

CONNECTICUT STATEWIDE TRANSITION PLAN FOR ALIGNMENT WITH THE HOME AND COMMUNITY BASED SERVICES (HCBS) FINAL REGULATION'S SETTING REQUIREMENTS

I. INTRODUCTION

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for home and community based services (HCBS) that requires states to review and evaluate home and community based (HCB) settings, including residential and non-residential settings. Connecticut has developed this Statewide Transition Plan to determine compliance with the HCB settings rule and describe how the State will comply with the new requirements. The federal regulation for the final rule can be found on the CMS website at:

<http://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>

Connecticut's HCBS programs are administered by the Department of Social Services (DSS) or the Department of Developmental Service (DDS).

The HCBS programs administered by DSS are:

- HCBS Waiver for Elders
- 1915(i) State Plan HCBS Option
- Acquired Brain Injury Waiver
- Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)
- Personal Care Assistance Waiver
- Katie Beckett Waiver

The HCBS programs administered by DDS are:

- Comprehensive Waiver
- Individual and Family Support Waiver
- Employment and Day Supports Waiver
- Home and Community Supports waiver for Persons with Autism
- Early Childhood Autism Waiver

Section II (Assessment of Compliance) describes Connecticut's assessment of compliance of its HCB settings with the HCB settings requirements. Section II.A addresses HCBS programs administered by DSS, and Section II.B provides information on HCBS programs administered by DDS. At the end of Section II.A and Section II.B is a chart of assessment milestones and timeframes. Section III (Remediation and Monitoring Activities) describes the State's actions to remedy any non-compliance and to ensure ongoing compliance. Similar to the structure of Section II, Section III.A addresses HCBS programs administered by DSS, and Section III.B provides information on HCBS programs administered by DDS. At the end of Section III.A and

Section III.B is a chart of remediation milestones and timeframes. Section IV (Public Input Process) describes the public input process, including a summary of public comments and the State's response to comments. Section IV.A provides information on the HCBS programs administered by DSS, and Section IV.B provides information on those administered by DDS.

Reader's Note: This transition plan reflects the State's draft transition plan published in July. Revisions and updates to that draft transition plan are in italics and preceded by "Updated Language:"

II. ASSESSMENT OF COMPLIANCE

A. DSS Waivers

Updated Language: DSS reviewed the program regulations and service definitions for each of its HCBS programs to determine whether each service/setting complies with the new HCB settings requirements. DSS concluded that services provided in an individual's home (residence owned or leased by the participant/participant's family for personal use other than a home owned or leased by a HCBS provider), services provided in a practitioner's office (e.g., Mental Health Counseling), and transportation all comply with the HCB settings requirements. DSS conducted a further assessment of services/settings that do not meet the above criteria to determine whether the service/setting complies with the new HCB settings requirements. A discussion of DSS' further assessment is described below.

1. HCBS Waiver for Elders and 1915(i) State Plan HCBS Option

In preparing for the amendment to the Elders waiver, DSS reviewed the waiver services and residential settings and determined that three services and one residential setting in the Elders waiver and the 1915(i) State Plan HCBS Option required further review to assure compliance with the new HCB settings requirements. The three services are Assisted Living, Adult Family Living, and Adult Day Health. The residential setting requiring review is Residential Care Homes (RCH). *Updated Language: The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting (Mental Health Counseling), or transportation.*

a. *Assisted Living*

Based on several assessment activities, DSS has concluded that Assisted Living providers are in compliance with the new HCB settings requirements. DSS reviewed the Department of Public Health (DPH) regulation for Assisted Living Services and determined that the HCB settings requirements are specified in the DPH regulations, so DSS determined that the regulations comply with the new HCB settings requirements, and no changes need to be made to the regulations. This also indicates that the providers are aware of and in compliance with the HCB settings requirements. *Updated Language: The regulations for assisted living are very clear that persons reside in individual units, with cooking facilities, and have the protection of a lease agreement.* In addition to reviewing the regulations, DSS met with representatives of the

Connecticut Assisted Living Association and confirmed that all communities are required to have leases with their tenants.

As part of DSS' ongoing quality assurance efforts, DSS staff complete audits of assisted living providers. Each year, DSS audits two to three different communities. The audit process includes interviews with HCBS participants. DSS staff have directly observed that settings are compliant with HCB setting requirements. *Updated Language: Participants have privacy in their units, have access to food at any time, and can have visitors at any time, and the setting is physically accessible.*

Although DSS has concluded that Assisted Living is fully compliant with the HCB settings requirements, DSS will implement remediation and monitoring activities to ensure ongoing compliance. See Section III.A.1.a below.

b. *Adult Family Living*

Upon further review of the program regulations and service definition, DSS determined that Adult Family Living complies with the HCB settings requirements. Adult Family Living is provided in the home of the participant or of the caregiver. This service comports with CMS requirements as:

- It is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The participant understands that selecting this service setting also means he/she is selecting this service provider for services included in the bundled rate.
- Additional home and community based services are selected by the participant from a range of qualified service providers to address additional needs identified in the person centered planning process.
- *Updated Language: This setting is for a maximum of three people.*

The rate for the service is a bundled rate, but the participant has free choice of qualified providers for any other HCBS provided in addition to Adult Family Living.

See Section III.A.1.b below for additional information on remediation and ongoing monitoring strategies.

c. *Adult Day Health*

DSS assessed Adult Day Health with regard to the new HCB settings requirements. *Updated Language: First, DSS reviewed the certification standards for Adult Day Health providers established by the adult day care (ADC) association. The standards indicate that the services provided by Adult Day Health providers are person-centered, support integration in the community, and offer a wide range of activities for participants to choose from. While the DSS standards appear to comply with the HCB settings requirements, when DSS met with the board of directors of the ADC association, they agreed to amend the certification standards to add language to more clearly reflect the HCB settings requirements (see Section III.A.1.c below).*

DSS reviewed weekly and monthly calendars and schedules of activities for providers located adjacent to or on the grounds of a nursing facility and found that the activities were in full compliance with the final rule and in fact facilitated community integration and interaction with non-HCBS individuals

Updated Language: To further review compliance of Adult Day Health providers located adjacent to or on the grounds of a nursing facility, DSS developed and distributed a brief survey for care managers to complete to provide their perspective on the compliance of these Adult Day Health providers with the HCB settings requirements. Care managers were asked to assess nine statements that reflected the HCB settings requirements. For example, “Participants socialize with their peer, including non-HCBS participants, and engage in various interactive activities.” The care managers were given a choice of five response options for each statement: Completely False; Partially False; Neither True nor False; Partially True; and Completely True. Each response option was assigned a score from 1 to 5 as follows: 1 -Completely False; 2-Partially False, 3-Neither True nor False, 4-Partially True; and 5-Completely True.

Updated Language: Overall, care managers reported that these Adult Day Health centers comply with the HCB settings requirements reflected in the survey. Responses from all centers averaged an aggregate score of four or higher for each statement in the survey. The lowest aggregate response score was 4.19 for the statement “The center supports participant access to the surrounding community (not on the grounds of the nursing facility), e.g., through walking groups and/or field trips.” One center received an average score of three for that statement, and another center received an average score of two. As described in Section III.A.1.c, below, DSS will follow up with these two centers. No other center received a score below a four on any of the statements.

