see hidden problems; excellent at analysis; looks beyond the obvious and doesn't stop at the first answers.
SKILLED	Adheres to an appropriate and effective set of core values and beliefs during both good and bad times; acts in line with those values; rewards the right values and disapproves of others; practices what he/she preaches.
WORK/LIFE BALANCE	Maintains a balance between work and personal life; is not one dimensional; gets what he/she wants from both



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Appendix B: Additional Background Checks

<u>NH</u>	<input type="checkbox"/> Fingerprinting -Positions working with youth (ie YTS or School to Work and Camp) - Positions working in/ at Res/Ed/Childcare setting 5+ hrs/wk -All Billing/Accounting	<input type="checkbox"/> CCLU/ Household List - Positions working in/at Res/Ed/Childcare setting 5+ hrs/wk (not ISO/CCRR)	<input type="checkbox"/> BEAS - Positions working in Adult programs -ISO	<input type="checkbox"/> State Central Registry -ISO -Childcare Resource & Referral -STS	
<u>NY</u>	<input type="checkbox"/> OCFS Statewide Central Registry -All Positions	<input type="checkbox"/> Fingerprinting -Bronx: DOE/DOI -Valhalla, Monticello, Port Jervis, Sayville: OCFS -All positions working in/at DTC/ Res/Ed/CBS settings & Camp Colonie: Justice Center -Downstate: Voc & Devel n/a -All Veterans positions: n/a	<input type="checkbox"/> NYS Justice Center SEL -All Positions	<input type="checkbox"/> OMIG (Office Medicaid Inspector General) -All Positions	<input type="checkbox"/> OPWDD Mental Health Law 151/152 (staff hired beg. 6/30/13) -Res/Ed positions -In Home Respite positions
<u>ME</u>	<input type="checkbox"/> Fingerprinting -All positions working with children in a school setting	<input type="checkbox"/> CFS Abuse & Neglect - All positions working with children in a school setting			
<u>VT</u>	<input type="checkbox"/> Adult/Child Abuse Registry -All Positions				
<u>RI</u>	<input type="checkbox"/> N/A				



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Physical Requirement Form

Position: Direct Support Associate **Department:** Community Based Services

Definition of Terms:
NOT AT ALL - Employee never engages in activity.
OCCASIONALLY - Employee engages in this activity 1% to 33% of time.
FREQUENTLY - Employee engages in this activity 34% to 66% of time.
CONTINUOUSLY - Employee engages in this activity 67% to 100% of time

1. On an average day, staff are required to:	Not at all	Occasionally	Frequently	Continuously
A. Sit	()	()	()	(X)
B. Stand	()	()	()	(X)
C. Walk	()	()	()	(X)
D. Drive	()	()	()	(X)
E. Bend/Stoop	()	()	()	(X)
F. Climb (i.e.: Stairs)	()	()	()	(X)
G. Kneel	()	()	(X)	()
H. Balance	()	()	()	(X)
I. Squat	()	()	(X)	()
J. Crouch	()	()	(X)	()
K. Crawl	()	()	(X)	()
L. Hold	()	()	()	(X)
M. Carry	()	()	()	(X)
N. Assist individual in/out of vehicles	()	()	()	(X)
O. Transfer individual in/out of wheelchair	()	()	()	(X)

2. On an average day, staff may be required to:	Not at all	Occasionally	Frequently	Continuously
Lift/Customer Handling				
A. 0-10 pounds	()	()	()	(X)
B. 11-25 pounds	()	()	()	(X)
C. 26-35 pounds	()	()	()	(X)
D. 36-50 pounds	()	()	(X)	()
E. 51-100 pounds	()	()	(X)	()
F. over 100 pounds	()	(X)	()	()

Push/Pull	Not at all	Occasionally	Frequently	Continuously
A. 0-10 pounds	()	()	()	(X)
B. 11-25 pounds	()	()	()	(X)
C. 26-50 pounds	()	()	()	(X)
D. 51-100 pounds	()	()	(X)	()
E. over 100 pounds	()	()	(X)	()



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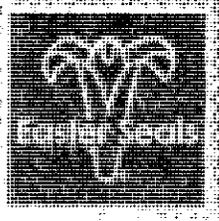
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Direct Support Associate (DSPAS, DSPASR, DSATL)
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3. On an average day staff are required to				
Office	Not at all	Occasionally	Frequently	Continuously
A. Collate	()	()	(X)	()
B. Use Phone	()	()	(X)	()
C. File	()	()	(X)	()
D. Type	()	(X)	()	()
E. Schedule	()	()	(X)	()
F. Use Keyboard	()	(X)	()	()
G. Use Computer Monitor	()	(X)	()	()
Communication				
	Not at all	Occasionally	Frequently	Continuously
A. Hear	()	()	()	(X)
B. Speak	()	()	()	(X)
C. Write	()	()	()	(X)
4. Some positions require the use of behavioral intervention which may include:				
	Not at all	Occasionally	Frequently	Continuously
A. Pursuing an individual	()	()	()	(X)
B. Lowering an individual to floor	()	()	()	(X)
C. Lifting individual from floor to standing	()	()	()	(X)
D. Lowering an individual to sitting position	()	()	()	(X)
E. Blocking/Deflecting (stop force of hit/punch)	()	()	()	(X)
F. Cushioning individual from a fall	()	()	()	(X)
G. Preventing/releasing hair pulls/bites	()	()	()	(X)
H. Restraining an individual	()	()	()	(X)
I. Receiving/Enduring physical aggression	()	()	()	(X)

Comments:

APPENDIX H – JOB DESCRIPTION
HOUSE MANAGER/RESIDENCE MANAGER



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Level: E—2

Exempt Status: Administrative

Job Code: MGHOSK

Job Title: House Manager/Residence Manager

Job Objective: Recruit, train, supervise, evaluate and monitor community living residences and staffed programs as assigned.

Qualifications:

- ◆ Bachelor's degree in Human Services or related field
- ◆ Two years experience with person's with developmental and/or psychiatric disabilities
- ◆ Administrative and supervisory experience preferred
- ◆ Valid driver's license and reliable transportation.

Competencies: See Appendix A

Background Checks: Motor vehicle record, Auto insurance (Agency limits apply), State criminal record (For additional required background checks see Appendix B)

Essential Responsibilities:

1. Recruit, train, supervise, evaluate and monitor community living residences and staffed programs as assigned (including home visits a minimum of two times per month).
2. Implement and monitor program budgets.
3. Establish and maintain relationships with consultants who provide therapeutic services to residents.
4. Ensure compliance with state certification/licensing standards, agency policies, other governing agencies guidelines and contractual obligations.
5. Ensure compliance of documentation requirements as applicable (i.e. data, daily and monthly financial reports, monthly fire drills and other pertinent documentation).
6. Attend client-centered conferences, team meetings, agency and staff meetings and other meetings as requested.
7. Develop and monitor individual treatment plans to include scheduling and coordinating of appointments as necessary.
8. Provide emergency on-call services.
9. Ensure participation in integrated community activities on a regular basis for all consumers.
10. Provide direct care services in assisting residents in meeting all of their personal needs.
11. Provide services to individuals with varied behavior issues, which may include physical aggression, verbal assault, inappropriate sexual comments, gestures and/or acts.
12. Assist individuals with toileting and personal care needs when necessary.
13. Maintain all required data relative to program goals and objectives, resident activities, incidents, etc.



Creating solutions, changing lives.

Easter Seals New Hampshire

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House Manager (MGHOSK)

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Non-Essential Responsibilities:

1. Perform additional duties as requested.

The preceding Essential and Non-Essential Responsibilities are not intended to be an exhaustive list of tasks and functions for this position. Other tasks and functions may be assigned as needed to fulfill the Agency mission.

Physical Requirements:

1. House Manager

My signature below is an acknowledgement that I have received and reviewed a copy of this job description.

Employee Name (clearly printed)

Employee Signature

Date

Developed: 4/93, Revised: 3/94, 1/96, 3/96, 7/00, 1/01, 04/2011, 07/11, 4/15



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House Manager (MGHOSK)
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Appendix A: Competencies

COMPASSION	Genuinely cares about people; is available and ready to help; is sympathetic to the plight of others; demonstrates empathy with the others.
INTEGRITY/TRUST	Is seen as a direct, truthful individual; can present the truth in an appropriate and helpful manner; admits mistakes and does not represent him/herself for personal gain.
PATIENCE	Is tolerant with people and processes; listens and understands the people and the data before making judgements and acting; sensitive to due process and proper pacing.
PERSONAL LEARNING	Picks up the need to change interpersonal behavior quickly; seeks feedback; watches others for their reaction to his/her attempt to influence and perform.
PROBLEM SOLVING	Uses logic and methods to solve difficult problems with effective solutions; can see hidden problems; excellent at analysis; looks beyond the obvious and doesn't stop at the first answers.
SKILLED	Adheres to an appropriate and effective set of core values and beliefs during both good and bad times; acts in line with those values; rewards the right values and disapproves of others; practices what he/she preaches.
WORK/LIFE BALANCE	Maintains a balance between work and personal life; is not one dimensional; gets what he/she wants from both
CONFLICT MANAGEMENT	Steps up to conflict, seeing them as opportunities; reads situations quickly; good at focused listening; can settle disputes equitably; can find common ground and get cooperation with minimum noise.
CUSTOMER FOCUSED	Is dedicated to meeting the expectations of internal and external customers; gets first-hand customer information and uses it for improvements in products and services; acts with customers in mind; establishes and maintains effective customer relationships and gains their trust and respect.
FAIRNESS TO DIRECT REPORTS	Treats direct reports equitably; acts fairly; has candid discussions; doesn't have a hidden agenda; doesn't give preferential treatment.
LISTENING	Practices active listening; has the patience to hear people out; can accurately restate the opinions of others even when he/ she disagrees.
MANAGING DIVERSITY	Manages all kinds and classes of people equitably; deals effectively with all races, nationalities, cultures, disabilities, ages and both sexes; hires variety and diversity with our regard to class; supports equal and fair treatment and opportunity for all.
ORGANIZING	Can marshal resources (people, funding, material, and support) to get things done; can organize multiple activities at once to accomplish a goal; arranges information and files in a useful manner.



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House Manager (MGHOSK)
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Appendix A: Competencies continued

PEER RELATIONSHIPS	Can quickly find common ground and solve problems; can represent his/her own interests and yet be fair to other groups; can solve problems with peers; is seen as a team player and easily gains trust and support of peers.
TIMELY DECISION MAKING	Makes decisions in a timely manner; sometimes with incomplete information and under tight deadlines and pressure.
WRITTEN COMMUNICATION	Is able to write clearly and succinctly in a variety of communications settings and styles; can get messages across that have the desired effect.
APPROACHABILITY	Is easy to approach and talk to; spends the extra effort to put others at ease; is a good listener; is an early knower, getting informal and incomplete information in time to do something about it.
BUILDING EFFECTIVE TEAMS	Blends people into teams when needed; creates strong morale and spirit; shares wins and successes; defines success in terms of the whole team; creates a feeling of belonging.
COMPOSURE	Is cool under pressure; does not become defensive and can hold things together when times are tough; is not knocked off balance by the unexpected; is a calm influence in crisis.
DECISION QUALITY	Makes good decisions based on a mixture of analysis, wisdom, experience and judgement; sought out by others for advice and solutions.
DELEGATION	Clearly and comfortably delegates both routine and important tasks and decisions; shares both responsibility and accountability; trusts people to perform; lets direct reports finish their own work.
DIRECTING OTHERS	Is good at establishing clear directions; distributes the workload appropriately; lays out work in a well-planned organized manner; maintains two-way dialogue; is a clear communicator and brings out the best in people.
INTERPERSONAL SAVVY	Relates well to all kinds of people; builds constructive and effective relationships; uses diplomacy and tact; can diffuse high-tension situations comfortably.
MANAGING AND MEASURING WORK	Clearly assigns responsibility for tasks and decisions; sets clear objectives and measures; monitors process, progress and results; designs feedback loops into work.
PRIORITY SETTING	Spends his/her time and the time of others on what's important; quickly zeros in on the critical issues; can quickly sense what will help or hinder accomplishing a goal; eliminates roadblocks and creates focus.
NEGOTIATING	Can negotiate skillfully in tough situations with both internal and external groups; can settle differences with minimal noise; can be direct or diplomatic depending on the circumstances; has a good sense of timing.
SIZING UP PEOPLE	Is a good judge of talent; can articulate the strengths and limitations of people; can accurately project what people are likely to do across a variety of situations.



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House Manager (MGHOSK)
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Appendix B: Additional Background Checks

<u>NH</u>	<input type="checkbox"/> Fingerprinting -Positions working with youth (ie YTS or School to Work and Camp) - Positions working in/ at Res/Ed/Childcare setting 5+ hrs/wk -All Billing/Accounting <input type="checkbox"/> OCFS Statewide Central Registry -All Positions	<input type="checkbox"/> CCLU/ Household List - Positions working in/at Res/Ed/Childcare setting 5+ hrs/wk (not ISO/CCRR)	<input type="checkbox"/> BEAS - Positions working in Adult programs -ISO	<input type="checkbox"/> State Central Registry -ISO -Childcare Resource & Referral -STS
<u>NY</u>		<input type="checkbox"/> Fingerprinting -Bronx: DOE/DOI -Valhalla, Monticello, Port Jervis, Sayville: OCFS -All positions working in/at DTC/ Res/Ed/CBS settings & Camp Colonie: Justice Center -Downstate: Voc & Devel n/a -All Veterans positions: n/a	<input type="checkbox"/> NYS Justice Center SEL -All Positions	<input type="checkbox"/> OMIG (Office Medicaid Inspector General) -All Positions
<u>ME</u>	<input type="checkbox"/> Fingerprinting -All positions working with children in a school setting	<input type="checkbox"/> CFS Abuse & Neglect - All positions working with children in a school setting		
<u>VT</u>	<input type="checkbox"/> Adult/Child Abuse Registry -All Positions			
<u>RI</u>	<input type="checkbox"/> N/A			



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House Manager (MGHOSK)
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Physical Requirement Form

Position: House Manager

Department:

Definition of Terms:

- NOT AT ALL** - Employee never engages in activity.
- OCCASIONALLY** - Employee engages in this activity 1% to 33% of time.
- FREQUENTLY** - Employee engages in this activity 34% to 66% of time.
- CONTINUOUSLY** - Employee engages in this activity 67% to 100% of time

1. On an average day, staff are required to:	Not at all	Occasionally	Frequently	Continuously
A. Sit	()	()	()	(X)
B. Stand	()	()	()	(X)
C. Walk	()	()	()	(X)
D. Drive	()	()	()	(X)
E. Bend/Stoop	()	()	()	(X)
F. Climb (i.e.: Stairs)	()	()	()	(X)
G. Kneel	()	()	(X)	()
H. Balance	()	()	()	(X)
I. Squat	()	()	(X)	()
J. Crouch	()	()	(X)	()
K. Crawl	()	()	(X)	()
L. Hold	()	()	()	(X)
M. Carry	()	()	()	(X)
N. Assist individual in/out of vehicles	()	()	()	(X)
O. Transfer individual in/out of wheelchair	()	()	()	(X)
2. On an average day, staff may be required to:	Not at all	Occasionally	Frequently	Continuously
<u>Lift/Customer Handling</u>				
A. 0-10 pounds	()	()	()	(X)
B. 11-25 pounds	()	()	()	(X)
C. 26-35 pounds	()	()	()	(X)
D. 36-50 pounds	()	()	(X)	()
E. 51-100 pounds	()	()	(X)	()
F. over 100 pounds	()	(X)	()	()
<u>Push/Pull</u>	Not at all	Occasionally	Frequently	Continuously
A. 0-10 pounds	()	()	()	(X)
B. 11-25 pounds	()	()	()	(X)
C. 26-50 pounds	()	()	()	(X)
D. 51-100 pounds	()	()	(X)	()
E. over 100 pounds	()	()	(X)	()

APPENDIX H – SUPPORTING DOCUMENT
A. DIRECT SUPPORT STAFF ORIENTATION POLICY

DIRECT SUPPORT STAFF ORIENTATION POLICY

Policy: All direct support staff hired within the Community Based Services department will participate in a standardized orientation process.

