

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

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## 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 (STP) 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.medicaid.gov/Medicaid-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 and operated 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 DSS but operated 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 and monitoring 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: Revisions and updates to the draft STP posted July 2016 are in italics and in most cases preceded by "*Updated Language:*"

*Updated Language:* This version of the STP has been updated in response to the second round of CMS comments, received April 2016. CMS' initial comments on the STP were received September 5, 2015 and are found (along with the State's response) in Section VI of the STP. The updated STP can be viewed online at: <http://www.ct.gov/dss/cwp/view.asp?Q=548634&A=4125>.

*In response to CMS comments, it is important to emphasize the following:*

- *Prior to implementation of the HCBS final rule, DSS and DDS began a systemic review of the Connecticut HCBS delivery system. The activities outlined in the STP are an extension of these initial activities.*
- *For all applicable settings, multiple levels of assessment will be implemented prior to making a final decision regarding compliance with the HCB settings requirements.*
- *Any setting where participants are grouped together for the purposes of receiving one or more home or community-based service are included in the State's site-specific assessment process.*
- *Intentional settings are not included among individual private homes.*
- *Monitoring to determine ongoing compliance with the HCBS final rule will occur across the system, for all provider settings, at both the provider and participant level.*
- *As part of the person-centered planning process, participants are given the choice to receive services from a variety of provider settings, including non-disability provider settings. Ongoing monitoring to determine compliance with the HCB settings requirements will include ensuring that access to non-disability provider settings these options remain a viable option to participants. The State will monitor the availability of non-disability provider settings and, if necessary will employ measures to incentivize provider participation in the HCBS system of care.*

*Details regarding these and other issues are found in the updated STP.*

## **II. ASSESSMENT OF COMPLIANCE**

### **A. DSS Waivers**

DSS reviewed the program regulations and service definitions for each of its HCBS programs to determine whether each service/setting complies with the 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. See Section II.A.6 for additional information on DSS' systemic assessment.

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

DSS reviewed the waiver services and residential settings covered by the Elders waiver and the 1915(i) State Plan HCBS Option, including the recent renewal, which are as follows:

- Care Management
- Homemaker
- Independent Support Broker
- Bill Payer
- Care Transitions
- Chronic Disease Self-Management Program
- Recovery Assistant
- Personal Care Assistant
- Companion
- Home Delivered Meals
- Respite
- Environmental Accessibility Adaptations
- Assistive Technology
- Personal Emergency Response System (PERS)
- Mental Health Counseling
- Transportation
- Assisted Living
- Adult Family Living
- Adult Day Health

Based on a review of these services and settings DSS 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). The other waiver services (including those added as a result of the renewal) are provided in the participant's home (Care Management, Personal Care Assistant, Companion, Home Delivered Meals, In-home Respite, Environmental Accessibility Adaptations, Assistive Technology, and PERS, Independent Support Broker, Bill Payer, Care Transitions, Chronic Disease Self-Management Program, Recovery Assistant), provided in the individual's home, provider's office or other non-congregate community setting (Mental Health Counseling), or Transportation. The final service, facility-based respite, is excluded from review since this service is provided in institutional settings.

### *a. Assisted Living*

*Updated Language: Connecticut is recognized nationally for its model of delivering Assisted Living Services. Connecticut has introduced assisted living in state-funded congregate housing facilities, federally-funded HUD residences and has developed four subsidized assisted living residences in Connecticut communities. Public Act 00-2 allowed the Department of Housing (DOH) to offer Assisted Living Services to residents in State Funded Congregate Housing and Federally Funded HUD Facilities. Through the collaborative effort of DSS, DOH, and the Department of Public Health (DPH), the program became effective February 2001.*

*Public Act 00-2 also granted Managed Residential Community (MRC) status to approved State Funded Housing and Federally Funded HUD Facilities for the purpose of providing Assisted Living Services and allows DPH to waive provisions of the Assisted Living Services agency regulations on a case-by-case basis.*

*Assisted Living Services are funded through DSS or DOH. Assisted Living Services provide a viable choice to residents that will enhance and maintain a degree of continued health, dignity and independence at significantly less cost than nursing facility placement. Assisted Living Services are provided by an assisted living services agency (ALSA). The ALSA provides personal care services, core services and supplemental services based on the care needs of the qualified resident.*

*DSS in collaboration with DPH, DOH and the Connecticut Housing Finance Authority (CHFA) has developed the Assisted Living Demonstration Project which provides 300 subsidized assisted living units in both urban and rural settings. This unique project combines the development financing through CHFA, the necessary housing component through rental subsidies from DOH, and services through DSS' Connecticut Home Care Program for Elders. Four projects have been approved. They are in the cities of: Glastonbury, Hartford, Middletown and Seymour. Connecticut is unique in that Assisted Living Services are provided to clients who reside in individual apartments all with their own cooking facilities, private sleeping quarters and lockable doors. Participants have the option to participate in community activities of their choice. Generally the communities offer an integrated population of both Medicaid and non-Medicaid residents.*

*Public Act 02-7 established the Private Assisted Living Pilot that became effective January 1, 2003. As of July 1, 2012 the Pilot provides 125 clients the opportunity to remain in their private assisted living residence after they have spent down their assets.*

*The Pilot grew out of recognition that some elders, after living in a private Assisted Living Community for a time, have spent down their assets and thus require help with their living expenses. In order to assist these individuals, the Pilot provides funding for their Assisted Living Services. The Pilot does not pay for room and board; it is expected that such individuals will have family members who are willing and able to assist with some of those expenses. This Pilot is based on the premise that it will be cost effective for the State to provide for such individuals, for in doing so they will not require admission to a nursing facility. Of the 125 participants, 20 are Medicaid participants. This model of service is consistent with State statutes and has the same requirements for private living quarters with lockable doors and cooking facilities in each individual unit.*

Assisted living is a special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require help with activities of daily living and instrumental activities of daily living. Supportive services are available 24 hours a day to meet scheduled needs in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbors, and friends.