See Section III.A.1.c below for remediation strategies.

d. Residential Care Homes

To begin its assessment of Residential Care Homes (RCHs), DSS identified the number of Elder waiver participants residing in RCHs. Our analysis identified 254 participants residing in RCHs. RCHs vary widely in their appearance, size and home like qualities. DSS recognizes that some RCHs are fully compliant with the HCB settings requirements while others will need to make changes to become compliant. To determine whether RCHs are in compliance with the HCB settings requirements, DSS took a number of steps. First, all care managers were trained on the final rule and were introduced to a survey to be utilized from September 1, 2014 through February 28, 2015 when performing the annual or semi-annual reassessment of participant’s residing in an RCH (assessments take place at the RCH). *Updated Language: The survey asks participants questions about the RCH in the following five categories: choice of residence, community access and integration, living space (e.g., physical access, ability to control schedule, privacy, choice regarding meals, etc.), staff interactions and privacy, and services (the participant’s experience with services). Care managers will evaluate if the setting was clearly chosen by the participant as part of the person centered plan. DSS also developed and distributed a survey to all RCHs to do a self-assessment of compliance. This survey includes questions similar to the participant survey in the same five categories. In addition, DSS*

developed a brief survey for care managers to provide their perspective on RCH's compliance with the HCB settings rule. Review of the findings from the various surveys will help DSS identify areas that changes will need to be made to bring RCHs into full compliance. See Section III.A.1.d below for remediation and monitoring strategies.

2. Acquired Brain Injury Waiver

DSS identified five services in the Acquired Brain Injury (ABI) waiver that are not provided in the participant's home (which, except for the setting described below, is not provider-owned or leased and is owned or leased by the participant/participant's family for personal use) and one additional setting this is provider-owned or controlled.

The five services that DSS identified for further review are:

- Prevocational Services;
- Supported Employment;
- ABI Group Day;
- Community Living Support Services; and
- Substance Abuse Programs.

DSS reviewed the draft program regulations and service definitions for Prevocational Services and determined that:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community and supports access to employment in competitive integrated settings.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- This service is provided in a variety of settings, most commonly in the participant's home.

Updated Language: Because Prevocational Services are sometimes provided in a facility/congregate setting, DSS decided to survey social workers, who directly observe participants in these settings, to further assess compliance of this service with the new rule. This survey process will start November 1, 2014 and be completed by January 31, 2015.

Based on review of the draft program regulations and service definitions, DSS has concluded that Supported Employment complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.

- The service is provided in a competitive work setting.

Based on a review of the draft program regulations and the service definitions DSS has concluded that ABI Group Day complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- *Updated Language: The service is not provided in a facility/congregate setting.*

Based on a review of the draft program regulations and the service definitions DSS has concluded that Community Living Support Services complies with the new HCB settings requirements because:

- The service is selected by the participant as part of the person centered planning process from a range of available services and qualified providers.
- The service facilitates access to the community.
- The service facilitates interaction with non-Medicaid individuals.
- The certification process for providers of this service emphasizes participants' rights to privacy, dignity and respect.
- The service is provided in a variety of settings, most commonly in the participant's home. *Updated Language: The service is not provided in a facility/congregate setting*

Upon review of the draft program regulations and the service definitions DSS has concluded that Substance Abuse Programs complies with the new HCB settings requirements because this service is provided in the community or clinic settings, not institutional settings.

Some ABI waiver participants reside in homes that are owned or controlled by provider agencies. *Updated Language: DSS has developed and distributed a participant survey to be administered by social workers to assess each ABI provider-owned/controlled home's compliance with the HCB settings requirements. Similar to the participant survey for RCHs, the participant survey for ABI provider-owned/controlled homes includes questions in the following five categories: choice of residence, community access and integration, living space, staff interactions and privacy, and services. DSS also developed and distributed a survey to all ABI provider-owned/controlled homes to do a self-assessment of compliance. This survey includes questions similar to the participant survey in the same five categories.* Responses to the participant and provider surveys will be compared and assessed for compliance with the HCB settings requirements.

See Section III.A.2 below for remediation strategies related to the ABI waivers.

3. Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)

Updated Language: DSS identified five services in the Mental Health Waiver that are not just provided in the participant's home (owned or leased by the participant/participant's family for personal use). These services are Adult Day Health, Supported Employment, Assisted Living, Brief Episode Stabilization, and Non-Medical Transportation. See III.A.1.c for DSS' assessment of Adult Day Health for the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option (the same providers serve participants in HCPE and the Mental Health Waiver). DSS determined that the assessment of Supported Employment for the ABI waiver (see III.A.2) applies to the Mental Health Waiver. Similarly, DSS' assessment of Assisted Living (see III.A.1.c) applies to the Mental Health Waiver. Brief Episode Stabilization services are provided in the participant's home or in another community (non-residential setting). This intervention typically takes place in four to eight hour blocks of time but might last up to 24 or 48 hours. If the participant cannot be stabilized within this time period, a more intensive intervention is usually needed. Thus, DSS determined it was in compliance with the HCB settings requirements. Given the nature of Non-Medical Transportation, DSS has concluded that it also is in compliance with the HCB settings requirements.

4. Personal Care Assistance Waiver

Updated Language: The three services currently provided through the Personal Care Assistance (PCA) waiver (Personal Care, Assistive Technology, and personal emergency response systems (PERS)) are provided in the participant's home (residences owned or leased by the participant/participant's family for personal use) and presumed compliant with the HCB settings requirements.

Updated Language: DSS has added Adult Family Living to the PCA waiver. For a description of DSS' assessment of Adult Family Living, please see Section III.A.1.b.

5. Katie Beckett Waiver

DSS has reviewed the settings in which Katie Beckett waiver participants reside and determined that all settings in the Katie Beckett waiver fully comply with HCB settings requirements. This waiver serves children through age 21 who live in family homes that are fully compliant with HCB settings requirements. The service available to participants is care management by a registered nurse. The care management evaluation is done in the waiver participant's home, which is a family home owned or rented by the family.

Summary of Assessment Milestones and Timelines

The following chart summarizes DSS' assessment activities, including milestones and start and end dates. Note that items marked as "New Activity" were not included in the draft transition plan. Also, some of the dates have been slightly revised to reflect the actual start date.

Assessment Activity	Start Date	End Date
Evaluate Assisted Living service for compliance via review of DHP regulations, meeting with the assisted living association, and DSS audits.	4/1/14	6/30/14
Evaluate Adult Day Health service for compliance via review of the certification process, meeting with the ADC association, and reviewing weekly and monthly activity schedules.	4/1/14	6/30/14
<i>New Activity: Survey care managers regarding Adult Day Health providers that are adjacent to or on the grounds of a nursing facility.</i>	10/1/14	10/17/14
<i>New Activity: Evaluate survey results to determine whether any Adult Day Health providers need to implement changes to comply with the HCB settings rule.</i>	10/17/14	10/24/14
Issue surveys for care managers to complete with waiver and 1915(i) participants who reside in RCHs.	9/1/14	2/28/15
Issue surveys to RCH owners.	10/1/14	11/26/14
<i>New Activity: Survey care managers regarding RCHs.</i>	10/1/14	11/14/14
Evaluate survey results to identify RCHs that need to implement changes to comply with the HCB settings rule.	12/3/14	3/31/15
Review DPH's regulations regarding RCHs to determine if regulatory changes might be needed to ensure compliance with the HCB settings rule.	1/1/15	6/30/15
<i>Slightly revised from draft plan: Issue surveys for social workers to complete with ABI waiver participants who reside in provider-owned/controlled residences.</i>	9/1/14	2/1/15
<i>New Activity: Issue surveys to ABI provider-owned/controlled homes.</i>	10/1/14	11/14/14
<i>New Activity: Evaluate survey results to determine whether any ABI provider-owned/controlled homes need to implement changes to comply with the HCB settings rule.</i>	11/17/14	3/31/15
Survey social workers regarding Prevocational Services to further evaluate compliance with the new rule and evaluate survey results.	11/1/14	1/31/15
Hold public hearing on transition plan	10/1/14	10/31/14