Rationale: To ensure that all staff receive information and training in a timely manner.

Procedure: Easter Seals Community Based Services has a three-part orientation process.

The first part of the orientation is conducted by Human Resources and covers the following:

- * Personnel policies & procedures
- * Benefits
- * Hep-B
- * Blood Borne Pathogens

The second part of orientation is conducted by the hiring supervisor and/or Regional Director prior to delivering services to an individual and includes the following:

- * Completion of Program Orientation (see attached form)
- * Overview of Rights & Safety (complete critical acknowledgement)
- * Review of confidentiality (complete critical acknowledgement)
- * Review of motor vehicle supervision (complete critical acknowledgement)
- * Review of risk acknowledgment (complete critical acknowledgement)

The program orientation and critical acknowledgement must be submitted to the Quality Improvement Coordinator upon completion.

The third part of the orientation is conducted by Community Based Services department staff. Direct Support personnel and independent contractor will attend a six-day orientation /training series within the first six months. The training series includes the following: (see attached checklist)

- * Completion of Program Orientation (see attached form)
- * CPR/First Aid
- * Human Rights Training
- * Overview of the Service Delivery System
- * First Aid kit issued
- * Teaching Strategies
- * Quality Of Life
- * Empowerment
- * Health & Safety Training
- * Behavior Principles Training
- * MANDT
- * Confidentiality & HIPAA
- * Community Skill Building
- * Overview of Disabilities
- * Documentation

The Quality Improvement Coordinator is responsible for ensuring completion and compliance of orientation training. All training records critical acknowledgments and orientation logs will be submitted to Human Resources.

Adopted 7/96 Revised 1/99, 7/99, 8/02, 9/03, 8/04

APPENDIX H- SUPPORTING DOCUMENT

A1. SAMPLE ORIENTATION AND TRAINING OUTLINE

**EASTER SEALS DIRECT SUPPORT ASSOCIATE
ORIENTATION & TRAINING
Essential Learning Curriculum**

Day 1

Welcome to CBS Program Orientation
History of Disabilities
Disabilities Overview
9am – 3pm Bette Ouellette

Day 2

Health and Safety Management
9am-Noon Bette Ouellette
Policies and Procedures
12:30pm-1:30 Renee Fisher
Responding to the Health Needs of Individuals with DD;
1:30-3pm Bette Ouellette

Day 3

Assisting People with ID/DD in Choice Making;
General Documentation
9am-Noon Bette Ouellette
Specialized Documentation
12:30pm-2pm Sharon Sheridan
People Soft Mileage/Expense User Training
2pm-3pm Jennifer Krol

Day 4

MANDT I Behavior Management Certification
Basic Training
9am-5pm Diane Scribner/Tristan Daigle

Day 5

MANDT II Behavior Management Certification
Intermediate Training
9am-5pm Diane Scribner/Tristan Daigle

Day 6

Strategies for Teaching Individuals with Disabilities;
Supporting Quality of Life for Individuals with DD
Client Rights
9am-3pm Bette Ouellette

Day 7

Positive Behavioral Supports

9am-11am Behavioral Team

Dysphagia

11am-Noon Bette Ouellette

CPR/AED

12:30-3pm Bette Ouellette

Day 8

Supported Employment

9am-3pm Cindy Douidi

Day 9

Supported Employment

9am-Noon Cindy Douidi

Supporting Everyday Lives-Wrap up

12:30pm-3pm Bette Ouellette

Day10

Preventative Services

9am-3pm Jill Fitzgerald

APPENDIX H – SUPPORTING DOCUMENT

**A2. COMMUNITY BASED SERVICES POLICY ORIENTATION
CHECKLIST**



COMMUNITY BASED SERVICES POLICY ORIENTATION

The following policies were reviewed during the CBS Department Orientation

- | | |
|--|--|
| <input type="checkbox"/> Department Vision, Philosophy, Statement and Services Offered | |
| <input type="checkbox"/> Human Rights/Reporting/Investigation & Sign-off | |
| <input type="checkbox"/> Staff Training Policy | <input type="checkbox"/> Service Supervision |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Day Services Drop Off |
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> Day Habilitation |
| <input type="checkbox"/> Individual Service Plan | <input type="checkbox"/> Risk Acknowledgement & Sign-off |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Recreational Safety |
| <input type="checkbox"/> Dress Standards | <input type="checkbox"/> Private Home Policy |
| <input type="checkbox"/> Shift Change | <input type="checkbox"/> Car Accident |
| <input type="checkbox"/> Confidentiality & Sign-off | <input type="checkbox"/> Incident Reporting |
| <input type="checkbox"/> Personal Safety Emergency | <input type="checkbox"/> Medical Emergencies |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Badges |
| <input type="checkbox"/> Motor Vehicle Supervision & Sign-off | |

I understand it is my responsibility to read and understand the remaining policies in the CBS Policy Manual. If I have any questions or need clarification regarding any policy, I will notify my Supervisor immediately.

Employee

Date

Orientation Staff

Date

APPENDIX H- SUPPORTING DOCUMENT

**A3. COMMUNITY BASED SERVICES PROGRAM ORIENTATION
CHECKLIST**



COMMUNITY BASED SERVICES PROGRAM ORIENTATION

<u>ADMINISTRATIVE:</u>	<u>Yes/No</u>	<u>Review</u>
<u>Date</u>		
Performance/Contract Expectations	_____	_____
Staff Meeting/Training Schedule	_____	_____
Unplanned Absence Expectation/Procedure	_____	_____
Job Reassignment	_____	_____
Respite Request Procedure	_____	_____
Evacuation Procedures	_____	_____
Emergency Procedures	_____	_____
Incident Weather Procedure	_____	_____
Documentation Expectations	_____	_____
Confidentiality	_____	_____
Roles & Responsibilities of Team Members	_____	_____
Human Rights & Reporting Procedures	_____	_____
Motor Vehicle Supervision	_____	_____
Time Sheets/Expense Reimbursement	_____	_____
Notification of Change in Home Composition	_____	_____
Keys Assigned	_____	_____
Pager Assigned/Usage Review	_____	Number #
Cell Phone Assigned/Usage Review	_____	Number #

Open Door Policy

_____ >> _____ >> _____ >> _____ >> _____ >>

On-The-Job-Training (minimum of 18 hours): **Note employee name, date & # of hours shadowed*

Name: _____ Date: _____ # of Hours: _____

Name: _____ Date: _____ # of Hours: _____

Name: _____ Date: _____ # of Hours: _____

Employee/Contractor

Date

Program Manager

Date

APPENDIX H- SUPPORTING DOCUMENT
A4. HUMAN RIGHTS ACKNOWLEDGEMENT



HUMAN RIGHTS ACKNOWLEDGEMENT

The people that we serve have equal rights and will be treated with dignity and respect. It is your responsibility to uphold these rights and report any suspicion of abuse, neglect, exploitation or rights violation. Disciplinary action including contract or employment termination will be taken for not reporting or being founded for an abuse/neglect allegation.

Human Rights are divided into the following categories:

Notice of Client Rights:

- Programs will inform people of their rights
- Programs must post rights information
- State regulations must be kept at all sites

Fundamental Rights

- Will not be deprived of any legal right
- Free to practice religious preference
- Assistance in attending worship
- Register to vote
- Manage personal affairs
- Hold a contract
- Hold licenses
- Marriage
- Divorce
- Children
- Make a will
- Exercise civil rights
- Free from discrimination
- Receive legal assistance

Personal Rights

- Free from abuse, neglect or exploitation
- Free from verbal, nonverbal, mental, physical or sexual abuse
- Free from intentional use of force
- Free from financial/personal exploitation
- Privacy
- Confidentiality
- Access to their records
- Right to complain about rights violations
- Freedom from photographs, fingerprints without authorization
- Keep and spend their money

Treatment Rights

- Adequate and humane treatment
- Appropriate evaluations
- Quality treatment and services
- Services outlined in ISP
- Least restrictive environment
- Informed of risk
- Voluntary placement
- Refuse medication
- Referral for health care
- Second opinions
- Have guardians or others present during meetings
- Free from chemical, physical restraints and seclusion
- Integrated services

Community Residences

- Safe, sanitary & humane living environment
- Free and private communications
- Send and receive uncensored mail
- Reasonable access to telephone
- Receive and refuse visitors
- Engage in social activities
- Right to privacy
- Courtesies such as knocking on doors
- Free from searches of person and possessions
- Keep and wear clothing of their taste
- Reasonable space for personal belongings
- Keep and read materials of their choosing
- Not to work
- Compensation for any work performed
- Reimbursement for lost money by agency staff

I have read and understand the rights of the people we serve.

Printed Name _____

Signature _____

Date _____

APPENDIX H- SUPPORTING DOCUMENT

A5. SAFEGUARDING CONFIDENTIALITY ACKNOWLEDGEMENT



SAFEGUARDING CONFIDENTIALITY:
WHAT IT MEANS

1. A written consent from the guardian is required prior to disclosing any information.
2. Do not discuss confidential information in front of other customers.
3. Do not discuss any customers with Service Coordinators, Guardians, Staff, Home Care Providers or other parties who are not assigned to work with that person.
4. Do not leave any documents around the home or office- i.e. kitchen table, living room, fax, copier, etc.
5. Conversations regarding our customers need to happen in a private place where you will not be overheard.
6. Keep all customer related information out of view while in the community and at home.

I have read and understand the importance of and how to safeguard the confidentiality of the individuals receiving services from Easter Seals. Any person who violates our customer's right to confidentiality will be subject to disciplinary action up to and including termination.

My signature signifies that I will follow the guidelines as stated above.

Signature

Date

APPENDIX H- SUPPORTING DOCUMENT

A6. MOTOR VEHICLE SUPERVISION ACKNOWLEDGEMENT



MOTOR VEHICLE SUPERVISION ACKNOWLEDGEMENT

Individuals receiving services from Community Based Services will not be left unsupervised in a vehicle for any amount of time unless there is a signed consent from the guardian. This is to ensure the safety of the individuals served.

Any person who leaves an individual alone in a vehicle without written consent will be subject to disciplinary action including termination.

I have read and understand that I will not leave anyone in my care unsupervised in a vehicle.

Print Name

Signature

Date

APPENDIX H- SUPPORTING DOCUMENT

A7. RISK ACKNOWLEDGEMENT



RISK ACKNOWLEDGEMENT

As an employee of Easter Seals NH, Inc. I am aware and understand that some customers who receive services through Easter Seals can be physically aggressive, verbally abusive and sexually inappropriate towards themselves or others. It is Easter Seals responsibility to provide person specific training. If at any point during my employment I feel that I do not have adequate training or feel unsafe I am responsible to report my concerns to my supervisor immediately. If my supervisor is not responsive then I will use the chain of command until my concerns are resolved.

I understand and acknowledge the risk of supporting some individuals who receive services through Community Based Services. My signature signifies that I will follow the guidelines as stated above.

Signature

Date

APPENDIX H- SUPPORTING DOCUMENT

**A8. COMMUNITY BASED SERVICES PERSON SPECIFIC
ORIENTATION FORM**



Community Based Services Person Specific Orientation

Individual Name:	Date:
Completed by:	Title:

List All Allergies (food/medication/other):

List Medical Conditions/Medical History:

List Routine Protocols Medical/Behavioral Supports:

Diagnosis:

ADL Needs:

Nutrition/Dietary Needs:

Hydration Needs:

Elimination Needs:

Food Preferences:

Food Aversions:

Ambulation Needs:

Communication Needs:

Behavior Supports:

Fire Safety Assessment:

Note Specific Level of Supervision:

Evacuation Procedures:

Emergency Procedures:

Current ISP Goal(s):

Important Notes/Information (likes, dislikes, activities of choice etc):

I have been trained on _____ specific information/needs. I was given the opportunity for questions and clarification regarding any information. I understand it is my responsibility to seek out additional training if necessary. I am also responsible to apply all of the information that I have been trained on specific to each individual.

_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	
_____	_____	<input type="checkbox"/> Trained ISP Goals/Data Collection
Print Name /Title	Date	

APPENDIX H- SUPPORTING DOCUMENT
B. DIRECT SUPPORT TRAINING POLICY

DIRECT SUPPORT TRAINING POLICY

Policy: All staff will receive training in accordance with the He-M 506 & He-M 1001 standards and regional contract expectations.

Rationale: To ensure that staff are properly trained to provide high quality services to individuals served.

Procedure: Staff will be required to adhere to the following training schedule, unless proof of prior attendance is provided. Staff will complete a training development record for any attended training. The development record will be forwarded to the Quality Improvement Coordinator and/or designee who will send the record to Human Resources.

First Day of Employment:

- * Human Resources Orientation
- * Lifting
- * Blood Borne Pathogens

Prior to Service:

- * Completion of Program Orientation
- * Overview of Rights & Safety
- * Review of confidentiality
- * Review of motor vehicle supervision
- * Review of risk acknowledgment

Within 6 months:

- | | |
|---|--|
| * CPR/First Aid (recertified annually) | * Health & Safety |
| * Human Rights | * Behavior Principles |
| * Overview of the Service Delivery System | * MANDT (recertified annually) |
| * Confidentiality & HIPAA | * Documentation |
| * Teaching Strategies | * Community Skill Building |
| * Quality Of Life | * Overview of Disabilities |
| * Empowerment | * Completion of Department Orientation |
| * Medication Administration (as needed, recertified annually) | |

Within 6 months:

- * Defensive Driving (every three years)

Annually:

- * Human Rights
- * Participate in the development of staff training plan
- * 20 hours of additional training

APPENDIX H- SUPPORTING DOCUMENT
C. MANAGEMENT TRAINING POLICY

MANAGEMENT TRAINING POLICY

Policy: All Community Based Services management staff will receive training in accordance with He-M 506, He-M 507, He-M 1001 & He-M 1201 standards, regional contract and Agency expectations.

Rationale: To ensure that management staff is properly trained to oversight and leadership to programs.

Procedure: A training plan will be developed with the Regional Director and Quality Improvement within one week of hire. The Regional Director and Quality Improvement Coordinator will ensure the following trainings will occur:

Within Two Months:

- * Six-day training series
- * Medication administration training

Within Three months:

- * Home Visits
- * Overview of Regulations
- * Contract Expectations
- * Fiscal Management
- * Policy & Procedures
- * Certification Standards
- * Development of Treatment Plans & Goals
- * Personnel Management
- * Behavioral Services
- * Nursing Services
- * Documentation Requirements
- * Defensive Driving

Annually:

- * Human Rights
- * Participate in the development of staff training plan
- * 40 hours of additional training
- * MANDT recertification
- * Medication Administration recertification
- * CPR recertification
- * Certification Standards

Every three Years:

- * Defensive Driving
- * First Aid

Management staff will complete a training development record for any attended training. The development record will be forwarded to the Quality Improvement Coordinator and/or designee who will send the record to Human Resources.

Adopted 8/04

APPENDIX H- SUPPORTING DOCUMENT
D. HUMAN RIGHTS AND COMPLAINT POLICY

Human Rights & Complaint Policy

Policy: Individuals who receive services from Easter Seals will have equal rights and will be treated with dignity and respect.

Rationale: All staff and independent contractors will understand and respect the rights of people receiving services.

Procedure: Individual's served and/or their guardian will receive their human rights on their first day at Easter Seals and yearly thereafter or following a change in service. The Program Manager and/or designee will work in conjunction with the funding Area Agency to ensure that human rights are reviewed with the individual and/or their guardian. Documentation of rights notification will be kept in the individuals' record. Each program will conspicuously post rights information. Copies of the He-M 310 regulations will be kept in each office and made available to individuals receiving services as requested.

Staff and Independent Contractors will receive Human Rights training during department orientation and will sign a critical acknowledgement form. This will be reviewed annually thereafter.

Any staff or independent contractor who is suspected of violating an individual's rights will be reported to BEAS and BDS for further investigation. The program manager and/or designee will report the allegation to the individual's Service Coordinator, Guardian (if applicable). Staff and independent contractors may be placed on an unpaid administrative leave until the investigation is completed. If the investigation is determined unfounded, staff and/or independent contractors may or may not be reinstated. If the investigation is determined founded, staff and/or independent contractors will be subject to disciplinary action up to and including termination. Each individual's situation may vary.