*Updated Language: By statute, Assisted Living Services are regulated by DPH. Unlike most states, the regulations for assisted living are clear that participants reside in HCB settings. For example, the regulations require that persons reside in individual units, with cooking facilities,*

and have the protection of a lease agreement. *The assessment of the Assisted Living Services regulations, along with the assessment of all operating guidelines for HCBS programs is included in Attachment A.*

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. *Updated Language: To further assess compliance, DSS will conduct a survey with a representative sample of persons living in all communities where Assisted Living Services are provided. The results will be analyzed and in person assessments will be conducted if the data suggest a setting is non-compliant or further assessment is indicated.*

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. *Updated Language: From previous audits, DSS staff have directly observed that assisted living settings are HCB settings. Participants have privacy in their units, have access to food at any time, can have visitors at any time, and the setting is physically accessible.*

*Updated Language: In addition to the audits noted above, DSS will implement remediation and monitoring activities to ensure ongoing compliance. See Section III.A.1.a below.*

#### *b. Adult Family Living*

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.
- 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. *Updated Language: The participant has the option of choosing from the full range of services available under the waiver. The service may be provided either in the participant's home or the home of a family member. Generally, in the case of Adult Family Living, they are choosing to reside with and have their direct care provided by a family member. In all cases, the core standardized assessment that is done annually reviews the client's perspectives on social and community integration opportunities.*

*The vast majority, over 95% of participants who opt for Adult Family Living as a waiver service are utilizing a family member as their service provider. The quality and supervision of the care provided is monitored by the Adult Family Living Agency service provider. Waiver participants who utilize this service select it because it is a means of paying a family member for care*

*provided. The participant has a private lease arrangement with the provider that outlines room and board reimbursement. The care managers conduct in person reassessments every six months or annually and the settings questions included in the standardized assessment are asked during those visits. Consequently, there is ongoing evaluation of the appropriateness of the setting and compliance with HCBS final rule.*

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

*c. Adult Day Health*

Adult Day Health is a service that is provided in a group setting outside of the participant's home. By definition, the service is to reduce isolation and facilitate integration, socialization and access to activities. Additionally, the service:

- Is chosen by the participant as part of the person-centered planning process from a range of available services and qualified providers;
- Facilitates integration to community activities and employment; and
- Facilitates interaction with non-Medicaid individuals.

In addition to reviewing the service definition, DSS conducted the following activities to assess the compliance of Adult Day Health with the new HCB settings requirements. 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. *Updated Language:* While the DSS standards appear to comply with the HCB settings requirements, when DSS met with the board of directors of the ADC association, *all agreed that some remediation of the certification standards was necessary in order to demonstrate full compliance and therefore also agreed 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 private nursing facility (no Adult Day Health providers are located on the grounds of or adjacent to a public facility). There are several programs located adjacent to a private facility and others that are on the grounds of communities that have a range of levels of care ranging from complete independent living to nursing facility. In all cases, the activities calendars indicated that the program serves to facilitate integration into the community and interaction with non-HCBS individuals. For example, one Adult Day Health provider had activities such as a trip to the Hartford Symphony, games, outdoor gardening, movies, religious services, bocce, an outing to a restaurant for lunch, shopping, reiki, manicures, a picnic at a local park as well as other club type activities. DSS staff have also visited a number of Adult Day Health providers and overall were quite impressed by the quality and range of programming and services offered.

To further review compliance of Adult Day Health providers located adjacent to or on the grounds of a private 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.

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.

*Updated Language: In response to CMS questions, DSS has decided to utilize HCBS unit staff to conduct in person surveys of all of the certified Adult Day provider settings. HCBS clinical staff will also engage in conversations with waiver participants attending the day programs to ascertain their opinion of the services provided. DSS expects to complete this survey process by July, 15, 2016. We will include participant comments in the STP.*

Based on DSS’ review of the service definition and certification standards, direct observation, review of weekly and monthly schedules of activities, and analysis of survey data supplied by care managers, DSS has concluded that Adult Day Health are compliant with the HCB settings requirements.

See Section III.A.1.c below for additional monitoring strategies.

#### *d. Residential Care Homes*

To begin its assessment of Residential Care Homes (RCHs), DSS identified the number of 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 *many* others will need to make changes to become compliant. Updated Language: *This is the area where DSS expects to submit some settings for CMS to review under heightened scrutiny.* 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). 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 individual 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.

The following summarizes the administration of, rating methodology for, and findings from the RCH surveys. Although there were three distinct surveys, one for care managers, one for providers, and one for participants, questions were kept generally consistent across surveys to allow for comparison of responses among care managers, providers, and participants. The results of the surveys were linked using a unique, random number for each RCH setting. The provider survey and care manager survey were active October 2014 through March 2015. A longer time frame was needed for the participant survey, which was active August 2014 through March 2015. DSS surveyed all RCHs (including those without Medicaid residents) and received at least one completed survey for each RCH that had at least one Medicaid participant as a resident.

Providers were asked 63 questions and participants were asked up to 88 questions in the five areas referenced above. For questions that ask whether a characteristic of the setting exists (e.g., do you currently have a lease or similar agreement at your residence?), the respondent could choose from three possible response options: Yes; No; and N/A. For questions about characteristics that might vary over time or in particular circumstances (e.g., are visitors restricted to specified visiting hours?), respondents could choose from five possible response options: Never; Sometimes; Usually; Always; and N/A. Care managers were asked 11 questions. Each question required the care manager to choose from five possible response options: Completely False; Partially False; Neither True nor False; Partially True; and Completely True.

For each survey, each response option was assigned a score based on the number of response options, with 3 being the highest possible score. For Yes/No questions, a positive response (that is, one that demonstrates consistency with the HCB settings requirements), was scored as a 3, while a negative response (that is, one that demonstrates inconsistency with the HCB settings requirements) was scored as a 0. Please note that some questions, a “Yes” response is considered positive, while for other questions a “No” response is considered positive. Responses of “N/A” were not scored.

For Always/Usually/Sometimes/Never questions, the most positive response was scored as a 3. The next most positive response was scored as a 2, and so on. The least positive response was scored as a 0. Please note that for some questions, an “Always” response is considered most positive, while for other questions a “Never” response is considered most positive. Responses of “N/A” were not scored. For the care manager survey (Completely False/Partially False/Neither True nor False/Partially True/Completely True questions), the most positive response was scored as a 3. The next most positive response was scored as a 2.25, and so on. The least positive response was scored as a 0. Note that for some questions, a “Completely True” response is considered most positive, while for other questions a “Completely False” response is considered most positive. Responses of “N/A” were not scored.

For each question in a survey, an average score between 0.00 and 3.00 was calculated based on the scoring methodology described above. A score of 3.00 on a question indicates that all providers, all participants, or all care managers (depending on the survey) responding to the question responded with the most positive response. A score of 0.00 on a question indicates that all providers, all participants, or all care managers (depending on the survey) responding to the question responded with the least positive response. If more than one survey was completed for a home, scores for that home were aggregated to establish an average score for each question in the survey.

Overall, providers responding to the survey reported that their homes operate in a manner consistent with the HCB settings requirements measured in this survey, as demonstrated by the overall provider scores ranging from 2.12 to 2.95, with an overall average score of 2.48. In general, participants responded less favorably, in comparison to providers, as demonstrated by the overall participant scores ranging from 1.48 to 2.55, with an overall average score of 2.11. In general, care managers responded favorably and were more consistent with providers, as demonstrated by the overall care manager score ranging from 2.18 to 3.00, with an overall average score of 2.70.

There were several topics with large differences between provider and participant responses. For most topics where this occurred, providers responded in a manner that indicated consistency with the HCB settings requirements, and participants responded in a manner that indicated inconsistency with the HCB settings requirements. The topics with the largest discrepancy between provider and participant responses (defined by a difference in overall score of more than 1.00) include:

- Most questions within the Choice of Residence category (provider scores ranged from 1.73 to 3.00, and participant scores ranged from 0.93 to 1.48). Notable discrepancies were found with regards to choice of places to live and requesting new housing.