B. DDS Waivers

Updated Language: DDS reviewed the services and settings for each of its HCBS programs to determine whether each service/setting complies with the new HCB settings requirements. DDS concluded that services provided in an participant's home (residence owned or leased by the participant/participant's family for personal use other than a home owned or leased by a HCBS provider), services provided in a practitioner's office (e.g., Behavioral Support), and transportation all comply with the HCB settings requirements. Furthermore, DDS determined that services provided in a community setting (e.g., Individualized Day, Individual Supported Employment) complies with the new HCB settings requirements. DDS conducted a further assessment of services/settings that do not meet the above criteria to determine whether the service/setting complies with the new HCB settings requirements. A discussion of DDS' further assessment is described below. Two service settings that DDS did not review are Assisted Living and Adult Day Health. Both these services are the same as those in the HCBS Waiver for Elders

and 1915(i) State Plan HCBS Option₂, and therefore DSS' assessment of these services (see Sections II.A.1.a (Assisted Living) and II.A.1.c (Adult Day Health)) applies to DDS' waivers.

1. Comprehensive Waiver

In preparation for the draft transition plan, DDS reviewed the current waiver services and identified three residential services that required further review to assure compliance with the new HCB settings requirements and three employment or day support services that require further review to assure compliance with the new HCB settings requirements. The services requiring further review are Community Living Arrangements (CLA), Community Companion Homes (CCH), Continuous Residential Supports (CRS), Prevocational Supports, Group Supported Employment and Group Day Support Options. *Updated Language: The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.*

a. Residential Habilitation: Community Living Arrangements (CLA) and Community Companion Homes (CCH)

Residential habilitation assists participants with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an participant's ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day.

Community Living Arrangements (CLA) are licensed settings operated by DDS regions or private agencies and offer participants opportunities to live in typical community housing. Homes are small in size and generally serve six or fewer participants.

Community Companion Homes (CCH) are privately owned or leased homes licensed by DDS. The CCH model offers a family setting to people with intellectual disabilities. Families of diverse cultures, backgrounds and composition are sought for the best possible match. CCH regulations provide the authority for homes to be licensed for up to three participants. However, to assure initial success, homes are initially licensed for only one participant. After a successful one year period with a participant living in the home, the region will consider requests for increased capacity based on strict guidelines to assure the best outcomes for the participant already living in the home. All Regional recommendations for increases in capacity are reviewed and must be approved by Central Office Quality Management Services unit.

Both CLAs and CCHs provide participants living in these settings individual support for lifelong planning and to join with others to create and promote meaningful opportunities for them to fully participate as valued members of their communities, as well as maintaining contact with people important in their lives, and support them in working toward their personal goals.

Updated Language: All providers of CLA services are required to enter into a Purchase of Service Contract with DDS. The contract states that CLA's enable participants to reside in non-institutional settings where they can live, learn, work and enjoy life in their community in places where they can use their personal strengths, talents and passions. Participants develop safe,

meaningful and empowering relationships with people other than service providers, have the opportunity to develop skills through lifelong learning and as participants gain skills and competencies They know their rights and responsibilities, make informed choices, take responsibility for their lives, and experience the dignity of risk, and/or earn money and pursue opportunities to live the life they choose.

Updated Language: DDS reviewed the waiver service definition, contract language, and service regulations, and concluded that these are in compliance with the HCB settings requirements. In addition, DDS conducted a survey of CLA and CCH providers and participants and family members of participants receiving CLA and CCH services. Although verification of results using National Core Indicators (NCI) survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in CLA and CCH settings. Where modification to the HCB settings requirements are necessary based upon a participants programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Updated Language: Based on these assessment activities DDS has determined that CLA and CCH settings are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS's remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

b. Continuous Residential Supports (CRS)

Continuous Residential Supports (CRS) provide assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitation outcomes that enhance a participant's ability to live in his/her community as specified in the Individual Plan. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day.

CRS must take place in a setting other than a family home and have the following characteristics:

- Three or fewer participants living together in the same apartment, condominium or single family dwelling.
- Participants have their own rooms.
- Participants have a lease or legally binding agreement.
- Participants can choose to self-direct their services by utilizing an Agency with Choice.

Updated Language: DDS reviewed the waiver service definition of CRS and determined that the HCB settings requirements are specified in the definition, so no changes need to be made to the waiver service definition. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

Updated Language: All providers of CRS services are required to enter into a Purchase of Service Contract with DDS. The contract states that CRS is a non-licensed setting for no more than three participants that provides the necessary support to achieve personal outcomes that

enhance a participant's ability to live in their community. The language is clear that participants will hold the lease to their home, that paid staff support should not replace non-paid supports provided by family, friends, and the community, and that participants should have a choice regarding with whom they live and where they live. Therefore, DDS has determined that the CRS contract is in compliance with the HCB settings requirements.

Updated Language: In addition to reviewing the waiver service definition and contract language, DDS conducted a survey of CRS providers. Although verification of results NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in CRS settings. Participants have privacy in their homes, have access to food at any time, and can have visitors at any time, and the setting is physically accessible. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Updated Language: Based on these assessment activities DDS has determined that CRS settings are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS's remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

c. Prevocational Services

Prevocational services provide learning and work experiences and training to assist the participant prepare for employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety that contribute to the participant's employability in paid and integrated employment. This may include teaching, training, supporting work activities, career assessment and career planning. Services are not job-task oriented, but instead aimed at a generalized result. Services are reflected in the participant's Individual Plan with outcomes and timelines towards individualized competitive employment. An annual community based assessment is completed for each participant and reviewed by DDS.

Updated Language: DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition and the contract is in compliance with the HCB settings requirements, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

Updated Language: In addition, DDS conducted a survey of providers of Prevocational Services and participants and family members of participants receiving Prevocational Services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in prevocational settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Updated Language: Based on these assessment activities DDS has determined that Prevocational Services are substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS's remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

d. Group Supported Employment

Group Supported Employment provides ongoing supports that enable participants in a structured environment focused towards work. This service is provided to participants for whom individualized competitive employment at or above the minimum wage is currently unattainable but are on the path to competitive employment with some ongoing supports and need supports to perform in a regular work setting. Group Supported Employment may include assisting the participant with assessments, career planning, locating a job or developing a job on behalf of the participant. Group Supported Employment occurs in a variety of settings, particularly work sites where persons without disabilities are employed. Group Supported Employment includes activities needed to obtain and sustain paid work by participants, including career planning, assistive technology, job development, supervision and training.

Updated Language: DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition, and the contract is in compliance with the HCB settings requirements, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements.