Easter Seals designee will respond in writing to any Complaint Investigation Report submitted to the agency within 21 days in order to follow recommendations to ensure individual rights and safety. Easter Seals designee will work with program managers regarding recommendations and plans of correction.

Every person employed or contracted by Easter Seals is expected to immediately report any suspicion of abuse, neglect, exploitation, or rights violations. Disciplinary action up to and including contract or employment termination will be taken for not reporting incidents of abuse, neglect, exploitation, or rights violations.

Human rights are divided into the following categories:

Notice of Client Rights:

Programs will inform people of their rights
Programs must post rights information
State Regulations must be kept at all sites

Fundamental Rights:

Will not be deprived of any legal right
Free to practice religious preference
Assistance in attending worship
Register to vote
Manage personal affairs
Hold a contract
Hold licenses
Marriage
Divorce
Children
Make a will
Exercise civil rights
Free from discrimination
Receive legal assistance

Personal Rights:

Free from abuse, neglect, or exploitation
Free from verbal, nonverbal, mental, physical or sexual abuse
Free from intentional use of force
Free from financial/personal exploitation
Privacy
Confidentiality
Access to their records
Right to complain about rights violations
Freedom from photographs, fingerprints without authorization

Treatment Rights:

Adequate and humane treatment
Appropriate evaluations
Quality treatment and services
ISP and services outlined in ISP
Least restrictive environment
Informed of risks
Voluntary placement
Refuse medications
Referrals for health care
Second opinions
Have guardian or others present during meetings
Free from chemical, physical restraints and seclusion
Integrated services

Community Residences:

Safe, sanitary & humane living environment
Free and private communication
Send and receive uncensored mail
Reasonable access to telephone
Receive and refuse visitors
Engage in social activities
Right to privacy
Free from searches of person and possessions
Keep and wear clothing of their taste
Reasonable space for personal belongings
Keep and read materials of their choosing
Keep and spend their money
Not to work
Compensation for any work performed
Reimbursement for lost money by Agency staff

APPENDIX H- SUPPORTING DOCUMENT
E. EMPLOYMENT SERVICES POLICY

EMPLOYMENT SERVICES POLICY

Policy: Individuals who receive day habilitation services through Easter Seals have the right to paid employment.

Rationale: To provide equal access and opportunity to all individuals served.

Procedure:

The program manager will obtain guardian permission, I-9 information and relevant work history before making a referral to the Job Placement Specialist. A formal referral for job placement services will be made by completing the designated placement form.

The Job Placement Specialist will work in conjunction with the program manager to secure suitable employment for individual referred. The program manager will assign a Direct Support Associate to manage the work site. The Direct Support Associate will spend a minimum of two shifts at the work site without the individual served. The Direct Support Associate will gain the knowledge of work performed, co-workers, supports available, and company culture. The Direct Support Associate will also develop a training plan for the individual to learn the job skills.

Direct Support Associates will maintain proper dress and work behavior as outlined by the employer's policy. Work hours and holiday schedule will be outlined by the employer. The individual served will be provided support to report to work during inclement weather unless the employer closes.

The program manager will be responsible for completing site visits at a minimum of one time per week during the first month of employment. Site visit frequency may be reduced to monthly if placement is stable. Visit frequency should be increased when problems arise.

Any employment site where Easter Seals bills the employer (Production Employees) the manager is responsible to coordinate a signed contract between the employer and Vice President of Community Based Services. The contract will outline services, financial responsibility and statement of confidentiality.

The guardian and representative payee will approve paid employment to ensure that the person retains their Medicaid eligibility. Program managers are responsible for the completion of time studies. Any person who is not earning minimum wage will be subject to sub-minimum wage provision in the Department of Fair Labor Standards Act (FLSA).

Volunteerism will not substitute for paid employment and the guidelines established by the Department of Labor will be strictly followed.

APPENDIX H- SUPPORTING DOCUMENT
F. BEHAVIOR MANAGEMENT SERVICES POLICY

BEHAVIOR MANAGEMENT SERVICES POLICY

Policy: All behavior management strategies will comply with Easter Seals and Area Agency human rights standards and policies.

Rationale: To ensure safe, effective, and least restrictive behavior management practices.

Procedure: The Community Based Services department accesses behavioral services through staff and consultants. Managers are responsible for making formal referrals for behavioral services. The Behavior Specialist conducts a file review, observations, and interviews to develop a protocol or plan. A positive, non-aversive approach is used with the emphasis being placed on staff and independent contractor training, environmental changes and positive programming.

Every Area Agency has behavioral guidelines, which Easter Seals, is required to follow. The guardian and Area Agency Human Rights Committee approve all plans before implementation.

The Behavioral Specialist will train staff and independent contractors on the implementation of the protocol/plan. The Behavior Specialist may delegate training to the manager if proper training is provided and the manager demonstrates the competencies to train staff/independent contractor. The Behavior Specialist must observe one training session before delegation. Delegation of training must be put in writing by the behavior specialist and filed in the individual's record. Managers must ensure that the plan is consistently implemented and that only trained staff/independent contractors are working with that individual. Documentation of trained authorized staff or independent contractors will be maintained in the individual's record. The Behavior Specialist must be notified if the plan is not working. Managers are not authorized to alter or discontinue a plan.

There are times when physical interventions are required to gain rapid and safe control of a situation. Staff or independent contractors are required to attend MANDT when providing supports to individuals who may require physical intervention.

APPENDIX H- SUPPORTING DOCUMENT
G. INDIVIDUAL SERVICE PLAN POLICY

INDIVIDUAL SERVICE PLAN POLICY

Policy: An individual planning meeting is held on an annual basis to coordinate services, develop short-term goals, and facilitate long term planning.

Rationale: To ensure that each person and/or their guardian has input on the services being delivered and that those services are meet the needs of the individual.

Procedure: The first thirty days of the program will focus on identifying strengths and growth areas. The Manager will ensure that comprehensive notes are taken during this assessment period and a report (see attached) will be generated that proposes areas for staff/independent contractors to address and anticipate any services that are needed. The planning meeting will occur after the first 30 days and at least annually thereafter. The planning documents should include the following unless a waiver from DMHDS is granted:

- *Review of progress
- *Discussion of concerns
- *Identification of needs and services to be provided
- *Measurable objectives w/implementation plans
- *Signatures of individuals in attendance
- *Guardian's approval
- *Future statement
- *Level of supervision
- *Client rights notification
- *Review of guardianship status

The Service Coordinator will schedule the annual planning meeting, if the person does not have a Service Coordinator then the Easter Seal's Program Manager will coordinate the meeting. Easter Seals staff must ensure that the meeting is scheduled as it is required for state certification. The person responsible for coordinating the meeting will be responsible for typing the planning document and disseminating to team members.

Easter Seals program manager must complete the Support Intensity Scale (SIS) prior to the Service Planning Meeting. The SIS must be completed by the program manager and a minimum of two other support members who have known the individual served for a minimum of 3 months. The SIS will serve as the basis for goal development, and the results will be shared with team.

Easter Seals program managers and/or designee will prepare documents outlined in ISP checklist (see attached). In the event that the program manager can not attend the planning meeting, an approved representative from Easter Seals must attend the meeting on his/her behalf.

Revised: 8/97, 7/99, 8/02, 8/04, 12/05

APPENDIX H- SUPPORTING DOCUMENT
H. CONFIDENTIALITY POLICY

CONFIDENTIALITY POLICY

Policy: Easter Seals staff and Independent Contractors will maintain confidentiality at all times.

Rationale: To preserve our customers right to privacy.

Procedure: All information regarding individuals served and their family is confidential. This information will only be released to individuals and agencies when the legal guardian has given written consent.

Easter Seals Community Based Services management staff is responsible for obtaining appropriate releases for every individual on their caseload. Releases are valid for one year, they must be renewed at the annual planning meeting or as needed throughout the year.

Easter Seals will require all new staff and independent contractors to review the confidentiality policy to protect the confidential information, which will be shared with them. Staff and independent contractors will sign a confidentiality acknowledgement.

All conversations regarding the individuals who receive services must be conducted in a private secure place. Any person who breeches confidentiality will be subject to serious disciplinary action which may include employment or contract termination.

All staff and independent contractors will attend HIPAA (Health Insurance Portability and Accountability Act) training and comply in accordance with federal and agency policies.

Revised 1/99, 7/99, 8/02, 8/04

APPENDIX H- SUPPORTING DOCUMENT
I. RECORD MANAGEMENT POLICY

RECORD MANAGEMENT POLICY

Policy: Community Based Services will maintain individual case records for each person served. Records will be managed in accordance with He-M 502, He-M 507, He-M 1001 and HIPAA legislation. Records will meet all standards and regulations.

Rationale: To ensure thorough, accurate and confidential record keeping practices.

Procedure:

General Guidelines:

1. Blue or black ink is the only acceptable method to document information.
2. White out is not acceptable. When a mistake is made, a single line is drawn through the error, initial and date the error and continue writing.
3. Original copies are always kept in the individual's file.
4. Confidential documentation will be shredded and disposed per DMHDS regulations and HIPAA compliance.
5. Any person who enters an individual record will sign and date on the designated form. Signatures will include the staff/independent contractor's first, middle initial and complete last name and title.
6. The responsible manager will counter sign all intern/volunteer signatures.
7. Falsification of any documentation is grounds for immediate termination.
8. Managers are required to ensure that information in the record is current and accurate.
9. CBS has a chart index that will be used to organize the record.
10. Records will be kept in a locked, secure area.
11. Forms will not be altered or implemented without approval from CBS management team.

Minimum Required Individual Record Contents:

1. Name, address, telephone, social security #, marital status, physical description, and date of birth of individual served.
2. Photograph
3. Primary language or communication means and level.
3. Name, address and telephone of guardian and other emergency contacts.
4. Name, address and telephone of Service Coordinator, complaint investigator, medical, dental, psychiatric & home providers.
5. Medical information including diagnosis (es), history, status, medications, allergies, physical exam.
6. Results of diagnostic evaluations
6. Daily attendance logs
7. Monthly or quarterly progress notes as indicated in the service plan
8. Current Service Plan w/approved revisions
10. Implementation strategies and teaching plans for all service goals
10. Data collection on goals and objectives
11. Medication orders and medication administration logs in accordance with He-M 1201
12. Relevant current and historical assessments
13. Approved individual safety assessment and plan (if left unsupervised)
14. Residential and daily notes
15. Incident Reports
16. Weekly schedule including the days and times of activities (day hab)

Confidentiality:

All information contained in the record is considered confidential. This information will only be released to people/agencies that the legal guardian has authorized through written consent. When entering an individual's record they must sign and date the file access record located at the front of the chart. Releases will be kept in the individual's record. Any staff or independent contractor who breeches confidentiality will receive serious disciplinary action including employment or contract termination.

Records may be released to guardians upon request. Copies will be made and released within 48 hours upon request. Any documents released from the record for any purpose will be accounted for on the designated disclosure log form located in the individual's record. Information from the record may not be released to a third party unless written consent is obtain by the original author. Original records may not leave Easter Seals premises.

Maintenance/Storage:

Prior to the annual planning meeting, the Manager will complete all annual paperwork. If the individual does not have an annual planning meeting, July 1st will be the date used to renew and update the record.

Individual's records will be stored and locked in a secure area.

Historical Records:

DAY SERVICES

A historical file will be made within 15 days following the annual planning meeting. Everything will be removed from the chart and plced into the historical file, with the exception of the following:

1. Medical or psychiatric evaluations
2. Behavioral or Forensic evaluations
3. Employment or residential assessments
4. Guardianship papers & Medicaid card etc.
5. Previous treatment plan/ISP
6. Previous physical

Historical information will be placed in a binded manila folder locked in a cabinet labeled in chronological order. Six years of historical information will be stored on site for each individual served. Easter Seals will maintain historical information for at least 6 years after the person is discharged from services.

RESIDENTIAL SERVICES

Historical files are made within 15 days of the annual planning meeting or more often if the individual moves to a new residence. Historical records are to be maintained and locked at an Easter Seals facility. A copy of the historical file will be kept on the residential premises for the previous year. The Community Living Manager will be responsible for appropriately discarding the duplicate historical file. The Community Living Manager must retrieve the files from the residence on the day the individual moves out of the home. House Book information will be maintained in the same fashion as the individual records.

APPENDIX I

DD/ABD ISOLATION MONITORING PROCESS

**Attachment I
DD/ABD ISOLATION MONITORING PROCESS**

DD/ABD ISOLATION MONITORING PROCESS			
Process: Develop and implement systems to ensure participants are not being isolated from the broader community.	Verification/Validation	Timeline	Entity Responsible
1. Deliver training for providers regarding HCBS expectations, including access to and participation in the broader community, as outlined in General Implementation Strategy #6, steps #5-7 found on page 32.	<ul style="list-style-type: none"> • Training attendance 	Ongoing	DHHS-LTSS
2. Monitor the training requirement during the certification/licensing visits, as outlined in General Implementation Strategy #2, step #6 found on page 30 and General Implementation Strategy #6, step #8 found on page 33.	<ul style="list-style-type: none"> • Certification/licensing data 	Ongoing	Office of Program Support
3. Revise contracts with providers to include all of the HCBS expectations, including access to and participation in the broader community, as outlined in DD/ABD Topic Area Goal #1, steps #1 and 2 found on page 37. <ul style="list-style-type: none"> a. Revise Area Agency's templates for services provided in family homes under He-M 521, He-M 524, and He-M 525, as outlined in DD/ABD Topic Area Goal #1, step #1a to include the expectation of access to and participation in the 37. 	<ul style="list-style-type: none"> • Updated contracts • Updated contracts be submitted to DHHS-LTSS • Area Agency's template for contracted services include this requirement 	June 2017 June 2017	DHHS-LTSS Providers DHHS-LTSS, Providers
4. Quarterly Satisfaction Form be revised to include access to and participation in the broader community, as outlined in DD/ABD Topic Area Goal #1, step #5 found on page 38.	<ul style="list-style-type: none"> • Revised Quarterly Satisfaction form 	January 2017	Waiver Transition Team
5. Review the statewide complaint data to identify if there are any issues related to isolation, as outlined in DD/ABD Ongoing Monitoring Goal #9, found on page 122-123.	<ul style="list-style-type: none"> • Data reports 	Every six months	DHHS-LTSS, Waiver Transition Team
6. Quarterly Satisfaction data be analyzed and follow up actions taken as outlined in DD/ABD Ongoing Monitoring Goal #8, steps #4 through 6 found on page 122.	<ul style="list-style-type: none"> • Data reports 	Ongoing	Providers Waiver Transition Team
7. Monitor all HCBS expectations during certification/licensing visits as outlined in General Implementation Strategy #2, step # 6, (found on page 30) and once the regulations have been revised, as outlined in	<ul style="list-style-type: none"> • Data reports 	Ongoing	Providers Waiver Transition Team

Attachment I
DD/ABD ISOLATION MONITORING PROCESS

DD/ABD General Implementation Strategy #3, steps #6 and 7 found on page 31.			
8. Additional site visits will occur as per DD/ABD Ongoing Monitoring Goal #6, step #2 found on page 120.	<ul style="list-style-type: none"> • A list of additional site visits will be kept 	Ongoing	DHHS-LTSS Office of Program Support Waiver Transition Team
9. At any time if a site is identified as potentially being isolating, an on-site visit will occur and will include: <ul style="list-style-type: none"> a. An interview with the participant b. An interview with the provider c. Review of documentation d. Observation 	<ul style="list-style-type: none"> • Summary of on-site visit 	Ongoing	DHHS-LTSS Office of Program Support Waiver Transition Team
10. An ad hoc committee of stakeholders is formed to determine next steps	<ul style="list-style-type: none"> • Ad Hoc Committee 	Ongoing	Waiver Transition Team, Stakeholders
11. The summary of information gathered is used to determine if follow up measures are necessary. Follow up may include: <ul style="list-style-type: none"> a. Remediation Plan b. Implementation of the Heightened Scrutiny Process found on page 133 c. Implementation of the DD/ABD Relocation Process found on page 136 d. No further action 	<ul style="list-style-type: none"> • Identification of next steps 	Ongoing	Waiver Transition Team
12. If a remediation plan is initiated, the Remediation Form (see Attachment E) will be completed with timeframes and the process outlined in DD/ABD Ongoing Monitoring Goal #6, steps #3 through 8, found on pages 120-121, will be followed.	<ul style="list-style-type: none"> • Remediation form 	Within 21 days of the identification of concerns	Provider
13. If it is determined that Heightened Scrutiny will be requested, the Heightened Scrutiny process found on page 133 will be implemented.	<ul style="list-style-type: none"> • Heightened Scrutiny Request Form 	Ongoing	DHHS-LTSS