- The option to have paid work within the Community Access category (average provider score of 2.54, and average participant score of 0.56).
- Participant access to a computer, iPad, or similar device, choice of roommates, information on requesting a roommate change, and participant access to communication capabilities or communication devices (specifically internet/Wi-Fi) in the Living Space category (provider scores ranged from 1.67 to 2.74, and participant scores ranged from 0.45 to 0.96).
- Participants' understanding of how to file a complaint (average provider score of 3.00, and average participant score of 2.00).

The one exception where there was a large discrepancy between provider and participant responses, where participants indicated consistency with the HCB settings requirements and providers indicated inconsistency with the HCB settings requirements, was for participants' option to choose providers who provide HCBS and supports; participants responded favorably about having the option to choose who provides HCBS (score of 2.44), whereas providers responded less favorably to participant choice of providers who provide HCBS (score of 1.50).

The topics with consistently less favorable responses from both providers and participants (defined as topics with scores less than 2.00 for both groups) include:

- Choice of Residence category:
  - Whether participants have a current lease or similar agreement.
- Community Access and Integration category:
  - Whether home is located near or adjacent to a nursing home.
  - Regular participation in meaningful non-work activities within the community.
- Living Space category:
  - Whether participants own or have access to a computer, iPad, or similar device.
  - Choice of roommates.
  - Access to kitchens with cooking facilities.
  - Choice of when and where participants want to have a meal.
  - Whether or not participants are assigned seating or tables in a dining area.
- Staff Interaction and Privacy category:
  - Surveillance cameras present at the home.

To help prioritize the site-specific assessments, DSS assigned RCHs a weighted aggregate score based on the classification of survey questions into one of three categories: 1) 100% compliance required (questions for which DSS would expect 100% compliance, such as privacy of health records); 2) high priority (questions determined to test significant HCB settings requirements, e.g., restrictions on visitors); and 3) lower priority (questions determined to test important but not as significant HCB settings requirements, e.g., whether participant owns or has access to a computer, iPad or similar device). There were 12 RCHs that had a weighted aggregate participant score below 2.00 and/or an average participant score below 2.00 in one of the three categories (100% compliance required, high priority, and lower priority).

DSS plans to visit every RCH in which a participant resides (currently 45 RCHs). DSS will conduct these assessments using an approach similar to that used for providers of Prevocational Services described in Section II.A.2 below. This includes conducting the assessments by

geographic area, having two HCBS staff participate in the onsite, meeting with RCH management and staff for approximately 1.5 hours, using a checklist and standardized questions (with individualized questions and follow up to questions as needed), and speaking with participants if possible. DSS began conducting site visits to RCHs in mid-November of 2015 and intends to complete the visits in the spring of 2016.

*Updated Language: The State recognizes the requirement of 100% compliance of HCB settings with the HCBS final rule. Therefore, the site specific assessments done by HCBS staff in conjunction with previous survey data will be used to determine whether a setting is 100% compliant.*

See Section III.A.1.d below for remediation and monitoring strategies.

## 2. Acquired Brain Injury Waiver

The ABI waiver covers the following services:

- Case Management
- Homemaker
- Personal Care
- Chore
- Companion
- Home Delivered Meals
- Respite
- ABI Recovery Assistant (I and II)
- Environmental Accessibility Adaptation
- PERS
- Specialized Medical Equipment and Supplies
- Vehicle Modifications
- Independent Living Skill Training
- Cognitive Behavioral Programs
- Transportation
- Adult Day Health
- Prevocational Services
- Supported Employment
- ABI Group Day
- Community Living Support Services
- Substance Abuse Programs

DSS identified six 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 other waiver services are provided in the participant's home (Case Management, Homemaker, Personal Care, Chore, Companion, Home Delivered Meals, Respite, ABI Recovery Assistant, Environmental Accessibility Adaptations, PERS, Specialized Medical Equipment and Supplies, and Vehicle Modifications), provided in the participant's home or other non-congregate community setting (Independent Living Skill Training and Cognitive Behavioral Programs), or Transportation.

The six services that DSS identified for further review are:

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

See Section III.A.1.c above 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 ABI Waiver).

DSS reviewed the operating 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 either in the participant's home or in a fully integrated work setting.

Because Prevocational Services are sometimes provided in a 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 was active November 5, 2014 through January 5, 2015.

Social workers serving ABI participants receiving Prevocational Services from 13 prevocational settings were asked eight questions using the five possible response options noted below. Each response option was assigned a score where "Completely True" was scored as a 5.00, "Completely False" was scored a 1.00, and responses that demonstrated partial compliance were scored between 1.00 and 5.00, as follows:

- Completely True (score of 5.00)
- Partially True (score of 4.00)
- Neither True nor False (score of 3.00)
- Partially False (score of 2.00)
- Completely False (score of 1.00)

For each question, an average score between 1.00 and 5.00 was calculated based on the scoring methodology described above. A score of 5.00 on a question indicates that all social workers responding to the question responded “Completely True.” A score of 1.00 on a question indicates that all social workers responding to the question responded “Completely False.” In addition, for each prevocational setting, an average score between 1.00 and 5.00 was calculated based on the scoring methodology described above and the survey responses for that setting. A score of 5.00 for a provider setting indicates that the social worker responded “Completely True” for all questions. A score of 1.00 for a provider setting indicates the social worker responded “Completely False” for all questions.

DSS received a completed survey for each of the 13 prevocational settings. Overall, social workers responding to the survey reported that the prevocational settings operate in a manner consistent with the HCB settings requirements measured in this survey (overall score of 4.21). Social workers responded very positively regarding protection of participants’ privacy rights, physical accessibility of the setting, and treatment of participants’ with dignity and respect resulting in aggregate scores of 4.71, 4.62 and 4.62, respectively. Social workers responded less favorably to questions about whether the prevocational setting also serves individuals without disabilities and whether participants have interaction with the broader community, resulting in aggregate scores of 3.08 and 3.75, respectively. Of the 13 prevocational settings, three had an aggregate score less than 4.00 (Partially True). The remaining 10 settings had an aggregate score between 4.00 and 5.00 (Completely True). Although the aggregate scores were not low, DSS was concerned about the low scores on the questions regarding whether the setting serves individuals without disabilities and interaction with the broader community. DSS was also interested in identifying best practices. As a result DSS decided to conduct a site visit of each prevocational setting, including those that currently do not serve participants

Between July and October of 2015 HCBS staff visited 23 of 27 (82%) of prevocational settings and assessed compliance with the HCB settings requirements. *Updated Language: The four sites that were not surveyed were excluded because although they are credentialed providers, they are not providing services to any ABI waiver participants.* The visits were conducted without notice to ensure that visits captured the environment of the site as it operates daily thus, providing as true and accurate a “snapshot” of on-going operations as possible. HCBS staff met with management and staff at each site to assess their familiarity with the HCB settings requirements and their application of the requirements and to identify areas for compliance/improvement. The HCBS staff used a checklist and asked standardized questions, with individualized questions and follow-up as needed. Whenever possible, HCBS staff spoke with ABI waiver participants to assess their experience. Each visit lasted a minimum of 45 minutes with some up to 1.5 hours in length. The same two HCBS staff were assigned to conduct all site visits to ensure continuity and consistency in gathering data, assessing operations, and determining areas of compliance/improvement.