Updated Language: In addition, DDS conducted a survey of Group Supported Employment providers and participants and family members of participants receiving Group Supported Employment services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in Group Supported Employment settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Updated Language: Based on these assessment activities DDS has determined that Group Supported Employment is substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS's remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

e. Group Day Support Options

Groups Day Support Options are services and supports leading to the acquisition, improvement and/or retention of skills and abilities to prepare a participant for work and/or community participation, or support meaningful socialization, leisure and retirement activities.

Updated Language: DDS reviewed the waiver service definition and the contract language and determined that the HCB settings requirements are specified in the definition, and the contract is in compliance with the HCB settings requirement, so no changes need to be made to the waiver service definition or contract. This also indicates that the providers are aware of and in compliance with the HCB settings requirements. DDS conducted a survey of Group Day Support Option providers and participants and family members of participants receiving Group Day Support Options services. Although verification of results using NCI survey data is ongoing, initial analysis shows that the qualities necessary to comply with the HCB settings requirements are present in Group Day Support Options settings. Where modification to the HCB settings requirements are necessary based upon a participant's programmatic needs, the modifications are least-restrictive and are documented in the Individual Plan.

Updated Language: Based on these assessment activities DDS has determined that Group Day Support Options is substantially compliant with the HCB settings requirements. Where instances of non-compliance are identified, either through verification of the provider self-assessment data or ongoing monitoring, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS's remediation and monitoring activities to ensure ongoing compliance with the HCB settings requirements.

2. Individual and Family Support Waiver

In preparing for the amendment to the Individual and Family Support Waiver, DDS reviewed the waiver services and determined that two settings and three services in the Individual and Family Support Waiver required further review to assure compliance with the new HCB settings requirements. The two settings are Community Companion Homes (CCH) and Continuous Residential Supports (CRS), the three services are Pre-Vocational Services, Group Supported Employment and Group Day Supports Options. *Updated Language:* The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

a. *Community Companion Homes (CCH)*

Updated Language: The Community Companion Homes (CCH) service covered in the Individual and Family Support Waiver is the same as CCH in the Comprehensive Waiver. Thus, the assessment of CCH for the Comprehensive Waiver applies to CCH in the Individual and Family Support Waiver. Please see Section II.B.1.a for DDS' assessment of CCH.

b. *Continuous Residential Supports*

Updated Language: Continuous Residential Supports (CRS) provided in the Individual and Family Support Waiver is the same as CRS provided in the Comprehensive Waiver. Therefore,

the assessment of CRS for the Comprehensive Waiver applies to CRS in the Individual and Family Support Waiver. Please see Section II.B.1.b for DDS' assessment of CRS.

c. Prevocational Services

Updated Language: Prevocational services covered by the Individual and Family Support Waiver is the same as Prevocational services provided in the Comprehensive Waiver. Thus, the assessment of Prevocational services for the Comprehensive Waiver applies to Prevocational services in the Individual and Family Support Waiver. Please see Section II.B.1.c for DDS' assessment of Prevocational services.

d. Group Supported Employment

Updated Language: Group Supported Employment provided in the Individual and Family Support Waiver is the same as Group Supported Employment provided in the Comprehensive Waiver. Therefore, the assessment of Group Supported Employment for the Comprehensive Waiver applies to Group Supported Employment in the Individual and Family Support Waiver. Please see Section II.B.1.d for DDS' assessment of Group Supported Employment.

e. Group Day Support Options

Updated Language: Group Day Support Options provided in the Individual and Family Support Waiver is the same as Group Day Support Options provided in the Comprehensive Waiver. Therefore, the assessment of Group Day Support Options for the Comprehensive Waiver applies to Group Day Support Options in the Individual and Family Support Waiver. Please see Section II.B.1.e for DDS' assessment of Group Day Support Options.

3. Employment and Day Supports Waiver

DDS has reviewed the settings in which Employment and Day Supports Waiver participants receive their HCB services. All participants of this waiver reside in their family home or their own home (owned or rented by the family or participant), which is compliant with the HCB settings requirements. In preparation for the draft transition plan DDS reviewed the current waiver services and identified two services that required further review to assure compliance with the new HCB settings requirements. The services requiring review are Group Supported Employment and Group Day Support Options. *Updated Language:* The other waiver services are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

a. Group Supported Employment

Updated Language: Group Supported Employment provided in the Employment and Day Supports Waiver is the same as Group Supported Employment provided in the Comprehensive Waiver. Therefore, the assessment of Group Supported Employment for the Comprehensive Waiver applies to Group Supported Employment in the Employment and Day Supports Waiver. Please see Section II.B.1.d for DDS' assessment of Group Supported Employment.

b. *Group Day Support Options*

Updated Language: Group Day Support Options provided in the Employment and Day Supports Waiver is the same as Group Day Support Options provided in the Comprehensive Waiver. Therefore, the assessment of Group Day Support Options for the Comprehensive Waiver applies to Group Day Support Options in the Employment and Day Supports Waiver. Please see Section II.B.1.e for DDS' assessment of Group Day Support Options.

4. Home and Community Supports Waiver for Persons with Autism

The Home and Community Supports Waiver for Persons with Autism serves children as young as eight and across the lifespan who are diagnosed with Autism Spectrum Disorder. Waiver participants receive services in their family home or their own home (home owned or leased by the participant, the participants' parents or legal guardians). This is fully compliant with the HCB settings requirements.

In preparation for the draft transition plan DDS reviewed the current waiver services in the Home and Community Supports Waiver for Persons with Autism and identified one service/setting that required further review to assure compliance with the new HCB settings requirements. The setting/service requiring review is Community Companion Homes (CCH). Currently no participants served by this waiver reside in this setting. *Updated Language: The Community Companion Homes (CCH) service covered in the Home and Community Supports Waiver for Persons with Autism is the same as CCH in the Comprehensive Waiver. Thus, the assessment of CCH for the Comprehensive Waiver applies to CCH in the Home and Community Supports Waiver for Persons with Autism. Please see Section II.B.1.a for DDS' assessment of CCH.*

Updated Language: All other services covered in the Home and Community Supports Waiver for Persons with Autism are provided in the participant's home, provided in the provider's office or other non-congregate community setting, or transportation.

5. Early Childhood Autism Waiver

The Early Childhood Autism Waiver serves young children ages three and four who are diagnosed with Autism Spectrum Disorder and who have significant deficits in adaptive behaviors. Children receive behavioral consultation through the use of Applied Behavior Analysis and Functional Behavior Assessments. Services are provided in the child's home (home owned or leased by the child's parents or legal guardians). This is fully compliant with the new HCB settings requirements.

Summary of Assessment Milestones and Timelines

The following chart summarizes DDS' assessment activities, including milestones and start and end dates. Some of the dates have been slightly revised to reflect the actual start date.