APPENDIX J
CFI ISOLATION MONITORING PROCESS

Attachment J
CFI ISOLATION MONITORING PROCESS

CFI ISOLATION MONITORING PROCESS			
Process: Develop and implement systems to ensure participants are not being isolated from the broader community.	Verification/Validation	Timeline	Entity Responsible
1. Deliver training for providers regarding HCBS expectations, including access to and participation in the broader community, as outlined in CFI General Implementation Strategy #4, step #10 found on pages 77.	<ul style="list-style-type: none"> • Training outline created 	Feb. – March 2017	Workgroup
2. Quality monitoring process be developed for Adult Day settings as outlined in CFI Ongoing Monitoring Goal #6, found on pages 127 and 128 which will include HCBS expectations, including access to the broader community.	<ul style="list-style-type: none"> • See goal for details 	Outlined in goal	See goal for details
3. Quality monitoring process be developed for Assisted Living Settings as outlined in CFI Ongoing Monitoring Goal #7, found on page 128 and 129, which will include HCBS expectations, including access to the broader community.	<ul style="list-style-type: none"> • See goal for details 	Outlined in goal	See goal for details
4. Quarterly Satisfaction data be analyzed and follow up actions taken as outlined in CFI Ongoing Monitoring Goal #11, steps #9 and #11 found on pages 131.	<ul style="list-style-type: none"> • Data report • Follow up Action Plan 	Ongoing Ongoing	Providers, Waiver Transition Team DHHS-LTSS, Waiver Transition Team, Providers
5. Review the statewide complaint data to identify if there are any issues related to isolation, as outlined in CFI Ongoing Monitoring Goal #9, found on page 130.	<ul style="list-style-type: none"> • See goal for details 	Outlined in goal	See goal for details
6. Monitor all HCBS expectations during licensing visits as outlined in CFI General Implementation Strategy #6, steps #5 and #6, found on page 78.	<ul style="list-style-type: none"> • Data Report 	Ongoing	Office of Program Support, Waiver Transition Team
7. Additional site visits will occur as per CFI Short-Term Monitoring Goal #12, found on page 132.	<ul style="list-style-type: none"> • See goal for details 	Outlined in goal	See goal for details
8. At any time if a site is identified as potentially being isolating, an on-site visit will occur and will include: <ol style="list-style-type: none"> a. An interview with the participant 	<ul style="list-style-type: none"> • Summary of on-site visit 	Ongoing	DHHS-LTSS,

**Attachment J
CFI ISOLATION MONITORING PROCESS**

<ul style="list-style-type: none"> b. An interview with the provider c. Review of documentation d. Observation 			Office of Program Support, Waiver Transition Team
<p>9. An ad hoc committee of stakeholders is formed to determine next steps</p>	<ul style="list-style-type: none"> • Ad Hoc Committee 	Ongoing	Waiver Transition Team, Stakeholders
<p>10. The summary is used to determine if follow up measures are necessary. Follow up may include:</p> <ul style="list-style-type: none"> a. Remediation Plan b. Implementation of the Heightened Scrutiny Process found on page 133 c. Implementation of the Relocation Process found on page 136 d. No further action 	<ul style="list-style-type: none"> • Identification of next steps 	Ongoing	Waiver Transition Team
<p>11. If a remediation plan is initiated, the Remediation Form (see Attachment E) will be completed with timeframes and the process outlined in CFI Short-Term Monitoring Goal #1, steps #3 through 8, found on page 125-126 will be followed.</p>	<ul style="list-style-type: none"> • Remediation form 	Within 21 days of receiving the form	Provider
<p>12. If it is determined that Heightened Scrutiny will be requested, the Heightened Scrutiny process found on page 133 will be implemented.</p>	<ul style="list-style-type: none"> • Heightened Scrutiny Request From 	Ongoing	DHHS-LTSS

APPENDIX K
DD/ABD GOALS SUMMARY

Attachment K
DD/ABD GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Regulatory Goal #1	19-20	Regulatory Revision & Training
Regulatory Goal #2	20-21	Update all policies related to the transition process so they correspond to the HCBS expectations
General Implementation Strategy #1	28-29	Create standardized service agreement template for use by all providers
General Implementation Strategy #2	29-30	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 issues with HCBS expectations will be considered deficiencies
General Implementation Strategy #3	30-31	Update Certification/Licensing Process <ul style="list-style-type: none"> • Includes new expectations for monitoring of HCBS compliance • Will include implementation of a critical deficiency system where some deficiencies are identified as being more serious than others
General Implementation Strategy #4	31	Revise the applicable provider contracts to include compliance with HCBS expectations
General Implementation Strategy #5	32	Revise Medicaid enrollment process for DD/ABD providers <ul style="list-style-type: none"> • Ensuring enrollment identifies compliance with HCBS expectations
General Implementation Strategy #6	32-33	Additional training on HCBS and state expectations for providers
General Implementation Strategy #7	33	Develop HCBS Toolkit for providers and participants <ul style="list-style-type: none"> • Compile resources for providers and participants relating to HCBS expectations
Topic Area Goal #1	37-38	Enhance opportunities for activities, community participation and community integration in order to prevent isolation <ul style="list-style-type: none"> • HCBS expectations are that individuals participate in local community activities and are part of the broader community, including integrated work sites, volunteer activities, etc.
Topic Area Goal #2	40	Enhance knowledge about employment and its impact on benefits <ul style="list-style-type: none"> • Includes development of training and guide
Topic Area Goal #3	40-41	Continue to enhance the opportunities for participants to find meaningful employment
Topic Area Goal #4	42-43	Identify options for easy access to funds for participants <ul style="list-style-type: none"> • Include discussion at Service Agreement about spending money and how that process will occur

Attachment K
DD/ABD GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Topic Area Goal #5	46	Enhance the participants input into the decision making about their choice of setting <ul style="list-style-type: none"> • Include the choice of setting in the Service Agreement and the options that were offered
Topic Area Goal #6	48-49	Update individual rights booklet & create training for participants to include all regulatory and HCBS expectations
Topic Area Goal #7	49-50	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 HCBS and state expectations.
Topic Area Goal #8	50-51	Update Policy for obtaining, storing and sharing health information
Topic Area Goal #9	53-54	Ensure that there are locks on all bedroom and bathroom doors for privacy <ul style="list-style-type: none"> • Includes meeting with the Fire Marshal's office
Topic Area Goal #10	55-56	Enhance participants ability to make their own decisions, even when they have a guardian <ul style="list-style-type: none"> • Empower the voice of the individual
Topic Area Goal #11	59-60	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 <ul style="list-style-type: none"> • To identify if there are ways for the individual to have full access to a site, such as environmental modifications, ATEC evaluation, etc.
Topic Area Goal #12	60	Develop process for participants to have keys or alternative option for accessing their homes
Topic Area Goal #13	62	Update provider policies regarding informed choice
Topic Area Goal #14	63-64	Enhance the Person Centered Service Planning Process <ul style="list-style-type: none"> • Individual receive a copy of SA even if they have a guardian
Topic Area Goal #15	66-67	Develop Settings Agreements for all residential sites <ul style="list-style-type: none"> • Lease or tenancy agreement for those HCBS participants in a residential setting
Topic Area Goal #16	68-69	Identify choice of roommate in Person Centered Planning Process <ul style="list-style-type: none"> • Documentation of the choice of roommate be included in the Service Agreement
Short-Term Monitoring Goal #1	117-118	Re-evaluate the status of the state's compliance with the HCBS expectations <ul style="list-style-type: none"> • Beginning in September 2017 • Using survey and data analysis obtained through process
Short-Term Monitoring Goal #2	118	To ensure transparency of the transition process provide annual reports to stakeholder groups regarding status of Waiver Transition Plan <ul style="list-style-type: none"> • Reports compiled in October of 2016, 2017 and 2018 • Posted on DHHS website

Attachment K
DD/ABD GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Short-Term Monitoring Goal #3	118-119	Re-designation process for Area Agencies be used for monitoring during the transition period
Short-Term Monitoring Goal #4	119-120	Enhance the efficiency of the certification/licensing process by standardizing the forms used by providers <ul style="list-style-type: none"> • Standardizing forms will decrease the amount of time that certification/licensing visits will take
Ongoing Monitoring Goal #5	120	Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made <ul style="list-style-type: none"> • ATF to meet quarterly • ATF members to be part of the processes, as appropriate
Ongoing Monitoring Goal #6	120-121	Complete additional site visits <ul style="list-style-type: none"> • New sites • Sites where concerns are identified • Random selection
Ongoing Monitoring Goal #7	121	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
Ongoing Monitoring Goal #8	121-122	Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility, Determination and Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations <ul style="list-style-type: none"> • Quarterly satisfaction form will include HCBS expectations so that participants are aware of them and they can give feedback
Ongoing Monitoring Goal #9	122	Analyze statewide complaint data to monitor trends, identify focus areas and action plan
Ongoing Monitoring Goal #10	122-123	Analyze statewide employment data to monitor the status of New Hampshire's efforts regarding employment as it relates to the HCBS expectations
Ongoing Monitoring Goal #11	123-125	Develop a monitoring system that identifies if there is a direct link between complaints and employees that have waivers.

APPENDIX L
CFI GOALS SUMMARY

Attachment L
CFI GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Regulatory Goal #1	21	Regulatory Revision & Training <ul style="list-style-type: none"> • Revise regulations and provide training to stakeholders
Regulatory Goal #2	22	Update all policies related to the transition process so they correspond to the HCBS expectations.
General Implementation Strategy #1	75	Establish a workgroup of CFI waiver providers to lead the efforts toward HCBS compliance
General Implementation Strategy #2	75-76	Develop standardized forms and policies for CFI providers
General Implementation Strategy #3	76	Revise Medicaid enrollment process for CFI providers
General Implementation Strategy #4	76-77	Develop training on HCBS and state expectations
General Implementation Strategy #5	77	Develop a standardized tool for licensing visits <ul style="list-style-type: none"> • Create tool for licensors to use that includes HCBS expectations
General Implementation Strategy #6	78	Update Licensing Process <ul style="list-style-type: none"> • Includes new expectations for monitoring of HCBS compliance • Will include implementation of a critical deficiency system where some deficiencies are identified as being more serious than others
General Implementation Strategy #7	78-79	Develop HCBS Toolkit for providers and participants <ul style="list-style-type: none"> • Place to have resources for providers and participants that relate to HCBS expectations
General Implementation Strategy #8	79	Formalize the complaint process for CFI participants
Topic Area Goal #1	83-84	Enhance opportunities for activities, community participation and community integration in order to prevent isolation <ul style="list-style-type: none"> • Identify resources and opportunities for providers to support participants to get out into the community more frequently
Topic Area Goal #2	84	Investigate opportunities to pilot innovative options for community participation and integration in order to prevent isolation <ul style="list-style-type: none"> • Work with DD/ABD providers for ideas for collaborative efforts that will support community access
Topic Area Goal #3	85	(Employment) Not an area of concern for those receiving services under the CFI waiver at this time.
Topic Area	87	Identify ways that participants can have access to funds

Attachment L
CFI GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Goal #4		<ul style="list-style-type: none"> • Discussion about money to occur at person centered planning meetings
Topic Area Goal #5	90 - 91	Enhance the participants input into the decision making about their choice of setting <ul style="list-style-type: none"> • Identify options that would make it more inclusive and put options and choice made in care plan.
Topic Area Goal #6	91	To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting when identifying the options available regarding where to live <ul style="list-style-type: none"> • Look at options similar to the DD/ABD participants, such as Adult Foster Care
Topic Area Goal #7	93-94	Develop training for participants, their families and guardians regarding rights and HCBS expectations <ul style="list-style-type: none"> • Workgroup to work on training for stakeholders
Topic Area Goal #8	94-95	Create a process to use for any modifications to the expectations of Home and Community Based Settings <ul style="list-style-type: none"> • For residential settings only; if there are modifications to the expectations, there are requirements that need to be in the person centered plan
Topic Area Goal #9	95-96	Update policy for obtaining, storing and sharing health information
Topic Area Goal #10	98-99	Ensure that the opportunity is available for locks on bedroom and bathroom doors <ul style="list-style-type: none"> • Includes meeting with the Fire Marshal's office
Topic Area Goal #11	100	Enhance participants ability to make their own decisions <ul style="list-style-type: none"> • Discuss role of guardian and guardianship options that would increase the ability of the participant to make choices
Topic Area Goal #12	104	Develop process for participants to have the opportunity for keys to their homes and/or rooms
Topic Area Goal #13	105	Implement a process to identify and document when access is limited in provider setting <ul style="list-style-type: none"> • To identify if there are ways for the individual to have full access to a site (evaluations, etc.)
Topic Area Goal #14	106	Update provider policies regarding informed choice
Topic Area Goal #15	108-109	Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant <ul style="list-style-type: none"> • To include all HCBS expectations • Individual receive a copy of their person centered plan even if they have a guardian

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CFI GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Topic Area Goal #16	110-111	Update Settings Agreements for all residential sites, to be sure all HCBS expectations are met <ul style="list-style-type: none"> To include all HCBS expectations
Short-Term Monitoring Goal #1	125-126	Re-evaluate the status of the state's compliance with HCBS expectations <ul style="list-style-type: none"> Beginning in September 2017 Using survey and data analysis obtained through process
Short-Term Monitoring Goal #2	126	Analyze the rates paid to providers under the CFI waiver to ensure that there continues to be options for participants <ul style="list-style-type: none"> Workgroup identified Look at current process Identify options for change
Short-Term Monitoring Goal #3	126	To ensure transparency of the transition process provide annual reports to stakeholder groups regarding status of Statewide Transition Plan <ul style="list-style-type: none"> Reports compiled in October of 2016, 2017 and 2018 Posted on DHHS website
Short-Term Monitoring Goal #4	127	Implement contracts/agreements between CFI Providers and DHHS for service provision <ul style="list-style-type: none"> Include HCBS expectations
Ongoing Monitoring Goal #5	127	Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made <ul style="list-style-type: none"> ATF to meet quarterly ATF members to be part of the processes, as appropriate
Ongoing Monitoring Goal #6	127-128	Develop quality monitoring process for Adult Day Services settings <ul style="list-style-type: none"> Workgroup formed to develop process
Ongoing Monitoring Goal #7	128-129	Develop quality monitoring process for Assisted Living Settings <ul style="list-style-type: none"> Workgroup formed to develop process
Ongoing Monitoring Goal #8	129-130	Implement ongoing quality monitoring process for Case Management Agencies <ul style="list-style-type: none"> Implementation of process on a regular basis
Ongoing Monitoring Goal #9	130	Analyze statewide complaint data to monitor trends, identify focus areas and action plan <ul style="list-style-type: none"> Develop process
Ongoing Monitoring Goal #10	130-131	Enhance the Risk Identification Mitigation and Planning (RIMP) Process <ul style="list-style-type: none"> Workgroup to review and revise RIMP process
Ongoing Monitoring Goal #11	131	Develop a quarterly satisfaction process to monitor CFI participant experience in HCBS settings

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CFI GOALS SUMMARY

PROCESS TYPE	Page # in STP	PROCESS
Ongoing Monitoring Goal #12	132	Complete additional site visits <ul style="list-style-type: none">• New sites• Sites where concerns are identified• Random selection

APPENDIX M
RESPONSE TO CMS OCTOBER 2015 FEEDBACK

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To: Centers for Medicare and Medicaid Services
From: Kathleen Dunn, Associate Commissioner & Medicaid Director
Date: May 30, 2016
Re: New Hampshire's Statewide Transition Plan for the Settings Requirement

Below is an outline delineating where to find the information you requested in your letter dated October 1, 2015 in response to New Hampshire's Transition Framework, submitted to CMS on March 11, 2015.