Results of the 23 sites surveyed and compliance with the HCB settings requirements are provided below:

- 4 (17%) providers were found Fully Compliant.
- 19 (83%) were determined Compliant With Modifications.

The provider responses for those determined Compliant with Modifications affirmed that the requirements are understood, structures and procedures are in place to reach compliance, that monitoring/tracking occurs, and there is on-going effort to fully comply. Provider statements supported improvements wherever possible to increase participant's integration into the community and reduce isolation.

See Section III.A.2 below for remediation and monitoring strategies.

Based on review of the operating 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 that employs persons both with and without disabilities.

*Updated Language: In response to concerns raised by CMS in its review of the STP, DSS has made a decision to conduct site-specific assessments of all providers of ABI Supported Employment. This assessment process will take place from July through September of 2016.*

Based on a review of the operating 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.
- The service is not provided in a facility setting. It is provided in the participant's home or an agency based setting that might teach such skills as meal planning and preparation, mobility training, or relaxation techniques. Another example might be taking several participants out to a community activity such as shopping, the library, a movie, or lunch.

*Updated Language: ABI Group Day, although a longstanding service in the waiver, only recently has the service become available through our provider network. In order to initiate provider interest in offering the service, DSS convened a work group to define the parameters of*

*the service, develop best practices and to design the service in light of the CMS settings requirements. The consensus of the workgroup was that the maximum number of participants to staff should not exceed 4:1. The workgroup felt that the more likely ratio given the needs of the population would be 3:1.*

*The workgroup has had three meetings and has met about every 60 days. The providers have shared some best practices about how they have implemented the service. Some have utilized the service as a tool to enhance habilitative skills. For example, a group of three persons might have a goal of increasing independence in meal planning and preparation. If this is an interest of the group then the provider works with the participants on planning a meal, developing a grocery list, going to the grocery store and then actually preparing the meal. Other providers have utilized the service as a way to offer recreational opportunities such as going on bowling outings or to community theater or concert offerings. All of the providers are committed to developing a service that is structured to meet the goals of the waiver participants to increase their opportunities for community integration.*

*As the service has been developed only this year with all parties being fully cognizant of the HCBS final rule, DSS will conduct on site assessments of all the ABI Group Day settings. See summary of milestones and timelines.*

Based on a review of the operating 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 the participant's home, including a home owned or controlled by a provider.
- The service is not provided in a facility/congregate setting.

Upon review of the operating 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. DSS developed and distributed a participant survey 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.

The following summarizes the administration of, rating methodology for, and findings from the ABI surveys. Although there were two distinct surveys, one for providers and one for participants, questions were kept consistent across surveys to allow for comparison of responses between providers and participants. The results of the surveys were linked using a unique, random number for each ABI setting. The provider survey was active October 2014 through December 2014. Each of the 30 ABI homes completed one survey for his/her home, yielding a 100% response rate. A longer time frame was needed for the participant survey, which was active September 2014 through February 2015. At least one participant response was received for 22 of the 30 ABI provider-owned/leased homes (ABI homes).

Providers were asked 58 questions, and participants were asked to assess 74 questions. For questions that ask whether a characteristic of the setting exists (e.g., do you currently have a lease or similar agreement at your residence?), the respondent could choose from three possible response options: Yes; No; and N/A. For questions about characteristics that might vary over time or in particular circumstances (e.g., are visitors restricted to specified visiting hours?), respondents could choose from five possible response options: Never; Sometimes; Usually; Always; and N/A.

As with the RCH survey described above, each response option was assigned a score based on the number of response options, with a score of 3 being the highest. For Yes/No questions, a positive response (that is, one that demonstrates consistency with the HCB settings requirements), was scored as a 3, while a negative response (that is one that demonstrates inconsistency with the HCB settings requirements) was scored as a 0. For Always/Usually/Sometimes/Never questions, the most positive response was scored as a 3. The next most positive response was scored as a 2, and so on. The least positive response was scored as a 0. As noted for the RCH survey, for some questions, a “Yes” response is considered positive, while for other questions a “No” response is considered positive. Similarly, for some questions, an “Always” response is considered most positive, while for other questions a “Never” response is considered most positive

For each question, an average score between 0.00 and 3.00 was calculated based on the scoring methodology described above. A score of 3.00 on a question indicates that all providers or all participants (depending on the survey) responding to the question responded with the most positive response. A score of 0.00 on a question indicates that all providers or all participants (depending on the survey) responding to the question responded with the least positive response.

Overall, providers responding to the survey reported that their homes operate in a manner consistent with the HCB settings requirements measured in this survey, as demonstrated by the overall provider scores ranging from 2.55 to 2.91, with an overall average score of 2.78. In general, participants, responded less favorably, in comparison to providers, as demonstrated by the overall participant scores ranging from 1.56 to 2.74, with an overall average score of 2.23. There were five homes where the overall average participant score was less than 2.00 and of these five homes, two homes had a discrepancy of greater than 1.00 as compared to the overall provider score for that home.

There were several topics with large discrepancies between provider and participant responses. For each topic where this occurred, providers responded in a manner that indicated consistency with the HCB settings requirements, and participants responded in a manner that indicated

inconsistency with the HCB settings requirements. The topics with the largest discrepancy between provider and participant responses (defined by a difference in overall score by more than 1.00) include:

- Most questions within the Choice of Residence category (provider scores of 3.00 for all questions and participant scores ranging from 1.39 to 1.78).
- Paid work, working in an integrated setting, participating in scheduled community events, and participating in meaningful non-work activities within the community in the Community Access category (provider scores ranging from 2.83 to 3.00 and participant scores ranging from 1.38 to 1.83).
- Whether only a limited number of staff have keys to participants' bedrooms and whether staff members using a key to enter the participants' bedroom do so under limited circumstances with participant agreement in the Staff Interactions and Privacy category (provider score of 2.87 and participant score of 1.42).
- Participants having the option to choose providers who deliver HCBS and supports in the Services category (provider score of 2.22 and participant score of 0.84).

The topics with consistently unfavorable responses from both providers and participants (defined as topics with scores less than 2.00 for both groups) include:

- Community Access category:
  - Whether the home is located near retail businesses and availability of public transportation.
- Living Space category:
  - Whether participants have access to a computer, iPad, or similar device.
  - Refer to Appendix C for a summary of average provider and participant scores by category and question.