Assessment Activity	Start Date	End Date
Provider breakdown by site. State identifies settings for review and associated providers.	7/1/14	7/30/14
Stakeholder Transition Work Group. Interdisciplinary team formed to direct assessment and remediation process and transition plan development.	7/1/15	12/31/14
Review of all DDS waiver service definitions, contracts and regulations as applicable.	7/1/2014	9/30/14
Development of provider self-assessment. Online survey developed based on the CMS probing questions.	7/1/14	8/31/14
Test/refine self-assessment tool. Test tool for functionality/content.	8/1/14	8/31/14
Engage providers to complete self-assessment tool. Roll-out tool using centralized distribution methodology, simultaneous posting on DDS' website.	8/1/14	9/15/14
Development of participant and family survey (developed using questions from NCI and CMS's exploratory questions).	9/1/14	10/1/14
Engage participants and families to complete survey. Develop fact sheet for participants and families, load survey into survey tool, deliver tool.	11/15/14	12/31/14
System barrier identification. Transition Work Group engages in identifying and prioritizing system policy, procedures, and regulations that present barriers to HCB settings requirements.	7/15/14	9/15/14
Validation of provider self-assessment. Compare provider self-assessment data to data from NCI survey completed by 400 participants and family members.	11/1/14	12/31/14
Case management and quality management staff validate a representative sample of provider self-assessments.	11/1/14	12/15/14
Revise Statewide Transition Plan based on assessment analysis, outreach and public comments	11/1/2014	12/20/14

III. REMEDIATION AND MONITORING ACTIVITIES

A. DSS Waivers

Updated Language: While DSS has not completed its assessment of the services and settings for each of its HCBS programs, DSS has identified potential remediation activities as well as activities to ensure ongoing compliance. These activities are described in more detail below.

1. HCBS Waiver for Elders and 1915(i) State Plan HCBS Option

As noted in Section II.A.1, DSS identified three services and one setting in the HCBS Waiver for Elders and the 1915(i) State Plan HCBS Option that required further review to assure compliance with the new HCB requirements. The three services are Assisted Living, Adult Family Living, and Adult Day Health. The setting requiring review is Residential Care Homes. *Updated Language:* In addition to the remediation and monitoring activities described below for each service/setting, as part of its ongoing quality reviews of the DSS' care management entities, DSS will audit a sample of HCBS providers, including conducting onsite visits of providers. The onsite visit will include a review of compliance with the HCB settings requirements.

a. Assisted Living

Although DSS has concluded that Assisted Living complies with the HCB settings requirements, DSS will strengthen the language in its program regulations to specifically reflect the HCB settings requirements. *Updated Language:* In addition DSS has incorporated review for compliance with HCB settings requirements in its regular quality assurance audits of assisted living providers. Each year, DSS audits two to three different communities. The audit includes interviews with HCBS participants.

b. Adult Family Living

Updated Language: DSS has determined that Adult Family Living complies with the HCB settings requirements. DSS will undertake activities to ensure ongoing compliance. This includes meeting with the providers of Adult Family Living and emphasizing the importance of compliance with the HCB settings requirements. In addition, by June 30, 2015, DSS will add language to its program regulations to reflect the HCB settings requirements. *Updated Language:* Moreover, on an ongoing basis, as part of their home visits, care managers (who have been trained on the new rule) will review participants' settings to identify any inconsistencies with the HCB settings requirements.

c. Adult Day Health

Updated Language: While DSS has determined that Adult Day Health complies with the HCB settings requirements, DSS will follow up with the two centers that received a score below a four on a statement on the Adult Day Health survey described above and work with them on a quality improvement plan. Also, DSS will work with the certification committee of the ADC association to include, by December 31, 2014, language in their certification standards to more clearly

reflect the HCB settings requirements. DSS will also revise its own program regulations to reflect the HCB settings requirements. This will be accomplished by December 31, 2015.

d. *Residential Care Homes*

Updated Language: On November 19, 2014 DSS will conduct a training for the RCH association to ensure understanding of the HCB settings requirements. DSS will also work with DPH, which licenses RCHs, to update regulatory documents to assure compliance with the HCB settings requirements. This will be accomplished by June 30, 2015. *Updated Language:* DSS will also add language to its program regulations to reflect the HCB settings requirements. This will be accomplished by December 31, 2015. *Updated Language:* To ensure ongoing compliance, as part of their home visits, care managers (who have been trained on the new rule) will evaluate the RCH's compliance with the HCB settings requirements.

Updated Language: DSS will review the results of the RCH surveys to identify homes that might not be fully compliant with the HCB settings requirements. DSS anticipates that some RCHs are not fully compliant with the HCB settings requirements. Therefore, in addition to the general remediation and monitoring activities listed above, DSS will work with individual providers identified as potentially not compliant to address any non-compliance. DSS will inform individual RCHs of non-compliance items and request the RCH to submit a corrective action plan (CAP) that identifies the steps the RCH will take to remediate the identified issues and the timelines for each step and anticipated compliance. DSS will require the RCH to provide periodic updates on its progress. DSS is working with a stakeholder group that includes the United States Department of Housing and Urban Development (HUD) to assist housing providers, including RCHs, comply with the HCB settings requirements. One of the planned initiatives is to provide a competitive grant to RCHs that are affiliated with nursing facilities to help them comply with the HCB settings requirements.

Updated Language: If an RCH is unable or unwilling to comply with the HCB settings requirements, DSS will notify the care manager(s) for the affected participant(s), and the care manager will help the participant select and then transition to a setting that meets the HCB settings requirements. DSS assures that it will provide reasonable notice and due process to any participant that needs to transition to another setting. DSS anticipates that the relocation process will take approximately six months. Through the person centered planning process the care manager will ensure that the participant is provided information about alternative settings that comply with HCB settings requirements and makes an informed choice of an alternative setting. The care manager will ensure that all services are in place in advance of a participant's transition and will monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's service plan as needed, and tracking the success of the transition. While care managers will provide information on options and encourage participants to transition to a setting that complies with the HCB settings requirements, some participants may choose to remain in their current setting and disenroll from the waiver.

Updated Language: If DSS determines that an RCH has the effect of isolating participants from the broader community but otherwise has the qualities of HCB settings, DSS will submit information to CMS for heightened scrutiny review.

2. Acquired Brain Injury Waiver

Updated Language: DSS will review the results of the Prevocational Services survey to identify providers that received a score below a four on one or more statements included in the survey. DSS will follow up with individual providers that receive a score below a four on one or more statements to address any non-compliance and/or improve compliance. If a Prevocational Services provider is unable or unwilling to comply with the HCB settings requirements, that provider will be terminated, and the social workers for will help the participants select and then transition to a Prevocational Services provider that meets the HCB settings requirements.

Updated Language: On December 3, 2014, DSS will conduct a training for ABI providers, including providers who have participants residing in homes that the provider either owns or leases. By December 31, 2015, DSS will add language to its program regulations to reflect the HCB settings requirements. Updated Language: This will include ensuring that waiver participants residing in ABI provider owned or controlled homes have a lease. In addition, starting January 1, 2015, the social workers who do the assessment and care planning will be trained on the HCB settings requirements and will evaluate these settings for compliance each time that they make a home visit to the waiver participant.

Updated Language: If DSS determines, based on the survey results or otherwise, that an ABI provider owned/controlled home is not fully compliant with the HCB settings requirements, DSS will work with the provider to address any non-compliance. DSS will inform individual providers of non-compliance items and request the provider to submit a CAP that identifies the steps the provider will take to remediate the identified issues and the timelines for each step and anticipated compliance. DSS will require the provider to provide periodic updates on its progress.