The Centers for Medicare & Medicaid Services (CMS) has completed its review of New Hampshire's Statewide Transition Plan (STP) to bring state standards and settings into compliance with new federal home and community based settings requirements. New Hampshire submitted its STP to CMS on March 11, 2015. In October, 2015 CMS requested additional detail with regard to assessment processes and outcomes, remedial action processes, and monitoring. According to the STP, New Hampshire will complete an updated and revised STP by April 5, 2016, which provides a three year period for the state to achieve full compliance. CMS agrees that this is an adequate amount of time for New Hampshire to comply, but requests further clarification regarding the issues that are summarized below.

Covered Settings:

Please include all settings that are covered by the state's waivers in the STP, to ensure a comprehensive accounting of locations in which home and community-based services are provided.

- *The state of New Hampshire's Transition Plan outlines the settings covered by the waivers in Inventory of eligible sites/covered settings found on pages 13 and 14.*

Systemic Assessments:

New Hampshire describes the process by which the systemic assessment of the state standards is being conducted. The schedule indicates that some outcomes of that assessment are available.

However, the state did not include outcomes of its assessment in the STP, specifically the list of providers and the state standards inventory completed in December 2014. Please include this information, along with the specific state regulations that were analyzed, and the specific aspect of each regulation found to be compliant, non-compliant or silent. Please indicate any changes that must be made to each regulation to bring it into compliance. The STP also included a third party legal review as part of the assessment. Please describe how that review is done. New Hampshire should provide the outcomes to date and the additional details of the systemic assessment, including a crosswalk for each quality of the federal settings regulation against the sections of the state regulations to inform the state's assessment.

- *Please see Attachments F (DD/ABD analysis) and G (CFI analysis) in the Appendix for complete details on the legal review of the state's regulations.*

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- *The process for the third party review of the regulations was completed by a staff attorney for the UNH Institute on Disability as part of the project management agreement for NH DHHS. The staff attorney conducted the initial review of all state rules, regulations, and policies related the HCBS Settings compliance. The final review, remediation steps and timelines were completed by NH DHHS staff attorneys as outlined in Attachments F (DD/ABD analysis) and G (CFI analysis).*

Site-specific Assessments:

- The state does not provide estimates of how many residential and non-residential settings fully comply with the settings requirements, could comply with modifications, cannot comply, or are presumed to be institutional.
 - *Please see Data analysis and results, on page 26 for detailed information on the number of sites that comply with the settings requirements, could comply with modifications, or cannot comply.*
 - *For those sites presumed institutional, please see Settings Not in Compliance on pages 133.*

The STP does not include any details on the site specific assessment process or composition of the Transition Framework Team and the Advisory Taskforce.

- *Please see Validation Visits on pages 24 and 25 for details on the site specific process.*
- *Please see the Acknowledgements on page 2 for the composition of the Waiver Transition Team.*
- *Please see Advisory Task Force on pages 22 and 23 for a description of the role and composition of the Advisory Task Force.*

The Taskforce will review the assessment activities, including the development of the provider and participant assessment tools, and the sample validation plan. Please include information that will substantiate that the composition of these groups is free from conflict of interest concerns. And please include details in the STP on how site-specific assessments will be conducted.

- *Please see Advisory Task Force on pages 22 and 23 for a description of how the composition of the task force is free from conflict of interest concerns.*
- *Please see Validation Visits on pages 24 and 25 for a detailed description*

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of the site visit process.

- Please include information regarding how the state will respond if a provider does not complete a self-assessment.
 - *New Hampshire determined that completing the self-assessment would not be mandatory. For those providers who refused to participate in an on-site validation visit, the Waiver Transition Team contacted the Office of Program Support, (the state's certification and licensing agency), and they completed unannounced visits to the sites for the purposes of the on-site review.*
- Please explain how the participant assessments are linked to specific settings/sites.
 - *Each participant survey reflected in the data reported was conducted during the validation site visit and tied directly to that site. In addition, we gathered other feedback from participants, although it was not site specific it adds to the overall assessment of compliance.*
- Please provide additional information on the field validation process, including how the process will be conducted and the entities which will complete the validation.
 - *Please see Validation Visits and Validation Team Members Selection and Training Process on pages 24-26 for a detailed explanation of the visit process and the qualifications of the team members who completed the on-site visits.*

Monitoring and Oversight:

- Please provide more details on the specific oversight and monitoring process, including a timeline with milestones and a description of the staff who will conduct the monitoring.
 - *The Statewide Transition Plan is broken down into two sections; one section for the Developmental Disability/Acquired Brain Disorder waiver and one for the Choices For Independence waiver. The plan outlines three types of remediation based on data analysis, input from the Advisory Taskforce and the Waiver Transition Team. The remediation includes:*
 - ***General Implementation Strategies** which are steps to be taken which impact all areas of the HCBS expectations.*
 - ***Topic Area Goals** which are specific to each HCBS Standard and the each topic area within the standard.*
 - ***Ongoing Monitoring Goals** which identify how the state will ensure that there are systems in place to assure compliance is maintained. These are broken down into short-term and ongoing*

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monitoring measures.

- The STP indicates that it will provide training and education for providers during enrollment and orientation; please explain how the state will address training for existing providers.
 - *Please see DD/ABD General Implementation Strategy # 6 on pages 32 and 33, as well as CFI General Implementation Strategy #4 on pages 76 and 77 for a detailed process on the training for providers.*
 - *Additionally, it is the state's expectation that each provider incorporate training into staff's orientation and annually, as appropriate, as outlined in the processes in the remediation plan.*
 - *The state will also have a Toolkit which will offer resources and training strategies as per DD/ABD General Implementation Strategy #7 on page 33 and CFI General Implementation Strategy #6 on page 78.*
- Please provide information on the Advisory Taskforce monitoring process and the Taskforce's role and meeting frequency.
 - *The Advisory Task Force has been meeting monthly. The plan is for the Advisory Task Force (ATF) to meet on a quarterly basis upon submission of the plan. The ATF will monitor the progress on the strategies and goals outlined in the STP. ATF members will participate in various work groups identified in the STP. It is the expectation of the state that the Advisory Task Force continue its oversight and participation in the state's efforts toward full compliance. The expectations are outlined in the DD/ABD Ongoing Monitoring Goal #5 on page 120 and the CFI Ongoing Monitoring Goal #5 on page 127.*
- Please explain how the state will ensure that any consumer satisfaction surveys used for monitoring are linked to individual provider settings/sites.
 - *He-M 503, Eligibility and the Process of Providing Services for those receiving services under the DD waiver, and He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder both have a requirement of quarterly satisfaction surveys. The process outlined in the DD/ABD Ongoing Monitoring Goal #8 on pages 121 and 122 identifies the process that will be developed. The surveys are specific to the participant and the site(s) that provide services. This information will be included on the form and used during the analysis of the information.*

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- *The development of a quarterly satisfaction form will be implemented for those on the CFI waiver and is the process outlined in CFI Ongoing Monitoring Goal #11 on page 131. Those surveys will be specific to the participant and the site that provides services. This information will be included on the form and used during the analysis of the information.*

Remedial Actions:

- Please include a specific remediation strategy for the state's rules and regulations found to be out of compliance with the federal settings requirements.
 - *The plan outlines two goals related to regulatory compliance/remediation for both the DD/ABD and CFI waivers. The goals can be found on pages 19 through 22.*
- Please clarify whether licensing, credentialing, and policy revisions will be completed by the time the state submits the revised STP in March 2016. If the systemic remediation will not be complete, please include the timeframe when it will be complete.
 - *The policy/regulatory review has been completed, but revisions to the regulations must follow the state's Administrative Procedures Act as identified in the DD/ABD Regulatory Goal #1, step #5 found on page 20, and the CFI Regulatory Goal #1, step #3, found on page 21.*
- Please include a specific remediation strategy for those settings and sites found to be out of compliance. In the absence of an estimate of the possible number of non-compliant settings, it cannot be determined whether the state will have adequate time to complete its remedial actions. Therefore, please clarify the site-specific remedial actions, including interim milestones for the three year period from April 2016 – March 2019 for the settings to transition into compliance.
 - *At this time the state has no sites that are in full compliance with all of the HCBS expectations. The state's plan is to implement systemic processes, monitoring efforts and training for both the DD/ABD and CFI providers and participants as outlined in detail in the transition plan. The state will focus its efforts in these areas and will complete a re-evaluation beginning in September of 2017. The purpose of the re-evaluation will be to identify the status of sites based on the implementation of all of the remediation steps, analysis of data and additional site visits. The process is outlined in detail in the DD/ABD Short-Term Monitoring Goal #1 found on pages 117 and 118, and CFI Short-Term Monitoring Goal #1, found on pages 125 and 126. Attachment D in the Appendix is a copy of New Hampshire's STP Implementation Flow Chart which outlines our transition process.*

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Relocation of Beneficiaries:

There is no reference to relocation of beneficiaries as a possible outcome of New Hampshire's assessment and transition plan. In the absence of an estimate of possible non-compliant settings, it cannot be determined whether the state will have adequate time to relocate beneficiaries if necessary. Therefore, CMS is requesting additional information on the timeline for the relocation of beneficiaries.

Please provide additional detail on the following aspects of the relocation process:

- How will the state provide reasonable notice and due process;
- The estimated number of beneficiaries impacted;
- A description of the process to ensure beneficiaries can make an informed choice among alternate settings; and
- How all needed services and supports will be available to beneficiaries at the time of relocation.
 - *The state's detailed Relocation Process can be found on pages 136 and 137 for the DD/ABD participants and on page 137 and 138 for the CFI participants.*

Heightened Scrutiny:

The state should clearly lay out its process and timeframes for identifying settings that are presumed to be institutional in nature. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based and do not have the qualities of an institution. If the state determines it will not submit information on settings meeting the scenarios described in the regulation, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved either to compliant settings or settings not funded by Medicaid HCBS.

Settings presumed to be institutional include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- *The state has identified those sites that would be considered institutional based on their location under both the DD/ABD and CFI waivers. The list of these sites can be found under Section V. Settings Not in Compliance, on page 133 of the transition plan.*
 - *The state will be requesting Heightened Scrutiny for the site under the DD/ABD waiver. The information being submitted for heightened scrutiny determination can be found in Attachment H in the Appendix.*

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- *The state is reviewing its options regarding those sites presumed institutional under the CFI waiver.*
- *The state's Heightened Scrutiny Process can be found in the section titled Request for Heightened Scrutiny on pages 133-136.*
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.
 - *The state has developed an Isolation Monitoring Process for both DD/ABD participants and CFI participants. The process outlines what steps the state will be implementing to educate providers, monitor the efforts that are being made and how the state will handle sites that are identified as being isolating. The Isolation Monitoring Process for DD/ABD is Attachment I in the Appendix and the CFI Isolation Monitoring Process is Attachment J in the Appendix,*
 - *The state will be completing a re-evaluation in beginning in September 2017 using surveys, data analysis, certification/licensing data and participant feedback to identify if there are issues of isolation that might initiate the need for either Heightened Scrutiny or Relocation.*

If you have additional questions about our statewide transition plan, please direct your questions to Deb Fournier. She can be reached at deborah.fournier@dhhs.state.nh.us or 603.271.9434. Thank you for your consideration.

APPENDIX N
PUBLIC COMMENT AND RESPONSE

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PUBLIC COMMENT AND RESPONSE

Responses to Comments on New Hampshire Statewide Transition Plan May 2, 2016

Transparency and Stakeholder Engagement

Comment 1: Several commenters identified that the 30 day period for public notice and comment (February 5, 2016 – March 5, 2016) was not long enough to review the Draft Statewide Transition Plan (STP) and that the Advisory Task Force had insufficient time to review the draft STP prior to the opening of the public comment period.

Response 1: The State was sensitive to this concern and extended the public notice and comment period for an additional 25 days, so that the period ran from February 5, 2016 until March 30, 2016. The State held an additional public hearing during that extended time period, bringing the total public hearings regarding the draft statewide transition plan to 5.

Comment 2: Several commenters asserted that the Advisory Task Force should have included parents and/or family members of participants receiving services through Home and Community Based Care Services (HCBS) funding. One commenter wanted more consideration regarding the interpretation and implementation of the STP to be given to parents and family and people with special needs and people living with people with special needs, where appropriate and reasonable.

Response 2: The State recognizes the need for consumer representation in the Advisory Task Force and included consumers and family members as members of the Advisory Task Force from its beginning in mid-2015. In fact, consumers were provided a stipend to ensure their participation on the Advisory Taskforce.

Comment 3: Several commenters asked whether there would be opportunities to give public input into requests for Heightened Scrutiny, even if the state becomes aware that it may need to request Heightened Scrutiny for a site or set of sites after the close of the STP public notice and comment period.

Response 3: Yes. Consistent with the Heightened Scrutiny process outlined by the Centers for Medicare and Medicaid Services (CMS), the State will seek public comment for any setting for which it requests Heightened Scrutiny.

Comment 4: Commenters expressed dissatisfaction that feedback of some of the providers on the Advisory Task Force had not been accepted into the first draft Statewide Transition Plan and one commenter expressed concern that Advisory Task Force members had been asked to hold the first draft of the STP as confidential until the beginning of the public notice and comment period.

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Response 4: The State takes its obligations to solicit public comment and the opportunity to gather stakeholder engagement seriously. It created an Advisory Task Force to advise state personnel on the development of the Statewide Transition Plan throughout the last year to ensure that it heard from stakeholders. A collaborative process does not, however, dictate a consensus outcome on every matter. The request of advisory taskforce members to treat the draft STP as embargoed until the beginning of the public notice and comment period was meant to give the advisory task force a preview of what had been put forward to DHHS prior to the opening of public comment.

Requirements and Broad Application of 42 CFR 441.301(c)(4)

Comment 5: Several commenters asserted that the state should not apply the federal settings requirements to HCBC services. Commenters described the federal regulations as impractical, overly prescriptive, and inappropriate [to meet the needs of people receiving such services.] Commenters asserted that the rules are inflexible and a “one size fits all” approach will not produce the desired result. Moreover, numerous commenters asserted that broad application of the regulations will be: unfeasible, will produce settings that are unsafe for participants, will limit choice of available residential settings rather than improving it, will impose additional financial burden on providers, and the additional administrative cost and burden will drive providers out of business. Several commenters observed that application of these requirements would have unintended consequences that frustrate the purpose of residential care; and that moreover the regulations will result in increased bureaucracy that interferes with the high-quality care currently provided.

Response 5: New Hampshire seeks to ensure that it preserves Medicaid funding for Home and Community Based Services to the greatest extent possible by complying with the federal settings requirements. To that end, New Hampshire seeks to work with providers and participants to educate them further about the general requirements found at 42 CFR 441.301(c)(4) and, where practicable, find mutually agreeable approaches to satisfying those requirements. The state also notes that the 42 CFR 441.301(c)(4) requirements are bounded by “ the needs of the individual as indicated in their person-centered service plan.” That qualification provides some flexibility to ensure a balance between safety and well-being of the individual and the requirements outlined in the regulation. Modifications to the requirements in provider-owned or controlled settings are permissible if those modifications are sufficiently supported and justified through the participant’s person-centered service plan, through the modification process described at 42 CFR 441.301(c)(4)(vi)(F).

Comment 6: Several commenters expressed concerns that the requirements of 42 CFR 441.301(c)(4) should only apply to the developmentally disabled. Many commenters expressed the concern that the settings requirements are not appropriate for those with acquired brain disorders or senior citizens with dementia, other cognitive impairments or physical limitations

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PUBLIC COMMENT AND RESPONSE

because the safety and acuity needs of the elderly and/or physically disabled are too distinct from the developmentally disabled to require providers to provide services under the same expectations as those who provide service to the developmentally disabled.

Response 6: It is New Hampshire's understanding that 42 CFR 441.301(c)(4) applies to those Home and Community Based settings that are funded through Medicaid, regardless of the characteristics of the participants who receive them. To the extent that the settings requirements are not appropriate for a participant, modifications to the requirements in provider-owned or controlled settings are permissible, if those modifications are sufficiently supported and justified through the participant's person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Finally, New Hampshire seeks to ensure that it preserves Medicaid funding for Home and Community Based Services to the greatest extent possible by complying with the federal settings requirements. To that end, New Hampshire seeks to work with providers and participants to educate them further about the general requirements found at 42 CFR 441.301(c)(4) and, where practicable, find mutually agreeable approaches to satisfying those requirements.