As with the RCHs, to help prioritize the site visits of ABI homes, DSS assigned ABI homes a weighted aggregate score based on the classification of survey questions into one of three categories: 1) 100% compliance required (questions for which DSS would expect 100% compliance, such as privacy of health records); 2) high priority (questions determined to test significant HCB settings requirements, e.g., restrictions on visitors); and 3) lower priority (questions determined to test important but not as significant HCB settings requirements, e.g., whether participant owns or has access to a computer, iPad or similar device). Twelve of the 30 ABI homes had a weighted aggregate participant score below 2.00 and/or an average participant score below 2.00 in one of the three categories (100% compliance required, high priority, and lower priority). DSS intends to visit every ABI home (currently 30) for assessments. DSS plans to conduct these assessments using an approach similar to that used for providers of Prevocational Services described above. This includes conducting assessments by geographic area, having two HCBS staff participate in the site-specific, meeting with ABI home management and staff for approximately 1.5 hours, using a checklist and standardized questions (with individualized questions and follow up to questions as needed), and speaking with participants if possible. DSS began conducting site visits to ABI homes in late October of 2015 and intends to complete the visits by mid-December.

*Updated Language: Because of discrepancies identified between the consumer and provider surveys, the State determined that the best solution was to conduct our own on site surveys, conducted by DSS staff. DSS staff direct observations will supersede those submitted by providers. See summary of milestones and timelines.*

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

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

The Mental Health waiver covers the following services:

- Community Living Support
- Recovery Assistant
- Home Delivered Meals
- Overnight Recovery Assistant
- PERS
- Home Accessibility Adaptations
- Assistive Technology
- Specialized Medical Equipment
- Peer Supports
- Community Support
- Adult Day Health
- Supported Employment
- Assisted Living
- Brief Episodic Stabilization
- Non-Medical Transportation
- Transitional Case Management

Most of these services (Community Living Support, Recovery Assistant, Home Delivered Meals, Overnight Recovery Assistant, PERS, Home Accessibility Adaptations, Assistive Technology, and Specialized Medical Equipment) are provided in the participant's home (owned or leased by the participant/participant's family for personal use) or a non-congregate community setting (e.g., Peer Supports and Community Support). However, DSS identified six services in the Mental Health Waiver that are not just provided in the participant's home/non-congregate community setting. These services are Adult Day Health, Supported Employment, Assisted Living, Brief Episodic Stabilization, Non-Medical Transportation, and Transitional Case Management. 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 that Brief Episode Stabilization 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. While Transitional Case Management may be provided in an institution, it is not provided by the institution, and the goal is to transition the participant to the community.

#### 4. Personal Care Assistance Waiver

The three services provided through the Personal Care Assistance (PCA) waiver at the time of the development of the initial STP (Personal Care, Assistive Technology, and PERS) were 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. DSS recently amended the PCA waiver, and it now covers Care Management, Independent Support Broker, and Adult Family Living. Care Management and Independent Support Broker are provided in the participant's home or in a non-congregate community setting. 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.

#### 6. Systemic Assessment

In response to CMS' initial comments regarding Connecticut's STP (dated September 4, 2015), DSS documented its systemic assessment (the crosswalk is included as Attachment A) comparing the requirements in 42 CFR 441.301 regarding HCB settings with each of the operating guidelines applicable to its HCBS programs. The following are the operating guidelines reviewed for the systemic assessment:

- Acquired Brain Injury (ABI) Waiver Program operating policies;
- Personal Care Assistance (PCA) Services for Adults regulations;
- Home Care Program for Elders (HCPE) regulations;
- Standards for Adult Day Care (ADC) centers;
- Residential Care Home (RCH) licensing regulations; and
- Assisted Living Service Agencies (ALSA) licensing regulations.

As requested by CMS, the crosswalk identifies the regulations/standards that were analyzed; includes regulatory citations; identifies aspects of the regulation/standard that are consistent with the HCB settings rule; and identifies the changes that will be made to each regulation/standard. *Updated Language: In response to CMS April 2016 comments, additional updates were made to the crosswalk to include assessment of ALSA regulations.*

DSS recognizes that its operating guidelines do not reflect all of the new HCB settings requirements. Therefore, as a starting point, DSS has drafted ABI waiver program regulations that include language to address the HCB settings requirements. This language will be used as the basis for modifying the other regulations or operating policies in order to bring the State into

compliance with the HCB settings requirements. DSS has worked with the ADC association to revise the standards for Adult Day Health providers to reflect the HCB setting requirements. While these standards reflect key HCB setting requirements, all of the HCB settings requirements will apply to Adult Day Health providers through the revised DSS program regulations. DSS expects that by June 30, 2018 all regulations or operating policies will be modified to reflect the HCB settings requirements.

*Updated Language: It is important to note that while it is DSS' intent to modify the RCH licensing regulations, these regulations are under the authority of DPH; therefore DSS will work collaboratively with DPH regarding any changes (see Section III.A.1.d for details regarding DSS and DPH collaboration).*

7. Updated Language: Summary of Assessment Milestones and Timelines

The following chart summarizes DSS' assessment activities, including milestones and start and end dates. Note that some of the dates have been slightly revised from the draft STP posted in November of 2014 to reflect the actual start date and/or a new end date.

<b>Waiver/ Service/ Setting</b>	<b>Assessment Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>Assisted Living</i>	Evaluate Assisted Living service for compliance via review of DPH regulations, meeting with the assisted living association, and DSS audits.	4/1/14	6/30/14
<i>Assisted Living</i>	<i>Updated Language: Conduct interviews of a representative sample of participants of all Assisted Living communities.</i>	<i>7/1/16</i>	<i>9/30/16</i>
<i>Adult Day Health</i>	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>Adult Day Health</i>	Survey care managers regarding Adult Day Health providers that are adjacent to or on the grounds of a private nursing facility.	10/1/14	10/17/14
<i>Adult Day Health</i>	Evaluate survey results to determine whether any Adult Day Health providers need to implement changes to comply with the HCB settings rule.	10/17/14	10/24/14
<i>Adult Day Health</i>	<i>Updated Language: Complete in person assessments of all Adult Day settings and interview waiver participants to evaluate compliance with the final rule.</i>	<i>6/1/16</i>	<i>7/15/16</i>
<i>RCH</i>	Issue surveys for care managers to complete with waiver and 1915(i) participants who reside in RCHs.	9/1/14	2/28/15
<i>RCH</i>	Issue surveys to RCH owners.	10/1/14	12/31/14
<i>RCH</i>	Survey care managers regarding RCHs.	10/1/14	12/31/14
<i>RCH</i>	Evaluate survey results to identify RCHs that need to implement changes to comply with the HCB settings rule.	1/1/15	3/31/15