Updated Language: If an ABI provider owned/controlled home is unable or unwilling to comply with the HCB settings requirements, DSS will notify the social worker(s) for the affected participant(s), and the social worker will help the participant select and then transition to a residential setting that meets the HCB settings requirements. DSS assures that it will provide reasonable notice and due process to any participant that needs to transition to another setting. DSS anticipates that relocations will take six months to a year. Through the person centered planning process social workers will ensure that the participant makes an informed choice from alternative settings that comply with the HCB settings requirements. The social worker will also ensure that all services are in place in advance of the participant's transition and then monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's service plan as needed, and tracking the success of the transition.

3. Mental Health Waiver (operated by the Department of Mental Health and Addiction Services)

No remediation required.

4. Personal Care Assistance Waiver

While DSS has determined that all services currently provided through the PCA waiver comply with the HCB settings requirements, DSS will revise its PCA waiver program regulations to reflect the HCB settings requirements. This will occur by December 31, 2015.

As noted in Section II.A.4, DSS added Adult Family Living to the PCA waiver. For a description of DSS’ remediation and ongoing monitoring strategies for Adult Family Living, please see III.A.1.b above.

5. Katie Beckett Waiver

No remediation or ongoing monitoring required.

Summary of Remediation and Monitoring Milestones and Timelines

The following chart summarizes DSS’ remediation activities, including milestones and start and end dates. Items marked as “New Activity” were not included in the draft transition plan.

Remediation or Monitoring Activity	Start Date	End Date
Add language to DSS’ program regulations for the (1) HCBS Waiver for Elders and the 1915(i) State Plan HCBS Option, (2) ABI waivers, and (3) PCA Waiver to reflect the HCB settings requirements.	4/1/15	10/1/16
<i><u>New Activity</u>: Incorporate assessment of compliance with the HCB settings requirements into DSS’s ongoing audits of Assisted Living providers.</i>	7/1/14	N/A (Ongoing)
<i><u>New Activity</u>: Incorporate evaluation of compliance with the HCB settings requirements into care manager’s home visits to Adult Family Living and Residential Care Homes.</i>	7/1/14	N/A (Ongoing)
<i><u>New Activity</u>: Meet with Adult Family Living providers and emphasize the importance of compliance with HCB settings requirements.</i>	10/15/14	12/31/14
<i><u>New Activity</u>: Follow up with two Adult Day Health centers that received a score below a four on a statement on the Adult Day Health survey to work with them on a quality improvement plan.</i>	11/1/14	3/31/15
Work with the ADC association to include language in the ADC’s certification standards for Adult Day Health providers that reflects the HCB settings requirements.	11/1/14	12/31/14
Conduct training for the RCH association	11/19/14	11/19/14
Participate in a stakeholder group to advance housing solutions in the state and assist housing providers with compliance with the HCB settings rule.	6/1/14	3/1/15
Work with DPH to update regulatory documents to assure compliance with the HCB settings requirements.	2/1/15	6/30/15

Remediation or Monitoring Activity	Start Date	End Date
Work with RCHs to address compliance issues.	4/1/15	3/31/16
If necessary, transition participants residing in a non-compliant RCH to a compliant setting.	4/1/15	3/31/16
<i>New Activity: Follow up with any Prevocational Services providers that received a score below a four on one or more statements on the Prevocational Services survey.</i>	2/1/15	8/31/15
<i>New Activity: Incorporate evaluation of compliance with the HCB settings requirements into social worker's home visits to ABI provider-owned/controlled homes.</i>	1/1/15	N/A (Ongoing)
If necessary, work with individual ABI provider owned/controlled homes to address compliance issues.	1/1/15	6/30/15
If necessary, transition participants residing in a non-compliant ABI provider owned/controlled home to a compliant setting.	1/1/15	6/30/15
Ongoing monitoring to identify and address instances of non-compliance.	1/1/15	N/A (Ongoing)
Revise Statewide Transition Plan based on analysis of survey results, remediation activities, ongoing monitoring, and public comments/feedback.	12/20/14	N/A (Ongoing)

B. DDS Waivers (all Updated Language)

Updated Language: DDS reviewed the waiver service definitions, contract language, provider agreements, and state service regulations and conducted a survey of providers and participants and family members of waiver participants. Although DDS has completed its assessment of the services and settings for each of its HCBS programs, DDS will be using 400 recently completed NCI surveys to validate the system assessment. DDS' initial analysis shows that the qualities necessary to comply with the HCB settings requirements are substantially present in all DDS settings. Although DDS has concluded that the services and settings reviewed are compliant with the HCB settings requirements, DDS has identified potential remediation and monitoring activities as well as activities to ensure ongoing compliance. These activities are described in more detail below.

Updated Language: Note that since Assisted Living and Adult Day Health are the same as those in the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option, DSS' remediation and ongoing monitoring of these services (see Sections III.A.1.a (Assisted Living) and III.A.1.c (Adult Day Health)) applies to DDS' waivers. DDS will collaborate with DSS in the implementation of remediation and ongoing monitoring activities for these services.

1. Comprehensive Waiver

Updated Language: As noted in Section II.B.1, DDS identified three residential based services in the Comprehensive Waiver that required further review to assure compliance with the new HCB settings requirements and three employment or day support services that required further review to assure compliance with the new HCB settings requirements.

a. *Residential Habilitation: Community Living Arrangements (CLA) and Community Companion Homes (CCH)*

Updated Language: Although DDS has concluded that Community Living Arrangements (CLA) and Community Companion Homes (CCH) comply with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. DDS will strengthen the language in its program regulations to specifically reflect the HCB settings requirements regarding leasing or legally binding document and all HCB setting requirements by 9/30/15. By 6/15/15 DDS will develop a policy regarding dignity of risk that promotes informed choice as well as an overarching policy on HCB setting requirements that takes precedence over all other policies and procedures.

Updated Language: By 6/30/15 DDS will review the Quality System (quality service reviews) to ensure compliance with HCB setting requirements. This will also include ongoing monitoring for compliance. DDS quality management staff and case management staff complete reviews, called quality service reviews, of residential and non-residential settings where participants are supported. DDS reviews a representative sample of all waiver participants using the guidelines from CMS for reliability and validity. The review process includes interviews with HCBS participants, the staff who support the participants, onsite observations, and record and documentation reviews. Non-compliance is identified and remediated within the quality service review application, and data is aggregated in an electronic recording system. DDS meets with each provider annually to review performance against statewide benchmarks that includes areas of non-compliance, and providers develop a continuous quality improvement plan to address systemic improvements.

Updated Language: DDS will also conduct a structured review of current policies, procedures and contracts and identify changes needed or areas to strengthen language regarding compliance with the HCB settings requirements and develop a strategy going forward by 6/30/15. Moreover, starting 1/15/15, as part of ongoing education, participants, family members, qualified providers, DDS case managers, and DDS staff will have received training on the final rule by 7/1/15. DDS has developed numerous fact sheets for participants, families, providers and staff, and these will be widely distributed. Self-advocates in collaboration with DDS and other stakeholders will develop a public service announcement by 4/1/15.