Comment 7: Commenters opposed the proposed regulatory amendment to the licensing regulations of all New Hampshire Assisted Living Facilities and New Hampshire Supported Residential Health Care Facilities – regardless of whether they accepted Medicaid HCBC funded participants or not - to reflect the settings requirements that were not already addressed. Those commenters requested that the language be applied only to beds serving CFI waiver participants and not to all facilities.

Response 7: In response to this set of concerns, the state modified its proposal and proposes incorporating the federal HCBS settings standards that are absent from existing regulation into He-E 801, the regulation that governs the Choices For Independence (CFI) waiver rather than in the regulations that govern Assisted Living Residence Facilities (He-P 804) and/or Supported Residential Health Care Facilities (He-P 805).

Comment 8: In response to this amendment to the draft proposal, additional commenters expressed concern that targeting the settings requirements to the CFI waiver recipient beds only and not applying them broadly to all institutions will result in fewer providers choosing to accept Medicaid-funded participants.

Response 8: The state is sensitive to this concern but will pursue the proposed regulatory change as determined.

Comment 9: Commenters expressed concern that New Hampshire's continuum of care for long-term supports and services would be lost as a result of compliance with the settings requirements and that participants would be forced to leave assisted living facilities and end up in nursing homes.

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Response 9: New Hampshire seeks to avoid unintended consequences of moving people into more restrictive environments.

Comment 10: Commenters expressed concern that a program being run on the grounds of a public institution would automatically be terminated.

Response 10: Heightened Scrutiny requested for programs run in particular settings is a process to allow for settings that could be construed as institutional to be evaluated on the merits of the setting and not evaluated on its proximity to a particular public setting.

Comment 11: Commenters expressed great desire for flexibility to depart from the settings requirements.

Response 11: Modifications from the settings requirements in provider owned and controlled settings are possible, per the process outlined at 42 CFR 441.301(c)(4)(vi)(F).

Comment 12: Commenters expressed desire for guidance about integrating practical safety considerations for affording participants who have criminal backgrounds, histories of violence, and/or are registered as sex offenders, the ability to choose who provides services, where services are provided and where one resides.

Response 12: The state is sensitive to these concerns and will work closely with providers to appropriately address these complex issues.

Lockable Doors

Comment 13: Numerous commenters expressed the concern that requiring lockable doors for all people receiving waived services in a provider-controlled or owned setting was fundamentally unsafe for those participants. Commenters stressed that they felt this puts participants' wellbeing at risk, reduces ability of staff to do safety checks in the usual course of business, and compromises the ability of the staff to evacuate the premises in the event of an emergency, such as a fire. Finally, commenters expressed the concern that this requirement would be extremely expensive to implement.

Response 13: To the extent that the settings requirements are not appropriate for a participant, modifications to the requirements in provider-owned or controlled settings are permissible if those modifications are sufficiently supported and justified through the participant's person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Moreover, the state acknowledges that the safety of participants is of paramount importance and that their safety needs, as well as existing regulations, need to be considered during implementation of this requirement. Please see proposed Amendment to He-E 801.24 after c:

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“(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’...

(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B), for those CFI Waiver recipients who do not have a modification of this requirement in their person centered plan and consistent with New Hampshire fire safety regulations.”

The state acknowledges the potential expense to providers and will explore whether providing lockable doors could be construed as an environmental modifications that could be reimbursed in part under the waivers.

Access to Food at Any Time

Comment 14: Numerous commenters expressed the concern that the settings requirements appears to demand that all participants have full and unfettered access to all kitchens (and their respective cooking utensils and heating elements) and that requiring facilities to make kitchens fully accessible to all participants is fundamentally unsafe and prohibitively expensive. Moreover, commenters expressed the concern that for many participants, giving them access to food at any time was in opposition to their needs and would be harmful to the participant. Finally, many commenters expressed that this requirement, if carried out to allow participants to order any meal at any time day or night, was impractical and expensive.

Response 14: New Hampshire approaches this requirement in a balanced and reasonable way. To the extent that the settings requirements are not appropriate for a participant’s particular needs, modifications to requirements in provider-owned or controlled settings - including the lockable door requirement - are allowed if those modifications are sufficiently supported and justified through the participant’s person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Moreover, the state’s proposed regulatory solution for access to food provides a balanced approach for facilities to develop policies that ensure this right. See proposed Amendment to He-E 801.24 after (c):

“(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’...

(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.”

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Visitors of Their Choosing at Any Time

Comment 15: Numerous commenters expressed the concern that the element of the settings requirement that requires that participants be allowed visitors of the participant's choosing at any time would result in a cascade of unintended consequences: it would permit visitors to come in the middle of the night, would encourage unwanted business solicitation or unwanted family interactions at the site, and would encourage illicit behavior to take place at the site, related to drug use or intimate activities.

Response 15: The state has proposed a balanced approach to the implementation of this requirement, as noted below, to foster both common courtesy in its implementation and underscore the participant's role in managing visitors who are of their choosing:

"(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients'...

(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time particularly when visitors come during quiet hours or outside of regular business hours, and how this is managed without infringing on the rights or quiet enjoyment of other residents."

Choice of Roommate

Comment 16: Commenters expressed concern that providing a choice of housemate is extremely difficult in settings with large numbers of residents. Concern was raised about the scenario in which a hospital calls and asks if there is a bed available and the participant appears to be a good match – how would the provider ensure choice of housemate?

Response 16: The choice of roommate provision is meant to provide the participants with a choice of roommate, not housemate, in the event a room is shared. If there is only one bed available, the participants needs to decide if that one bed is acceptable or if he or she needs to consider another setting.

Settings Requirement Limits Choice of People Living with Disabilities

Comment 17: Several commenters expressed concern that the federal settings regulations will limit or remove the choice of participants who choose to live with other people who also have disabilities, or socialize in disability specific settings, or to live in settings that meet the safety needs of participants.

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Response 17: Guidance from CMS indicates that the rule is not meant to prohibit peers from being served together but rather to ensure that opportunities for housing and services, beyond those that are disability specific, are offered to the participant. In particular: “ a non-disability-specific setting, in the context of this regulation means that *among the options available, the individual must have the option to select* a setting that is not limited to people with the same or similar types of disabilities. This could include services based out of a private home or a provider-controlled setting that includes people with and without disabilities. People may receive services with other people who have either the same or similar disabilities, *but must have the option* to be served in a setting that is not exclusive to people with the same or similar disabilities.”

Moreover, the state is sensitive to the concern that the scope of what is available will be narrowed even further by overly broad interpretations of this rule and confusion with billing practices for community participation services and will work with vendors to clarify the distinctions between the two.

Comment 18: Some commenters expressed concern that the settings requirements will force people with disabilities into the community against their will or force them to be more isolated because disability specific settings are prohibited.

Response 18: Disability-specific settings are not prohibited, they need to not be the only option available to the participant.

State Resources to Monitor and Enforce Compliance

Comment 19: Commenters expressed concern that the state would not have sufficient resources in the Office of Program Support to monitor and enforce compliance with the regulations as proposed in the Statewide Transition Plan.

Response 19: The State is aware of the need for resources in OPS to carry out these compliance activities. There is an awareness of the need for OPS to increase its capacity.

Comment 20: Commenters inquired whether waiver services could be funded by another source that exempted them from the settings requirements.

Response 20: The state is open to exploring this option.

Comment 21: Several commenters commended the STP for identifying that the low rates paid to CFI providers needed to be reviewed, in the context of giving providers sufficient resources to meet the settings requirements identified at 42 CFR 441.301(c)(4). Many commenters

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expressly pointed out that the daily rate for a recipient of CFI waiver services is significantly lower than the daily rate for DD/ABD waiver recipients.

Response 21: The State is aware that additional resources are desirable and is open to looking at options available to support the needs of those on the CFI waivers.

Comment 22: One commenter suggested that an analysis of the cost burden of implementing the settings requirements should become part of the STP; and that if CMS approves the plan, that the Department educate state lawmakers about the potential cost and support a request to increase appropriations to defray the costs on providers

Response 22: Developing cost analysis of the impact on private market providers is complex. However, the State is aware of the desire for additional resources to defray potential implementation costs for providers and is open to further discussions regarding resources.

Comment 23: Commenters expressed concern that any increase in rates should be paid to direct care staff.

Response 23: The state recognizes how important direct staff care is and is aware that additional resources are needed.

Substantive Comments on the STP

Comment 24: A commenter asked whether the questions in the provider self-assessments and participants' surveys will be revised from the original assessments conducted.

Response 24: Yes, Short-Term Monitoring Goal, on pages 117 and 118 for the DD/ABD waiver pages 125-126 for the CFI waiver identifies that the assessment tools will be revised.

Comment 25: Commenters expressed concern that the State Wide Transition Plan relied too much on self-assessment by providers and there needed to be additional input from participants.

Response 25: The STP relied on both provider self-assessments and participant surveys, the results of which were validated by more than 400 on-site field visits.

Comment 26: Commenters expressed concern that the "concern form" identified in Regulatory Goal #1 should not be implemented before any regulatory changes occurred because it would be holding providers to expectations that were not yet enacted at the state level. Commenters also expressed that the concern form results should not be made public. Still more concerns

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were raised about whether the “concern form” would be used for all providers, even those who do not accept Medicaid reimbursement.

Response 26: The State modified its proposal to use the concern form and will now use an educational tool to assist the State in educating providers about the settings regulations. The use of the education tool will not foster corrective action plans from providers at this time. The education tools will provide the state with information about relative compliance of providers. Once the regulatory changes are enacted through the JLCAR process, the HCBS expectations will be part of the standardized certification and licensing tools will be utilized to track status of compliance. None of the results gleaned from the education tool will be made public. Finally, this education tool will be used only with those providers who have CFI-funded beds.

Comment 27: Commenters expressed concern that provisions of the STP would be implemented prior to State rule changes or approval by CMS.

Response 27: The state will wait to implement provisions of the STP until it receives CMS approval. New Hampshire will pursue regulatory changes through the traditional Joint Legislative Committee on Administrative Rules (JLCAR) process.

Comment 28: Commenters asked whether settings would be identified as isolating by 2018 and whether there was enough time to assess and make changes to setting prior to the re-evaluation of sites planned in the STP in 2018. Commenters also questioned whether there was sufficient time between the approval of the STP and the re-assessment planned for 2018, whether each provider will have received education about the issues in their facilities that need to be addressed? Commenters expressed desire to see more detail about how to ensure compliance by 2019.

Response 28: Trainings, tool kits and small workgroups will be available to providers very shortly after the approval of the STP by CMS. The State will work to ensure providers have sufficient information from licensing and certification to address the issues in their facilities. In late 2017 a re-assessment of sites will be conducted to identify the state’s compliance.

Comment 29: Commenters expressed concern that a legal analysis relating to landlord tenant law had not been completed.

Response 29: Topic area goal #15 for the DD/ABD waivers and Topic area goal #16 for the CFI waiver include timeframes for the completion of this goal. Given the sensitivity of this issue and its potential impact on current funding mechanisms, the state is looking to work with providers to try, where practicable, to reach a mutually agreeable approach to this issue.

Comment 30: Commenters expressed concern that He-P 804 and He-P 818 regulations had not been included in the regulatory review.

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Response 30: The State has revised the STP and included reviews of both of these regulations.

Comment 31: Commenters expressed concern that the Heightened Scrutiny process the State plans to use does not include gathering information from stakeholders with relevant information about a particular setting.

Response 31: The State recognizes the importance of public stakeholder input. In response to this concern, the Isolation Monitoring process has been revised to include ad hoc committees for both the CFI and DD/ABD waivers to give feedback for the Isolation Monitoring/Heightened Scrutiny Process the state will pursue in late 2017. Moreover, any Heightened Scrutiny requests will be subject to public notice and comment.

Comment 32: Commenters expressed concern that some of the tasks do not contain a corresponding timeline for completion, including regulatory changes, monitoring of isolation process (Heightened Scrutiny requests), timeline for reviewing statewide complaint data, or relocation process.

Response 32: The regulatory process lacks timeframes because the state must follow the JLCAR process and the state cannot control the timeframes of legislative matters. The statewide complaint data will be reviewed every six months as identified in DD/ABD ongoing goal #9 and CFI ongoing goal #9. The relocation process must be individualized for each participant and the timeline will be determined by the participant's needs as well as his or her support team. Heightened Scrutiny requests and whether they are granted are ultimately up to CMS. The state cannot put a timeframe on the completion of the monitoring of isolation process as a result.

Comment 33: Commenters expressed concern that the STP does not ensure participants will be provided sufficient notice, appeals rights and appropriate discharge planning.

Response 33: The Relocation Process outlines the steps to be taken for participants to be transitioned to an alternate setting if the site is unable to come into compliance by the deadline. Notification and discharge planning development is part of the Relocation Process.

Comment 34: Concern was expressed that the STP places responsibility for relocation primarily on the participant's service coordinator and that the state may want to consider involving other agencies.

Response 34: The state will follow a relocation process that is individualized for each participant.

Comment 35: Concern was raised that the STP does not provide training to participants about remediation or how to file a complaint and use of the concern form (now called the education

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tool). Further, commenters stressed that participants should be educated about what constitutes an appropriate level of community integration and what the implications of staying in a non-compliant setting will mean.

Response 35: Topic Area Goal #7 (CFI) and Topic Area Goal #6 (DD/AD) specifically address education of participants regarding rights and the settings requirement. Existing regulations already require that participants are made aware of their rights and how to file a complaint. The state will not prioritize remediation training for participants at this time as providers are responsible for remediation, not participants. The appropriate level of community integration will be specific to each participant and will be reflected by their needs and desires. The Relocation Process has been revised to include a fact sheet including information about implications of remaining in a non-compliant setting.

Comment 36: Several commenters suggested standardized forms for CFI providers should be a component of the STP.

Response 36: The STP was revised to include the development of standardized forms for CFI Providers.

Comment 37: Some commenters indicated that the proposal to adopt the use of Human Rights Committees for CFI waiver recipients wasn't necessary, noting that the Ombudsman office in particular would be providing duplicative services if the Human Rights Committee provision was employed.

Response 37: In response to these comments, the state revised the STP to remove the Human Rights Committee function for CFI waiver recipients.

Comment 38: One commenter inquired how the educational components of the STP would be provided and suggested that the toolkit should be available online to alleviate cost, and that the information should include information about how to file complaints. Another commented suggested that the STP should include a goal around formalizing the CFI complaint process.

Response 38: The Statewide Transition Plan relies heavily on workgroups to develop systems that would support providers to receive the educational information they need. Toolkits will be available online to make accessing the information easier for staff. Additionally, in response to these comments, the state revised the STP to include a goal around formalizing the CFI complaint process. Moreover, the toolkits will include information sheets relative to how to file complaints under either waiver.

Comment 39: One commenter indicated that the STP should include a comprehensive assessment of the service and settings gaps for those who are eligible to receive waiver services, specifically: gaps indicated by those CFI recipients who felt they did not had a choice

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of setting – which may signal a lack of housing options; gaps around lack of transportation and provider access to facilitate community integration; and guardian participation that may have presented a barrier to further community integration.

Response 39: The state will be looking at all options to assist providers with access to community for the participants they support. Moreover, the STP has a training identified in the plan to educate guardians on the authority legally granted to them and other options that may be helpful to the guardians in supporting participants to have a greater voice in their care. The most common reason participants felt they lacked a choice about their options were as a result of being unable to make the choice or that the participant’s guardian made the choice for them.

Comment 40: Commenters asked for clarity about the role of licensing in monitoring compliance with the federal settings requirements.

Response 40: The Office of Program Support, (OPS) through licensing and certification staff, will be instrumental in ensuring New Hampshire reaches compliance with the settings requirement. The State is aware that additional resources within OPS have been identified as a source of concern. The STP also identifies additional ways in which the state will be monitoring its progress toward full compliance.

Comment 41: Commenters questioned how participants were selected for on-site interviews, how they were offered privacy and protection from retaliation, or how the participants who were assisted by case managers in filling out their surveys actually filled out the surveys.