<b>Waiver/ Service/ Setting</b>	<b>Assessment Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>RCH</i>	Review DPH's regulations regarding RCHs to determine if regulatory changes might be needed to ensure compliance with the HCB settings rule.	2/1/15	11/11/15
<i>RCH</i>	Conduct site-specific assessments of RCHs.	11/17/15	3/31/16
<i>ABI</i>	Issue surveys for social workers to complete with ABI waiver participants who reside in provider-owned/controlled residences.	9/1/14	2/1/15
<i>ABI</i>	Issue surveys to ABI provider-owned/controlled homes.	10/1/14	12/10/14
<i>ABI</i>	Evaluate survey results to determine whether any ABI provider-owned/controlled homes need to implement changes to comply with the HCB settings rule.	12/11/14	3/31/15
<i>ABI</i>	Conduct site-specific assessments of ABI provider-owned/controlled homes.	10/28/15	12/20/15
<i>Prevoc</i>	Survey social workers regarding Prevocational Services to further evaluate compliance with the new rule and evaluate survey results.	11/1/14	1/5/15
<i>Prevoc</i>	Conduct site-specific assessments of Prevocational Services	7/6/15	3/31/16
<i>ABI</i>	<i>Updated Language: Conduct site-specific assessments of all providers of ABI Supported Employment providers.</i>	7/1/16	9/30/16
<i>ABI</i>	<i>Updated Language: Conduct site-specific assessments of all ABI Group Day providers.</i>	7/1/16	9/30/16
<i>All</i>	Hold public hearing on draft STP (statewide and HCBS program-specific).	10/22/14	10/22/14
<i>All</i>	Documented systemic assessment.	10/4/15	11/6/15

## **B. DDS Waivers**

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. *Updated Language: The DDS HCBS provided in a participant's home or based from their 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 Supports), and Transportation are assessed on annual basis via participant survey to ensure compliance with the HCB settings requirements.*

*All DDS HCBS are selected by the participant from a range of qualified service providers to address additional needs identified in the person-centered planning process. All individuals also have the opportunity to self-direct their services, and this is discussed with the individual annually as part of their person-centered planning process. All waiver participant services are reviewed with the individual, at a minimum, at their annual individual planning meeting: <http://www.ct.gov/dds/lib/dds/waiver/choicesbook0517.pdf>.*

*All funding for services is portable. This means that the individual may elect to use the funding allocated to meet their needs to purchase supports from any qualified provider or a qualified self-hire staff at any time. The Department has had a long standing commitment to create opportunities for people with intellectual disability to "make choices in pursuit of a personal future." Portable funds help participants to do this. The key points of portability are:*

- If you receive residential or day services funded or provided by DDS, your funding is portable. This includes public DDS programs and private agency programs.*
- You should be satisfied with the services you receive.*
- If you are not satisfied, you have an opportunity to make adjustments or improvements to meet your needs.*
- If you are still not satisfied, your funding can be used to buy different services.*
- If you need to change your supports for other reasons, you can also move your funding to buy different services.*
- Your case manager or support broker will help you with this process.*

*As part of the required case manager annual reviews, the case manager will conduct, on an ongoing basis, participant surveys for all waiver participants.*

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. Updated Language: *Both these services are reviewed on an annual basis through the individual person-centered plan and onsite visits as part of HCBS waiver compliance. These services are provided by the same providers as those participating in the HCBS Waiver for Elders and 1915(i) State Plan HCBS Option, and therefore DSS' assesses 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 STP posted in July of 2014, DDS reviewed the current waiver services.

DDS reviewed the waiver services and residential settings covered by the Comprehensive waiver, which are as follows:

- Adult Companion aka Companion Supports
- Adult Day Health
- Assisted Living
- Assistive Technology

- Behavioral Support Services (formerly Consultation)
- Community Companion Homes (CCH)
- Community Living Arrangements (CLA)
- Continuous Residential Supports (CRS)
- Environmental Modifications
- Group Day Supports (DSO)
- Health Care Coordination
- Independent Support Broker (formerly Family and Individual Consultation and Support)
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Interpreter
- Live in Caregiver
- Nutrition (formerly consultative services)
- Parenting Support
- Peer Support
- Personal Emergency Response System (PERS)
- Personal Support
- Prevocational Services
- Respite
- Shared Living
- Senior Supports
- Specialized Medical Equipment and Supplies
- Supported Employment
- Training and Counseling for Unpaid Caregiver
- Transportation
- Vehicle Modifications

DDS 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, Community Companion Homes, Continuous Residential Supports, Prevocational Supports, Group Supported Employment and Group Day Support Options. 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 and Community Companion Homes*

Residential habilitation assists participants with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal outcomes that enhance a participant's ability to live in their community as specified in their individual person-centered 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.

All providers of CLA services are required to enter into a Purchase of Service Contract with DDS. The contract states that CLAs 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.

Where modifications 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 person-centered plan.

In addition to these assessment activities, DDS developed an online Provider Self-Assessment Tool based upon the CMS Probing Questions. The survey was distributed in electronic format to CLA and CCH providers on August 1, 2014. The survey was closed on September 15, 2014. DDS received 644 responses relating to uniquely identified locations. DDS also developed a survey for waiver participants and family members of participants receiving DDS waiver services. The survey was distributed in electronic and paper format from November 15, 2014 – December 31, 2014.

*Updated Language: DDS used these initial surveys to establish guidance for our verification and evidentiary process. Since October 1, 2014 DDS has visited 100% of the CLA and CCH settings conducting either licensing inspections or individualized quality reviews. DDS completed over 2,566 individual reviews in CLA's and 187 individual reviews in CCH settings that we are using for our verification process.*

*Based upon the Provider Self-Assessment and site visits DDS noted the following areas in need of additional work to reach compliance: Increase access to food when desired, increase documentation of food restrictions when applicable, increase education regarding making anonymous complaints, increase access to public and alternate transportation, increase ability for individuals to come and go as they wish, increase use of locks on bedroom doors, and ensure when staff are given keys for entry into rooms the individual has agreed to this and it is documented in the individual person-centered plan. Ensure modifications to the above are documented clearly in the individual person-centered plan.*

*Based on these assessment activities, DDS has determined that CLA and CCH settings require ongoing training and remediation to reach compliance with the HCB settings requirements. DDS will conduct ongoing verification using Quality Assessment methodologies, including onsite visits using the Quality Service Review (QSR) site-based tool detailed in the DDS 1915(c) waiver applications on an ongoing basis, and will complete the verification process by September 30, 2016. The QSR onsite participant survey tool is used to automate information from quality monitoring visits conducted by case management and quality review staff. The application records findings resulting from ongoing provider performance reviews, notifies providers and key DDS staff of needed corrective actions, and tracks follow-up on corrective action plans created automatically or by the reviewer. The tool produces administrative and analytic reports used to track quality monitoring activities and identify data trends for remediation at the consumer, provider, regional, and state levels. 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' remediation and monitoring activities to ensure initial and ongoing compliance with the HCB settings requirements.*

#### *b. Continuous Residential Supports*

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 person-centered 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.

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. 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 person-centered plan.

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.

In addition to these assessment activities, DDS developed an online Provider Self-Assessment Tool based upon the CMS Probing Questions. The survey was distributed in electronic format to CRS providers on August 1, 2014. The survey was closed on September 15, 2014. *Updated Language: DDS received 153 responses relating to uniquely identified locations.* DDS also developed a survey for Waiver participants and family members of participants receiving DDS Waiver services. The survey was distributed in electronic and paper format from November 15, 2014 – December 31, 2014.