Updated Language: If any DDS provider of service is unable or unwilling to comply with the HCB settings requirements, after DDS has implemented and fully exhausted the current DDS Enhanced Monitoring Procedure: I.G.PR.003 (Enhanced Monitoring: An increased level of monitoring, beyond the regular monitoring, which is one component of the quality assurance and improvement system. Such increased monitoring may include, but is not limited to: frequency of site visits, provider meetings, and documentation requirements deemed necessary by the department to assess progress of the agency toward meeting identified goals and outcomes established in response to assessments of unsatisfactory performance in accordance with this procedure), DDS will notify the participant, provider, guardian or family and DDS case manager(s) for the affected participant(s), and the case manager will help the participant select and then transition to a service or setting that meets the HCB settings requirements. DDS

assures that it will provide reasonable notice and due process (as outlined in DDS policy and procedure including DSS Medicaid Fair Hearing) to any participant that needs to transition to another setting. DDS anticipates that the relocation process will take approximately six months depending on the service or setting. Through the Individual Plan process the case manager will ensure that the participant is provided information about alternative settings that comply with HCB settings requirements and makes an informed choice of an alternative service or setting. The case manager will ensure that all services are in place in advance of a participant's transition and will monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's Individual Plan as needed, and tracking the success of the transition. While case managers will provide information on options and encourage participants to transition to a setting that complies with the HCB settings requirements, some participants may choose to remain in their current setting and disenroll from the waiver.

Updated Language: DDS participants also can chose to exercise Portability of their funding for any reason and at any time. The DDS Portability Procedure: I.G.PR.001empowers participants to direct their futures; have control over how they live their lives, where, and with whom; and have authority over the resources that support them.

b. Continuous Residential Supports

Updated Language: Although DDS has concluded that Continuous Residential Supports (CRS) complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to CRS.

c. Prevocational Services

Updated Language: Although DDS has concluded that Prevocational Services complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Prevocational Services.

d. Group Supported Employment

Updated Language: Although DDS has concluded that Group Supported Employment complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Group Supported Employment.

e. *Group Day Support Options*

Updated Language: Although DDS has concluded that Group Day Support Options complies with the HCB settings requirements, DDS will implement remediation and monitoring activities to ensure ongoing compliance. These activities will be the same as the activities described for CLA/CCH (see Section II.B.1.a above), except the language in program regulations will not require a lease or other legally binding document, since that requirement is not applicable to Group Day Support Options.

2. Individual and Family Support Waiver

Updated Language: As noted in Section II.B.2, DDS determined that two settings and three services in the Individual and Family Support Waiver required further review to assure compliance with the new HCB settings requirements.

a. *Community Companion Homes (CCH)*

Updated Language: The Community Companion Homes (CCH) service covered in the Individual and Family Support Waiver is the same as CCH in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CCH for the Comprehensive Waiver apply to CCH in the Individual and Family Support Waiver. Please see Section III.B.1.a for DDS' remediation and monitoring activities for CCH.

b. *Continuous Residential Supports (CRS)*

Updated Language: The Continuous Residential Supports (CRS) service covered in the Individual and Family Support Waiver is the same as CRS in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CRS for the Comprehensive Waiver apply to CRS in the Individual and Family Support Waiver. Please see Section III.B.1.b for DDS' remediation and monitoring activities for CRS.

c. *Prevocational Services*

Updated Language: Prevocational Services covered in the Individual and Family Support Waiver is the same as Prevocational Services in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Prevocational Services for the Comprehensive Waiver apply to Prevocational Services in the Individual and Family Support Waiver. Please see Section III.B.1.c for DDS' remediation and monitoring activities for Prevocational Services.

d. *Group Supported Employment*

Updated Language: The Group Supported Employment service covered in the Individual and Family Support Waiver is the same as Group Supported Employment in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Comprehensive Waiver apply to Group Supported Employment in the Individual and Family

Support Waiver. Please see Section III.B.1.d for DDS' remediation and monitoring activities for Group Supported Employment.

e. Group Day Support Options

Updated Language: Group Day Support Options covered in the Individual and Family Support Waiver is the same as Group Day Support Options in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Day Support Options for the Comprehensive Waiver apply to Group Day Support Options in the Individual and Family Support Waiver. Please see Section III.B.1.e for DDS' remediation and monitoring activities for Group Day Support Options.

3. Employment and Day Supports Waiver

Updated Language: As noted in Section II.B.3 DDS identified two services in the Employment and Day Supports Waiver that required further review to assure compliance with the new HCB settings requirements.

a. Group Supported Employment

Updated Language: The Group Supported Employment service covered in the Employment and Day Supports Waiver is the same as Group Supported Employment in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Employment and Day Supports Waiver apply to Group Supported Employment in the Individual and Family Support Waiver. Please see Section III.B.1.d for DDS' remediation and monitoring activities for Group Supported Employment.

b. Group Day Support Options

Updated Language: Group Day Support Options covered in the Employment and Day Supports Waiver is the same as Group Day Support Options in the Comprehensive Waiver. Thus, the remediation and monitoring activities for Group Supported Employment for the Employment and Day Supports Waiver apply to Group Day Support Options in the Individual and Family Support Waiver. Please see Section III.B.1.e for DDS' remediation and monitoring activities for Group Day Support Options.

4. Home and Community Supports Waiver for Persons with Autism

a. Community Companion Homes (CCH)

Updated Language: The Community Companion Homes (CCH) service covered in the Home and Community Supports Waiver for Persons with Autism is the same as CCH in the Comprehensive Waiver. Thus, the remediation and monitoring activities for CCH for the Comprehensive Waiver apply to CCH in the Home and Community Supports Waiver for Persons with Autism. Please see Section III.B.1.a for DDS' remediation and monitoring activities for CCH.

5. Early Childhood Autism Waiver

No remediation or ongoing monitoring required.

Summary of Remediation and Monitoring Milestones and Timelines

Updated Language: The following chart summarizes DDS' remediation activities, including milestones and start and end dates. All of this language is new.

Remediation or Monitoring Activity	Start Date	End Date
<i>Dignity of risk policy (risk mitigation). Develop policy that enables informed choice of participant.</i>	<i>11/1/14</i>	<i>6/15/15</i>
<i>Overall DDS policy on HCB setting requirements. Create overarching policy that takes precedence over all other policies & procedures that may inhibit HCB settings requirements</i>	<i>12/1/04</i>	<i>6/15/15</i>
<i>Review of Quality System (quality service reviews) to ensure compliance with HCB settings requirements</i>	<i>9/1/14</i>	<i>6/30/15</i>
<i>Work with providers regarding ongoing monitoring and compliance. Monitor compliance and address instances of non-compliance.(Continuous Improvement Plan and Enhanced Monitoring Procedure)</i>	<i>1/1/15</i>	<i>ongoing</i>
<i>Policy, procedure and contract review. Structured review of P&Ps to identify scope of changes needed and develop go forward strategy.</i>	<i>2/1/15</i>	<i>6/30/15</i>
<i>Self-advocate training. Training on HCB settings requirements for self-advocacy community and development of PSA</i>	<i>11/1/14</i>	<i>4/1/15</i>
<i>Family training. Training on HCB settings requirements for families.</i>	<i>11/1/14</i>	<i>7/1/15</i>
<i>Provider training. Training on HCB settings requirements for providers.</i>	<i>11/1/14</i>	<i>7/1/15</i>
<i>Case management training. Training on HCB settings requirements for case managers.</i>	<i>11/1/14</i>	<i>7/1/15</i>
<i>DDS staff training. Training on HCB settings requirements for all DDS staff.</i>	<i>11/1/14</i>	<i>7/1/15</i>

Updated Language: Prior to the release of the HCB settings rule in January 2014 DDS had embarked on a journey that continues to incorporate many activities and initiatives that reinforce the HCB settings rule. A new Commissioner was appointed in 2011, and he instituted a "People and Families First" focus for DDS. The first step in the process was the development of a new Five Year Plan that outlined the future of DDS by defining our 25 goals for the future incorporating the focus of "People and Families First." The next step was the development of a new Mission and Vision statement released in 2012 that challenged DDS and the citizens of Connecticut to not only accept presence of the people we support in Connecticut's communities but to "promote opportunities for individuals to fully participate as valued members of their communities." Through the development of the Five Year Plan a practice of full stakeholder involvement was adopted. This practice has been fully implemented and is evidenced in the new endeavors DDS has focused on, such as applying for and receiving the Community of Practice

grant and in the development of the current Mentor Project. These are a few of the initiatives that DDS believes has helped ready individuals and families, our staff, providers and the greater stakeholder community to embrace the HCB setting requirements as an opportunity to ensure that DDS is fully in compliance in all current and development of future services under the HCBS waiver system.