Response 41: More than 400 on-site validation visits were performed to ensure the state received genuine participant feedback. The state did not have knowledge about how participants’ surveys were handled. A description of the on-site validation process is in Section 4 of the STP, which includes information about how participants were selected at each site.

Comment 42: Concern about the plan indicating that participants may have understood questions were raised by commenters.

Response 42: The questions about being in proximity to a public institution may have generally been misunderstood – the state received many responses that settings were in proximity to a public institution, but the public institution was a public school or post office. The STP has been revised to clarify the issue.

Comment 43: Concern was raised that the STP does not have a list of providers in compliance.

Response 43: New Hampshire’s methodology for ascertaining compliance was to complete evaluations of a significant percentage of impacted settings in order to obtain the necessary information to complete the STP, which was an option provided for by CMS. In late 2017 the

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state will do a re-assessment of all settings and level of compliance at that time, after the STP provisions have been put into effect.

Comment 44: A commenter wanted to know whether the Community Support Network was supportive of the plan.

Response 44: CSNI has been on the Advisory Task Force; it submitted a letter with comments. It is posted with these comments and should be read.

Comment 45: Multiple comments expressed the need for assistance when a CFI participant's needs increase and alternatives are needed. Many questioned whether case managers should be part of this process.

Response 45: The State is sensitive to this issue and will work with appropriate parties to address this.

Comment 46: Several commenters expressed concern about how the implementation of a lease or residency agreement would impact the funding of the most common service model used for providing services under the DD and ABD waivers.

Response 46: The state will work collaboratively with stakeholders to try to create a mechanism for meeting the lease/tenancy provisions of the settings requirements while maintaining the current funding mechanism.

Comment 47: Commenters questioned why the In-Home Supports waiver services are described as home-based?

Response 47: IHS services are based out of the participant's private home, regardless of the type of service that is being provided.

Comment 48: Commenters wanted clarification about what the settings expectations around employment are.

Response 48: The settings requirements anticipate participants are provided the opportunity to seek competitive employment if they would like that opportunity.

Comment 49: Commenters expressed interest in knowing how ten assisted living sites on the grounds of nursing homes would be evaluated.

Response 49: The presumption of institutionality is triggered by proximity to a public institution. A privately owned facility is not a public institution. As a result, those assisted living sites would not be presumed institutional.

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Comment 50: Commenters expressed concern about educational components in the STP being provided to in language that is easily understandable by participants and offered to assist with fulfilling this.

Response 50: The state will make every effort to ensure that toolkit items are accessible and understandable to all users.

Miscellaneous

Comment 51: One commenter expressed concern that the community-based support system for individuals with disabilities would be replaced by a managed care organization that is a for-profit entity.

Response 51: The settings requirements at 42 CFR 441.301(c)(4) are expected to be responded to in any health care delivery system, whether it is fee-for-service, full-risk capitated arrangements, or other alternative payment models.

Comment 52: Commenters asked whether the settings regulation applies only to residential settings.

Response 52: The settings regulations include day services under the state's 1915(c) waivers.

Comment 53: Several commenters expressed concern over LNAs not being able to take their children out into the community.

Response 53: Effective July 1, CMS has determined that LNAs will be able to provide care out in the community as well as in a residential setting.

Heightened Scrutiny

Comment 54: A commenter asserted that nine settings for which the state had requested heightened scrutiny because the sites had been identified as presumed institutional because they were located on the grounds of an institution had been incorrectly identified for Heightened Scrutiny. The settings were not in fact located adjacent to a public institution, but rather a private one.

Response 54: The state acknowledges that the settings did not meet the criteria for heightened scrutiny due to location and that those requests were unnecessary. As a result, the STP has been revised to withdraw those requests. If, during the transition process, however,

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any setting meets other criteria outlined by CMS identifying a setting as being non- HCBS, the state will initiate Heightened Scrutiny processes.

Comment 55: One commenter inquired what would happen if both the state and CMS approve a site through the heightened scrutiny process, what happens when managed care comes online and the MCO “changes their mind”?

Response 55: Only the state can request Heightened Scrutiny, and only CMS makes determinations regarding whether a site passes the Heightened Scrutiny process.

Comment 56: A commenter expressed concern that when additional sites are identified for heightened scrutiny review due to tendency to isolate, that there is no provision for public comment, nor is there provision for public comment if the state should significantly change assessment or monitoring tools.

Response 56: The state will follow the Heightened Scrutiny process outlined at Step #8, which follows the CMS rules regarding Heightened Scrutiny and public comment. CMS has not identified any requirement to reflect changes to assessment or monitoring tools through a public notice and comment period.

Comment 57: Several commenters expressed concern that the Statewide Transition Plan activities and the new settings requirements would deprive their children or family members of the supports within the LTSS delivery system they currently enjoy and which are effective for those individuals. Many expressed this concern in the context of worrying that the new regulations placed too much emphasis on independence and autonomy and insufficient emphasis on safety, security, and maintenance of services and/or settings in which residents or participants are thriving.

Response 57: The state appreciates the time and energy these family members took to comment on the STP process and are encouraged to hear that elements of the current LTSS delivery system are providing safe and effective supports for participants.

Comment 58: Commenters expressed concern that legal guardians did not have to give their consent for heightened scrutiny visits to occur in settings in which their family members were residents or participants.

Response 58: The State determined consent from guardians was not necessary to conduct the heightened scrutiny visits. However, the State did inform the legal guardians of each impacted resident that such a visit was taking place and provided each guardian the opportunity to speak with representatives of the state regarding these visits by providing a dedicated staff person’s direct email and direct phone number to address these concerns. The state received 3 phone calls from guardians related to the heightened scrutiny visits.

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Responses to Comments on New Hampshire Statewide Transition Plan *May 2, 2016, Amended and Updated June 28, 2016*

Transparency and Stakeholder Engagement

Comment 1: Several commenters identified that the 30 day period for public notice and comment (February 5, 2016 – March 5, 2016) was not long enough to review the Draft Statewide Transition Plan (STP) and that the Advisory Task Force had insufficient time to review the draft STP prior to the opening of the public comment period.

Response 1: The State was sensitive to this concern and extended the public notice and comment period for an additional 25 days, so that the period ran from February 5, 2016 until March 30, 2016. The State held an additional public hearing during that extended time period, bringing the total public hearings regarding the draft statewide transition plan to 5.

Comment 2: Several commenters asserted that the Advisory Task Force should have included parents and/or family members of participants receiving services through Home and Community Based Care Services (HCBS) funding. One commenter wanted more consideration regarding the interpretation and implementation of the STP to be given to parents and family and people with special needs and people living with people with special needs, where appropriate and reasonable.

Response 2: The State recognizes the need for consumer representation in the Advisory Task Force and included consumers and family members as members of the Advisory Task Force from its beginning in mid-2015. In fact, consumers were provided a stipend to ensure their participation on the Advisory Taskforce.

Comment 3: Several commenters asked whether there would be opportunities to give public input into requests for Heightened Scrutiny, even if the state becomes aware that it may need to request Heightened Scrutiny for a site or set of sites after the close of the STP public notice and comment period.

Response 3: Yes. Consistent with the Heightened Scrutiny process outlined by the Centers for Medicare and Medicaid Services (CMS), the State will seek public comment for any setting for which it requests Heightened Scrutiny.

Comment 4: Commenters expressed dissatisfaction that feedback of some of the providers on the Advisory Task Force had not been accepted into the first draft Statewide Transition Plan and one commenter expressed concern that Advisory Task Force members had been asked to hold the first draft of the STP as confidential until the beginning of the public notice and comment period.

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Response 4: The State takes its obligations to solicit public comment and the opportunity to gather stakeholder engagement seriously. It created an Advisory Task Force to advise state personnel on the development of the Statewide Transition Plan throughout the last year to ensure that it heard from stakeholders. A collaborative process does not, however, dictate a consensus outcome on every matter. The request of advisory taskforce members to treat the draft STP as embargoed until the beginning of the public notice and comment period was meant to give the advisory task force a preview of what had been put forward to DHHS prior to the opening of public comment.

Requirements and Broad Application of 42 CFR 441.301(c)(4)

Comment 5: Several commenters asserted that the state should not apply the federal settings requirements to HCBC services. Commenters described the federal regulations as impractical, overly prescriptive, and inappropriate [to meet the needs of people receiving such services.] Commenters asserted that the rules are inflexible and a “one size fits all” approach will not produce the desired result. Moreover, numerous commenters asserted that broad application of the regulations will be: unfeasible, will produce settings that are unsafe for participants, will limit choice of available residential settings rather than improving it, will impose additional financial burden on providers, and the additional administrative cost and burden will drive providers out of business. Several commenters observed that application of these requirements would have unintended consequences that frustrate the purpose of residential care; and that moreover the regulations will result in increased bureaucracy that interferes with the high-quality care currently provided.

Response 5: New Hampshire seeks to ensure that it preserves Medicaid funding for Home and Community Based Services to the greatest extent possible by complying with the federal settings requirements. To that end, New Hampshire seeks to work with providers and participants to educate them further about the general requirements found at 42 CFR 441.301(c)(4) and, where practicable, find mutually agreeable approaches to satisfying those requirements. The state also notes that the 42 CFR 441.301(c)(4) requirements are bounded by “the needs of the individual as indicated in their person-centered service plan.” That qualification provides some flexibility to ensure a balance between safety and well-being of the individual and the requirements outlined in the regulation. Modifications to the requirements in provider-owned or controlled settings are permissible if those modifications are sufficiently supported and justified through the participant’s person-centered service plan, through the modification process described at 42 CFR 441.301(c)(4)(vi)(F).

Comment 6: Several commenters expressed concerns that the requirements of 42 CFR 441.301(c)(4) should only apply to the developmentally disabled. Many commenters expressed the concern that the settings requirements are not appropriate for those with acquired brain disorders or senior citizens with dementia, other cognitive impairments or physical limitations

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because the safety and acuity needs of the elderly and/or physically disabled are too distinct from the developmentally disabled to require providers to provide services under the same expectations as those who provide service to the developmentally disabled.

Response 6: It is New Hampshire's understanding that 42 CFR 441.301(c)(4) applies to those Home and Community Based settings that are funded through Medicaid, regardless of the characteristics of the participants who receive them. To the extent that the settings requirements are not appropriate for a participant, modifications to the requirements in provider-owned or controlled settings are permissible, if those modifications are sufficiently supported and justified through the participant's person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Finally, New Hampshire seeks to ensure that it preserves Medicaid funding for Home and Community Based Services to the greatest extent possible by complying with the federal settings requirements. To that end, New Hampshire seeks to work with providers and participants to educate them further about the general requirements found at 42 CFR 441.301(c)(4) and, where practicable, find mutually agreeable approaches to satisfying those requirements.

Comment 7: Commenters opposed the proposed regulatory amendment to the licensing regulations of all New Hampshire Assisted Living Facilities and New Hampshire Supported Residential Health Care Facilities – regardless of whether they accepted Medicaid HCBC funded participants or not - to reflect the settings requirements that were not already addressed. Those commenters requested that the language be applied only to beds serving CFI waiver participants and not to all facilities.

Response 7: In response to this set of concerns, the state modified its proposal and proposes incorporating the federal HCBS settings standards that are absent from existing regulation into He-E 801, the regulation that governs the Choices For Independence (CFI) waiver rather than in the regulations that govern Assisted Living Residence Facilities (He-P 804) and/or Supported Residential Health Care Facilities (He-P 805).

Comment 8: In response to this amendment to the draft proposal, additional commenters expressed concern that targeting the settings requirements to the CFI waiver recipient beds only and not applying them broadly to all institutions will result in fewer providers choosing to accept Medicaid-funded participants.

Response 8: The state is sensitive to this concern but will pursue the proposed regulatory change as determined.

Comment 9: Commenters expressed concern that New Hampshire's continuum of care for long-term supports and services would be lost as a result of compliance with the settings requirements and that participants would be forced to leave assisted living facilities and end up in nursing homes.

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Response 9: New Hampshire seeks to avoid unintended consequences of moving people into more restrictive environments.

Comment 10: Commenters expressed concern that a program being run on the grounds of a public institution would automatically be terminated.

Response 10: Heightened Scrutiny requested for programs run in particular settings is a process to allow for settings that could be construed as institutional to be evaluated on the merits of the setting and not evaluated on its proximity to a particular public setting.

Comment 11: Commenters expressed great desire for flexibility to depart from the settings requirements.

Response 11: Modifications from the settings requirements in provider owned and controlled settings are possible, per the process outlined at 42 CFR 441.301(c)(4)(vi)(F).

Comment 12: Commenters expressed desire for guidance about integrating practical safety considerations for affording participants who have criminal backgrounds, histories of violence, and/or are registered as sex offenders, the ability to choose who provides services, where services are provided and where one resides.

Response 12: The state is sensitive to these concerns and will work closely with providers to appropriately address these complex issues.

Lockable Doors

Comment 13: Numerous commenters expressed the concern that requiring lockable doors for all people receiving waived services in a provider-controlled or owned setting was fundamentally unsafe for those participants. Commenters stressed that they felt this puts participants' wellbeing at risk, reduces ability of staff to do safety checks in the usual course of business, and compromises the ability of the staff to evacuate the premises in the event of an emergency, such as a fire. Finally, commenters expressed the concern that this requirement would be extremely expensive to implement.

Response 13: To the extent that the settings requirements are not appropriate for a participant, modifications to the requirements in provider-owned or controlled settings are permissible if those modifications are sufficiently supported and justified through the participant's person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Moreover, the state acknowledges that the safety of participants is of paramount importance and that their safety needs, as well as existing regulations, need to be considered during implementation of this requirement. Please see proposed Amendment to He-E 801.24 after c:

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“(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’...

(i) right to have a lockable door, as provided for under 42 CFR 441.301(c)(4)(vi)(B), for those CFI Waiver recipients who do not have a modification of this requirement in their person centered plan and consistent with New Hampshire fire safety regulations.”

The state acknowledges the potential expense to providers and will explore whether providing lockable doors could be construed as an environmental modifications that could be reimbursed in part under the waivers.

Access to Food at Any Time

Comment 14: Numerous commenters expressed the concern that the settings requirements appears to demand that all participants have full and unfettered access to all kitchens (and their respective cooking utensils and heating elements) and that requiring facilities to make kitchens fully accessible to all participants is fundamentally unsafe and prohibitively expensive. Moreover, commenters expressed the concern that for many participants, giving them access to food at any time was in opposition to their needs and would be harmful to the participant. Finally, many commenters expressed that this requirement, if carried out to allow participants to order any meal at any time day or night, was impractical and expensive.

Response 14: New Hampshire approaches this requirement in a balanced and reasonable way. To the extent that the settings requirements are not appropriate for a participant’s particular needs, modifications to requirements in provider-owned or controlled settings - including the lockable door requirement - are allowed if those modifications are sufficiently supported and justified through the participant’s person-centered service plan as described at 42 CFR 441.301(c)(4)(vi)(F). Moreover, the state’s proposed regulatory solution for access to food provides a balanced approach for facilities to develop policies that ensure this right. See proposed Amendment to He-E 801.24 after (c):

“(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’...

(ii) access to food, as provided for under 42 CFR 441.301(c)(4)(vi)(C). The policy shall describe the process by which a CFI recipient may: have a meal at a time and place different from when scheduled meals are provided, including the option to eat privately or in a seat that is not assigned; and request an alternative meal from the meal that is served during scheduled meals.”

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Visitors of Their Choosing at Any Time

Comment 15: Numerous commenters expressed the concern that the element of the settings requirement that requires that participants be allowed visitors of the participant's choosing at any time would result in a cascade of unintended consequences: it would permit visitors to come in the middle of the night, would encourage unwanted business solicitation or unwanted family interactions at the site, and would encourage illicit behavior to take place at the site, related to drug use or intimate activities.

Response 15: The state has proposed a balanced approach to the implementation of this requirement, as noted below, to foster both common courtesy in its implementation and underscore the participant's role in managing visitors who are of their choosing:

“(d) Any facility that provides residential services to Choices for Independence (CFI) Waiver recipients shall develop and adopt a policy relative to CFI Waiver recipients’...