*Updated Language:* Based on the Provider Self-Assessment *and site visits* DDS noted the following areas in need of additional work to reach compliance: increase documentation of food restrictions when applicable; increase education regarding making anonymous complaints; increase access to public and alternate transportation, increase ability for individuals to come and go as they wish; increase use of locks on bedroom doors; and ensure when staff are given keys for entry into rooms the individual has agreed to this and it is documented in the individual person-centered plan.

Based on these assessment activities DDS has determined that CRS settings require ongoing training and remediation to reach compliance with the HCB settings requirements.

*Updated Language:* Since October 1, 2014, DDS has visited 100% of the CRS's operating in the State, including conducting over 949 individualized reviews using Quality Assessment methodologies detailed in the DDS 1915(c) waiver applications and will complete the verification process by September 30, 2016. Where instances of non-compliance are identified, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure initial and ongoing compliance with the HCB settings requirements.

### *c. Prevocational Services*

Prevocational Services provide learning and work experiences and training to assist the participant to 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 person-centered plan with outcomes and timelines towards individualized competitive employment. An annual community based assessment is completed for each participant and reviewed by DDS.

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: 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 person-centered plan.*

*DDS has visited 100% of Prevocational settings, including conducting 224 individualized reviews using Quality Assessment methodologies detailed in the DDS 1915(c) waiver applications and will complete the verification process by September 30, 2016. Where instances of non-compliance are identified, DDS will utilize its current remediation methodology to ensure compliance. Please see Section III.B.1 for a description of DDS' remediation and monitoring activities to ensure initial and 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.

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.

*Updated Language: In addition, DDS conducted a survey of Group Supported Employment providers. 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 person-centered plan.*

*DDS has conducted individualized reviews of over 2,672 individuals receiving HCBS services in Group Supported Employment settings since October 1, 2014. DDS will conduct verification of Provider Self-Assessments using Quality Assessment methodologies (onsite visits using the QSR on site tool detailed in the DDS 1915(c) waiver applications) and will complete the verification process by September 30, 2016. The QSR onsite participant survey tool is used to automate information from quality monitoring visits conducted by case management and quality review staff. The application records findings resulting from ongoing provider performance reviews, notifies providers and key DDS staff of needed corrective actions, and tracks follow-up on*

*corrective action plans created automatically or by the reviewer. The tool produces administrative and analytic reports used to track quality monitoring activities and identify data trends for remediation at the consumer, provider, regional, and state levels. 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' remediation and monitoring activities to ensure initial and 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. *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 person-centered plan.*

*DDS has conducted individualized reviews of over 3,319 individuals receiving HCBS services in Group Day Support Options Settings. DDS will conduct verification of Provider Self-Assessments using Quality Assessment methodologies (onsite visits using the QSR on site tool detailed in the DDS 1915(c) waiver applications) and will complete the verification process by September 30, 2016. The QSR survey tool is used to automate information from quality monitoring visits conducted by case management and quality review staff. The application records findings resulting from ongoing provider performance reviews, notifies providers and key DDS staff of needed corrective actions, and tracks follow-up on corrective action plans created automatically or by the reviewer. The tool produces administrative and analytic reports used to track quality monitoring activities and identify data trends for remediation at the consumer, provider, regional, and state levels. 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' remediation and monitoring activities to ensure initial and ongoing compliance with the HCB settings requirements.*

2. Individual and Family Support Waiver

DDS reviewed the waiver services and residential settings covered by the Individual and Family Supports waiver, which are as follows:

- Adult Companion aka Companion Supports
- Adult Day Health
- Assisted Living
- Assistive Technology
- Behavioral Support Services
- Community Companion Homes

- Continuous Residential Supports
- Environmental Modifications
- Group Day Supports
- Group Supported Employment formerly Supported Employment
- Health Care Coordination
- Independent Support Broker (formerly Family and Individual Consultation and Support
- Individually Directed Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Interpreter
- Live in Companion
- Nutrition (formerly consultative services)
- Parenting Support
- Peer Support
- Personal Emergency Response System (PERS)
- Personal Support
- Prevocational Services
- Respite
- Shared Living
- Senior Supports
- Specialized Medical Equipment and Supplies
- Individual Supported Employment
- Group Supported Employment
- Training and Counseling for Unpaid Caregiver
- Transportation
- Vehicle Modification

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 and Continuous Residential Supports and the three services are Pre-Vocational Services, Group Supported Employment and Group Day Supports Options. 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 *service* as CCH in the Comprehensive Waiver, *with the same providers*. 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*

Update Language: Continuous Residential Supports (CRS) provided in the Individual and Family Support Waiver is the same *service* as CRS provided in the Comprehensive Waiver, *with the same providers*. 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 *service* as Prevocational Services provided in the Comprehensive Waiver *with the same providers*. 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 *service* as Group Supported Employment provided in the Comprehensive Waiver, *with the same providers*. 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*

Update Language: Group Day Support Options provided in the Individual and Family Support Waiver is the same *service* as Group Day Support Options provided in the Comprehensive Waiver, *with the same providers*. 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). In preparation for the draft STP posted in July of 2014, DDS reviewed following services.

DDS reviewed the waiver services and residential settings covered by the Employment and Day Supports waiver, which are as follows:

- Adult Day Health
- Assistive Technology
- Behavioral Support Services
- Day Supports Options
- Independent Support Broker (formerly Family and Individual Consultation and Support

- Individual Goods and Services
- Individualized Day Supports
- Interpreter
- Peer Support
- Respite
- Specialized Medical Equipment and Supplies
- Group Supported Employment
- Transportation

DDS 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. 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 *service* as Group Supported Employment provided in the Comprehensive Waiver, *with the same providers*. 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: Day Support Options provided in the Employment and Day Supports Waiver is the same *service* as Group Day Support Options provided in the Comprehensive Waiver, *with the same providers*. Therefore, the assessment of Group Day Support Options for the Comprehensive Waiver applies to 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 STP posted in July of 2014, DDS reviewed the current waiver services in the Home and Community Supports Waiver for Persons with Autism.

DDS reviewed the waiver services and residential settings covered by the Home and Community Supports Waiver for Persons with Autism, which are as follows:

- Assistive Technology
- Clinical Behavioral Support Services
- Community Companion Homes (CCH)

- Community Mentor
- Interpreter
- Individual Goods and Services
- Job Coaching
- Life Skills Coach
- Live in Companion
- Social Skills Group
- Personal Emergency Response System
- Respite
- Specialized Driving Assessment
- Non-Medical Transportation

DDS 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. 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.

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.

DDS reviewed the waiver services and residential settings covered by the Early Childhood Autism waiver, which are as follows:

- ABA Certified Clinician
- Life Skills Coach

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).