IV. PUBLIC INPUT PROCESS

The State sought input from the public on the State’s draft transition plan and provided a 30-day period for input. The State also conducted tribal notification in accordance with State plan requirements.

Notice regarding the draft transition plan was published in the Connecticut Law Journal and the State’s website, and the State provided a 30-day comment period for each. The transition plan was posted on the State’s website from July 23, 2014 through August 25, 2014. Comments could be submitted by email, mail, or fax.

The State had a public hearing on October 22 on both the amendments to the DSS waivers and the draft transition plan. The State did not receive any comments on the draft transition plan.

The State assures that the Statewide Transition Plan, with modifications from the draft transition plan, will be posted for public information no later than the date of submission to CMS, and that all public comments on the Statewide Transition plan will be retained and made available for CMS review for the duration of the transition period or approved waiver, whichever is longer.

In addition, since the State made substantive changes to the draft transition plan, it is seeking input on the Statewide Transition Plan with a 30-day period for input.

The Statewide Transition Plan can be found at: <http://www.ct.gov/dss/cwp/view.asp?Q=548634&A=4125>

The State will ensure ongoing transparency and input from stakeholders by posting updates to the Statewide Transition Plan on its website and accepting comments on any updates.

A. DSS Waivers

1. Summary of Comments

DSS received comments on its draft transition plan from four stakeholders – two area agencies on aging, a care management organization, and an advocacy organization. The comments were generally supportive of DSS’ process and of RCHs and Adult Day Health providers. For example, one stakeholder said: “The assessment activity outlined in the plan appears quite comprehensive.” According to another stakeholder, “RCHs and [Adult Day Health services] are vital to our community and the elderly population we serve through our programs.”

Three of the stakeholders provided comments regarding Adult Day Health providers. One stakeholder agreed with DSS’ plan to review State regulations and consult with the ADC association. Another stakeholder noted that “possibly the review of Adult Day Health services will also render some creative solutions designed to support the adult day centers, many of whom struggle financially.” The third stakeholder submitted a testimonial regarding the benefits of Adult Day Health facilities.

Three of the stakeholders had comments regarding RCHs. One stakeholder agreed with the survey process but noted that some of the questions might be covered in residential assessments so it might be possible to shorten the survey. Another stakeholder stated: “We believe the survey process will offer a wonderful opportunity to obtain a comprehensive understanding from both residents and the administrators regarding their perceptions of residential life in the particular facility.” Another commentator submitted a testimonial regarding the benefits of RCHs.

The fourth stakeholder expressed its support for the implementation of the transition plan to achieve compliance with the CMS final rule.

The comments included the following suggestions:

1. Some of the questions in the RCH survey are covered in resident assessments so it might be possible to shorten the survey.
2. Regarding the stakeholder group to advance housing solutions, DSS should convene multiple regionally based groups “in order to fully consider the very diverse challenges faced throughout the state, most importantly the review of urban versus rural settings.”
3. A sample of Assisted Living residents should complete a survey similar to the RCH survey.
4. The transition plan should include bringing in consultants from the Connecticut Culture Change Coalition to consult with Adult Day Health providers (and Assisted Living facilities) regarding “how to create a more person-centered environment.”

2. Response to Public Comments

DSS appreciates the comments and suggestions from stakeholders. Regarding suggestion (1) above, while a couple of the questions in the survey are similar to those in the resident assessment, they are asked for a different purpose. For example, the RCH survey asks whether the participant needs help dressing, but the response is not used to determine functional level. Instead, responses will trigger follow up questions related to the HCB settings requirements, such as whether the participant is dressed appropriate to time of day. DSS was sensitive to the length of the surveys but wanted to ensure that the survey was of sufficient in length to collect all relevant information needed to determine compliance with the HCB settings requirements. Regarding suggestion (2), while DSS appreciates the benefits of having regionally based groups, DSS intends to keep it as a statewide group since it includes federal partners such as HUD. Regarding suggestion (3), since DSS has determined that Assisted Living providers comply with the HCB settings requirements, and DSS will monitor compliance on an ongoing basis through DSS’ quality assurance audits, DSS does not believe that a survey of Assisted Living residents is necessary at this time. Regarding suggestion (4), DSS will contact the Connecticut Culture Change Coalition for additional information.

B. DDS Waivers

1. Summary of Comments

DDS received no comments on its draft transition plan. DDS appreciates the comments and suggestions from stakeholders and has elected to extend our opportunities to engage with stakeholders through one additional comment session and three forums being run by family advocacy group leaders.

2. Additional Outreach & Engagement Activities

In an effort to further engage stakeholders DDS conducted or is planning to conduct a number of activities. In May 2014 DDS developed a fact sheet for Families, Providers, DDS staff and the public in conjunction with the Transition Work Group. The purpose of the fact sheet was to assist stakeholders in understanding the impacts of the HCB settings requirements, and the transition planning and implementation process.

A self-advocate workgroup was engaged in July 2014 to identify ways that the advocacy community could support compliance with the HCB settings requirements. As a result of this engagement a participant and family survey was developed to assist in benchmarking compliance. Additional outcomes include a public service announcement (PSA), development of Individual Plan Buddies (participants can request a self-advocate to assist in their planning process), a Healthy Relationships Policy protecting the rights of participants to engage in safe and loving relationships of their choosing, and the identification of the need for a dignity of risk policy. Following this engagement a self-advocate fact sheet was developed to ensure self-advocates have knowledge of HCB settings requirements, can speak on the impacts of requirements to supported participants and families, and can provide critical feedback to the Transition Work Group.

In August 2014 DDS presented at Trades Organization meetings representing the private provider community. Messaging was reinforced by Trades members' participating on the Transition Work Group. In September 2014 HCB settings requirements were incorporated into new case manager training. A roadshow schedule was developed in November 2014 outlining a series of forums in the various DDS regions so that a cross-section of DDS staff, providers and participants get information in one place, information is consistent and comprehensive, the transition plan is communicated, roles are defined, and responsibilities are identified.

Additional public comment forums will be hosted by family advocacy groups starting in December 2014. The purpose is to increase involvement and participation by key stakeholders in planning and developing system change outcomes. Feedback will be reviewed by the Transition Work Group and incorporated into the ongoing plan where applicable.