(iii) access to visitors of their choosing, as provided for under 42 CFR 441.301(c)(4)(vi)(D). The policy shall describe the process by which a CFI recipient has: access to visitors of their choosing at any time particularly when visitors come during quiet hours or outside of regular business hours, and how this is managed without infringing on the rights or quiet enjoyment of other residents.”

Choice of Roommate

Comment 16: Commenters expressed concern that providing a choice of housemate is extremely difficult in settings with large numbers of residents. Concern was raised about the scenario in which a hospital calls and asks if there is a bed available and the participant appears to be a good match – how would the provider ensure choice of housemate?

Response 16: The choice of roommate provision is meant to provide the participants with a choice of roommate, not housemate, in the event a room is shared. If there is only one bed available, the participants needs to decide if that one bed is acceptable or if he or she needs to consider another setting.

Settings Requirement Limits Choice of People Living with Disabilities

Comment 17: Several commenters expressed concern that the federal settings regulations will limit or remove the choice of participants who choose to live with other people who also have disabilities, or socialize in disability specific settings, or to live in settings that meet the safety needs of participants.

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Response 17: Guidance from CMS indicates that the rule is not meant to prohibit peers from being served together but rather to ensure that opportunities for housing and services, beyond those that are disability specific, are offered to the participant. In particular: “ a non-disability-specific setting, in the context of this regulation means that *among the options available*, the *individual must have the option to select* a setting that is not limited to people with the same or similar types of disabilities. This could include services based out of a private home or a provider-controlled setting that includes people with and without disabilities. People may receive services with other people who have either the same or similar disabilities, *but must have the option* to be served in a setting that is not exclusive to people with the same or similar disabilities.”

Moreover, the state is sensitive to the concern that the scope of what is available will be narrowed even further by overly broad interpretations of this rule and confusion with billing practices for community participation services and will work with vendors to clarify the distinctions between the two.

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expressly pointed out that the daily rate for a recipient of CFI waiver services is significantly lower than the daily rate for DD/ABD waiver recipients.

Response 21: The State is aware that additional resources are desirable and is open to looking at options available to support the needs of those on the CFI waivers.

Comment 22: One commenter suggested that an analysis of the cost burden of implementing the settings requirements should become part of the STP; and that if CMS approves the plan, that the Department educate state lawmakers about the potential cost and support a request to increase appropriations to defray the costs on providers

Response 22: Developing cost analysis of the impact on private market providers is complex. However, the State is aware of the desire for additional resources to defray potential implementation costs for providers and is open to further discussions regarding resources.

Comment 23: Commenters expressed concern that any increase in rates should be paid to direct care staff.

Response 23: The state recognizes how important direct staff care is and is aware that additional resources are needed.

Substantive Comments on the STP

Comment 24: A commenter asked whether the questions in the provider self-assessments and participants' surveys will be revised from the original assessments conducted.

Response 24: Yes, Short-Term Monitoring Goal, on pages 117 and 118 for the DD/ABD waiver pages 125-126 for the CFI waiver identifies that the assessment tools will be revised.

Comment 25: Commenters expressed concern that the State Wide Transition Plan relied too much on self-assessment by providers and there needed to be additional input from participants.

Response 25: The STP relied on both provider self-assessments and participant surveys, the results of which were validated by more than 400 on-site field visits.

Comment 26: Commenters expressed concern that the "concern form" identified in Regulatory Goal #1 should not be implemented before any regulatory changes occurred because it would be holding providers to expectations that were not yet enacted at the state level. Commenters also expressed that the concern form results should not be made public. Still more concerns

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were raised about whether the “concern form” would be used for all providers, even those who do not accept Medicaid reimbursement.

Response 26: The State modified its proposal to use the concern form and will now use an educational tool to assist the State in educating providers about the settings regulations. The use of the education tool will not foster corrective action plans from providers at this time. The education tools will provide the state with information about relative compliance of providers. Once the regulatory changes are enacted through the JLCAR process, the HCBS expectations will be part of the standardized certification and licensing tools will be utilized to track status of compliance. None of the results gleaned from the education tool will be made public. Finally, this education tool will be used only with those providers who have CFI-funded beds.

Comment 27: Commenters expressed concern that provisions of the STP would be implemented prior to State rule changes or approval by CMS.

Response 27: The state will wait to implement provisions of the STP until it receives CMS approval. New Hampshire will pursue regulatory changes through the traditional Joint Legislative Committee on Administrative Rules (JLCAR) process.

Comment 28: Commenters asked whether settings would be identified as isolating by 2018 and whether there was enough time to assess and make changes to setting prior to the re-evaluation of sites planned in the STP in 2018. Commenters also questioned whether there was sufficient time between the approval of the STP and the re-assessment planned for 2018, whether each provider will have received education about the issues in their facilities that need to be addressed? Commenters expressed desire to see more detail about how to ensure compliance by 2019.

Response 28: Trainings, tool kits and small workgroups will be available to providers very shortly after the approval of the STP by CMS. The State will work to ensure providers have sufficient information from licensing and certification to address the issues in their facilities. In late 2017 a re-assessment of sites will be conducted to identify the state’s compliance.

Comment 29: Commenters expressed concern that a legal analysis relating to landlord tenant law had not been completed.

Response 29: Topic area goal #15 for the DD/ABD waivers and Topic area goal #16 for the CFI waiver include timeframes for the completion of this goal. Given the sensitivity of this issue and its potential impact on current funding mechanisms, the state is looking to work with providers to try, where practicable, to reach a mutually agreeable approach to this issue.

Comment 30: Commenters expressed concern that He-P 804 and He-P 818 regulations had not been included in the regulatory review.

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Response 30: The State has revised the STP and included reviews of both of these regulations.

Comment 31: Commenters expressed concern that the Heightened Scrutiny process the State plans to use does not include gathering information from stakeholders with relevant information about a particular setting.

Response 31: The State recognizes the importance of public stakeholder input. In response to this concern, the Isolation Monitoring process has been revised to include ad hoc committees for both the CFI and DD/ABD waivers to give feedback for the Isolation Monitoring/Heightened Scrutiny Process the state will pursue in late 2017. Moreover, any Heightened Scrutiny requests will be subject to public notice and comment.

Comment 32: Commenters expressed concern that some of the tasks do not contain a corresponding timeline for completion, including regulatory changes, monitoring of isolation process (Heightened Scrutiny requests), timeline for reviewing statewide complaint data, or relocation process.

Response 32: The regulatory process lacks timeframes because the state must follow the JLCAR process and the state cannot control the timeframes of legislative matters. The statewide complaint data will be reviewed every six months as identified in DD/ABD ongoing goal #9 and CFI ongoing goal #9. The relocation process must be individualized for each participant and the timeline will be determined by the participant's needs as well as his or her support team. Heightened Scrutiny requests and whether they are granted are ultimately up to CMS. The state cannot put a timeframe on the completion of the monitoring of isolation process as a result.

Comment 33: Commenters expressed concern that the STP does not ensure participants will be provided sufficient notice, appeals rights and appropriate discharge planning.

Response 33: The Relocation Process outlines the steps to be taken for participants to be transitioned to an alternate setting if the site is unable to come into compliance by the deadline. Notification and discharge planning development is part of the Relocation Process.

Comment 34: Concern was expressed that the STP places responsibility for relocation primarily on the participant's service coordinator and that the state may want to consider involving other agencies.

Response 34: The state will follow a relocation process that is individualized for each participant.

Comment 35: Concern was raised that the STP does not provide training to participants about remediation or how to file a complaint and use of the concern form (now called the education

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tool). Further, commenters stressed that participants should be educated about what constitutes an appropriate level of community integration and what the implications of staying in a non-compliant setting will mean.

Response 35: Topic Area Goal #7 (CFI) and Topic Area Goal #6 (DD/AD) specifically address education of participants regarding rights and the settings requirement. Existing regulations already require that participants are made aware of their rights and how to file a complaint. The state will not prioritize remediation training for participants at this time as providers are responsible for remediation, not participants. The appropriate level of community integration will be specific to each participant and will be reflected by their needs and desires. The Relocation Process has been revised to include a fact sheet including information about implications of remaining in a non-compliant setting.

Comment 36: Several commenters suggested standardized forms for CFI providers should be a component of the STP.

Response 36: The STP was revised to include the development of standardized forms for CFI Providers.

Comment 37: Some commenters indicated that the proposal to adopt the use of Human Rights Committees for CFI waiver recipients wasn't necessary, noting that the Ombudsman office in particular would be providing duplicative services if the Human Rights Committee provision was employed.

Response 37: In response to these comments, the state revised the STP to remove the Human Rights Committee function for CFI waiver recipients.

Comment 38: One commenter inquired how the educational components of the STP would be provided and suggested that the toolkit should be available online to alleviate cost, and that the information should include information about how to file complaints. Another commented suggested that the STP should include a goal around formalizing the CFI complaint process.

Response 38: The Statewide Transition Plan relies heavily on workgroups to develop systems that would support providers to receive the educational information they need. Toolkits will be available online to make accessing the information easier for staff. Additionally, in response to these comments, the state revised the STP to include a goal around formalizing the CFI complaint process. Moreover, the toolkits will include information sheets relative to how to file complaints under either waiver.

Comment 39: One commenter indicated that the STP should include a comprehensive assessment of the service and settings gaps for those who are eligible to receive waiver services, specifically: gaps indicated by those CFI recipients who felt they did not had a choice

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of setting – which may signal a lack of housing options; gaps around lack of transportation and provider access to facilitate community integration; and guardian participation that may have presented a barrier to further community integration.

Response 39: The state will be looking at all options to assist providers with access to community for the participants they support. Moreover, the STP has a training identified in the plan to educate guardians on the authority legally granted to them and other options that may be helpful to the guardians in supporting participants to have a greater voice in their care. The most common reason participants felt they lacked a choice about their options were as a result of being unable to make the choice or that the participant’s guardian made the choice for them.

Comment 40: Commenters asked for clarity about the role of licensing in monitoring compliance with the federal settings requirements.

Response 40: The Office of Program Support, (OPS) through licensing and certification staff, will be instrumental in ensuring New Hampshire reaches compliance with the settings requirement. The State is aware that additional resources within OPS have been identified as a source of concern. The STP also identifies additional ways in which the state will be monitoring its progress toward full compliance.

Comment 41: Commenters questioned how participants were selected for on-site interviews, how they were offered privacy and protection from retaliation, or how the participants who were assisted by case managers in filling out their surveys actually filled out the surveys.

Response 41: More than 400 on-site validation visits were performed to ensure the state received genuine participant feedback. The state did not have knowledge about how participants’ surveys were handled. A description of the on-site validation process is in Section 4 of the STP, which includes information about how participants were selected at each site.

Comment 42: Concern about the plan indicating that participants may have understood questions were raised by commenters.

Response 42: The questions about being in proximity to a public institution may have generally been misunderstood – the state received many responses that settings were in proximity to a public institution, but the public institution was a public school or post office. The STP has been revised to clarify the issue.

Comment 43: Concern was raised that the STP does not have a list of providers in compliance.

Response 43: New Hampshire’s methodology for ascertaining compliance was to complete evaluations of a significant percentage of impacted settings in order to obtain the necessary information to complete the STP, which was an option provided for by CMS. In late 2017 the

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state will do a re-assessment of all settings and level of compliance at that time, after the STP provisions have been put into effect.

Comment 44: A commenter wanted to know whether the Community Support Network was supportive of the plan.

Response 44: CSNI has been on the Advisory Task Force; it submitted a letter with comments. It is posted with these comments and should be read.

Comment 45: Multiple comments expressed the need for assistance when a CFI participant's needs increase and alternatives are needed. Many questioned whether case managers should be part of this process.

Response 45: The State is sensitive to this issue and will work with appropriate parties to address this.

Comment 46: Several commenters expressed concern about how the implementation of a lease or residency agreement would impact the funding of the most common service model used for providing services under the DD and ABD waivers.

Response 46: The state will work collaboratively with stakeholders to try to create a mechanism for meeting the lease/tenancy provisions of the settings requirements while maintaining the current funding mechanism.

Comment 47: Commenters questioned why the In-Home Supports waiver services are described as home-based?

Response 47: IHS services are based out of the participant's private home, regardless of the type of service that is being provided.

Comment 48: Commenters wanted clarification about what the settings expectations around employment are.

Response 48: The settings requirements anticipate participants are provided the opportunity to seek competitive employment if they would like that opportunity.

Comment 49: Commenters expressed interest in knowing how ten assisted living sites on the grounds of nursing homes would be evaluated.

Response 49: The presumption of institutionality is triggered by proximity to a public institution. A privately owned facility is not a public institution. As a result, those assisted living sites would not be presumed institutional.

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Comment 50: Commenters expressed concern about educational components in the STP being provided to in language that is easily understandable by participants and offered to assist with fulfilling this.

Response 50: The state will make every effort to ensure that toolkit items are accessible and understandable to all users.

Miscellaneous

Comment 51: One commenter expressed concern that the community-based support system for individuals with disabilities would be replaced by a managed care organization that is a for-profit entity.

Response 51: The settings requirements at 42 CFR 441.301(c)(4) are expected to be responded to in any health care delivery system, whether it is fee-for-service, full-risk capitated arrangements, or other alternative payment models.

Comment 52: Commenters asked whether the settings regulation applies only to residential settings.

Response 52: The settings regulations include day services under the state's 1915(c) waivers.

Comment 53: Several commenters expressed concern over LNAs not being able to take their children out into the community.

Response 53: Effective July 1, CMS has determined that LNAs will be able to provide care out in the community as well as in a residential setting.

Heightened Scrutiny

Comment 54: A commenter asserted that nine settings for which the state had requested heightened scrutiny because the sites had been identified as presumed institutional because they were located on the grounds of an institution had been incorrectly identified for Heightened Scrutiny. The settings were not in fact located adjacent to a public institution, but rather a private one.

Response 54: The state acknowledges that the settings did not meet the criteria for heightened scrutiny due to location and that those requests were unnecessary. As a result, the STP has been revised to withdraw those requests. If, during the transition process, however,

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any setting meets other criteria outlined by CMS identifying a setting as being non- HCBS, the state will initiate Heightened Scrutiny processes.

Comment 55: One commenter inquired what would happen if both the state and CMS approve a site through the heightened scrutiny process, what happens when managed care comes online and the MCO “changes their mind”?

Response 55: Only the state can request Heightened Scrutiny, and only CMS makes determinations regarding whether a site passes the Heightened Scrutiny process.

Comment 56: A commenter expressed concern that when additional sites are identified for heightened scrutiny review due to tendency to isolate, that there is no provision for public comment, nor is there provision for public comment if the state should significantly change assessment or monitoring tools.

Response 56: The state will follow the Heightened Scrutiny process outlined at Step #8, which follows the CMS rules regarding Heightened Scrutiny and public comment. CMS has not identified any requirement to reflect changes to assessment or monitoring tools through a public notice and comment period.

Comment 57: Several commenters expressed concern that the Statewide Transition Plan activities and the new settings requirements would deprive their children or family members of the supports within the LTSS delivery system they currently enjoy and which are effective for those individuals. Many expressed this concern in the context of worrying that the new regulations placed too much emphasis on independence and autonomy and insufficient emphasis on safety, security, and maintenance of services and/or settings in which residents or participants are thriving.

Response 57: The state appreciates the time and energy these family members took to comment on the STP process and are encouraged to hear that elements of the current LTSS delivery system are providing safe and effective supports for participants.

Comment 58: Commenters expressed concern that legal guardians did not have to give their consent for heightened scrutiny visits to occur in settings in which their family members were residents or participants.

Response 58: The State determined consent from guardians was not necessary to conduct the heightened scrutiny visits. However, the State did inform the legal guardians of each impacted resident that such a visit was taking place and provided each guardian the opportunity to speak with representatives of the state regarding these visits by providing a dedicated staff person’s direct email and direct phone number to address these concerns. The state received 3 phone calls from guardians related to the heightened scrutiny visits.

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6/28/16: Amendment: public comment inadvertently omitted from initial document:

Comment 59: Two commenters expressed concern that the decision to require compliance with the settings rule for only the Medicaid CFI waiver enrollees residing in Assisted Living Facilities was a violation of the state's Patient's Bill of Rights.

Response 59: While the state appreciates the feedback, this is an area of disagreement in legal interpretation.