#### 6. Systemic Assessment

DDS does not currently have promulgated regulations for the HCBS programs it administers and instead relies upon the CMS approved waiver applications as the operating framework. However, DDS and DSS recognize that additional guidance is necessary in order to ensure compliance with the HCB settings requirements. Draft regulations are under development with expected promulgation by June 30, 2018. *Updated Language: The regulations promulgation process is a*

*collaborative process between DSS and DDS. DSS as the State Medicaid agency is the final authority regarding regulations.*

7. Updated Language: Summary of Assessment Milestones and Timelines

The following chart summarizes DDS' assessment activities, including milestones and start and end dates.

<b>Waiver/ Service/ Setting</b>	<b>Assessment Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>All</i>	Provider breakdown by site. State identifies settings for review and associated providers.	7/1/14	7/30/14
<i>All</i>	Stakeholder Transition Work Group. Interdisciplinary team formed to direct assessment and remediation process and STP development.	7/1/14	12/31/14
<i>All</i>	Review of all DDS waiver service definitions, contracts and regulations as applicable.	7/1/14	9/30/14
<i>All</i>	Development of provider self-assessment. Online survey developed based on the CMS probing questions.	7/1/14	8/31/14
<i>All</i>	Test/refine self-assessment tool. Test tool for functionality/content.	8/1/14	8/31/14
<i>All</i>	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
<i>All</i>	Development of participant and family survey (developed using questions from NCI and CMS's exploratory questions).	9/1/14	10/1/14
<i>All</i>	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
<i>All</i>	<i>Updated Language: Validation of provider self-assessment. Compare provider self-assessment data to data from QSR onsite participant survey tool.</i>  <i>Based on the amount of data DDS has gathered since the provider assessment DDS currently is focusing on validating the data and doing a gap analysis to ensure the data we are gathering can provide the level of reliability and confidence required to assess comportment with the HCBS Settings rule requirements. Where any gaps are identified DDS will revise our assessment methodology to fully address assessment of Settings Rule compliance.</i>	<i>11/1/14</i>	<i>9/30/16</i>
<i>All</i>	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

<i>Waiver/ Service/ Setting</i>	<b>Assessment Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>All</i>	<i>Updated Language: As part of the required case manager annual reviews, the case manager will conduct ongoing participant survey for all waiver participants.</i>	8/1/16	7/31/17
<i>All</i>	<i>Updated Language: Revise STP based on assessment analysis, outreach and public comments.</i>	11/1/14	N/A (Ongoing)

### III. REMEDIATION AND MONITORING ACTIVITIES

#### A. DSS Waivers

DSS has not completed its assessment of the services and settings for each of its HCBS programs, so the full extent of remediation activities (including the number of sites needing remediation) will not be known until completion of all site-specific reviews. As appropriate, the STP will be updated after this time to note any additional activities. General remediation activities include the following:

- Within 90 days of completion of site-specific assessments for each provider setting, DSS will notify providers determined to be compliant with modifications/potentially non-compliant of identified issues and appropriate next steps.
- Within 60 days of notification, providers will submit a detailed strategy to DSS that addresses identified issues including timeframes.
- DSS will review the strategy and either approve or submit additional questions/concerns to the provider within 60 days of receipt.
  - If additional information is necessary, DSS will notify the provider; the provider will revise its strategy, respond to DSS questions and submit a revised strategy to DSS within 30 days of receipt.
- Providers will submit monthly reports on the status of implementing the approved strategy.
- Providers that are unable to satisfactorily address issues within agreed upon timeframes will not be allowed to continue to provide services to HCBS participants.
- Ongoing, providers new to the system must meet all HCB settings requirements prior to delivering services to HCBS participants.

Additional potential *remediation* and monitoring activities, *per program*, 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. 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. 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. *Updated Language: To confirm that the service is compliant with the settings requirements, DSS will survey a sample of program participants who receive Assisted Living Services.*

*b. Adult Family Living*

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, 2018, DSS will add language to its program regulations to reflect the HCB settings requirements. 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. An updated assessment tool for this purpose is targeted for development by July 1, 2017. Participant service plans will be updated to note any identified issues and follow up activities to address identified issues. Providers will be notified of issues and necessary next steps within 30 days of identified of the issues. In addition to care manager home visits, other resources DSS will look to for identification of provider issues include, but are not limited to providers, stakeholders and complaints.

*c. Adult Day Health*

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. *Updated Language: One of these two Adult Day Health providers closed in September of 2015. DSS conducted a site visit of the other Adult Day Health provider and determined that it is in compliance with the HCB settings requirements and no need for a corrective action plan was identified. DSS worked with the certification committee of the ADC association to include language in their certification standards to more clearly reflect the HCB settings requirements. These revised standards will be effective January 1, 2016. DSS will also revise its own program regulations to reflect the HCB settings requirements. This will be accomplished by June 30, 2018. In order to ensure ongoing compliance, visits to Adult Day Health providers will be integrated into DSS' ongoing quality assurance activities.*

*d. Residential Care Homes*

On November 19, 2014 DSS conducted 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. A first meeting is scheduled for December 10, 2015 of a committee composed of representatives from DPH, the RCH association, office of the DSS Ombudsman, and DSS to review regulations and begin the process of making changes/revisions to support HCB settings requirements.

As noted in Section II.A.1.d, DSS reviewed the results of the RCH surveys and decided to conduct site-specific assessments of all RCHs where a participant is residing.

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. In order to broaden stakeholder participation, DSS reached out to LeadingAge Connecticut and its staff lobbyist for assistance in facilitating provider compliance. LeadingAge Connecticut represents over 130 not-for-profit provider organizations serving older adults and disabled individuals across the State. 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. The relocation process will be specific to the participant and may take until August 2018 to complete. The care manager will work with the participant to ensure continuity of care as the participant transitions to new provider(s), including education about the process, timeframes and due process rights. 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. Care managers will conduct an onsite review of provider settings prior to participation relocation. Additionally, care managers will touch base with participants within the first month following transition, three months after transition and ongoing as part of regularly scheduled visits to monitor the status 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.

To ensure ongoing compliance, as part of the initial assessment of participants for enrollment in the HCBS Waiver for Elders/the 1915(i) State Plan HCBS Option, care managers (who have been trained on the new rule) will evaluate the RCH's compliance with the HCB settings

requirements using a checklist that ensures the setting meets the HCB settings requirements, including:

- The participant has a lease;
- The participant has privacy including lockable doors;
- The participant has a choice of roommates;
- The participant has freedom to control his/her own schedule;
- The participant is free to have visitors; and
- The setting is integrated into the community and facilitates access to community activities such as movies, shopping, and recreational activities.

Similar to the evaluation at initial assessment, if a participant chooses to move into an RCH, the care manager will use the checklist to ensure the setting meets the HCB settings requirements.

Also, on an ongoing basis, as part of their home visits, care managers will evaluate the RCH's compliance with the HCB settings requirements. This will ensure that all settings where individuals receive services will continue to meet the HCB settings requirements on an ongoing basis. An updated assessment tool for this purpose is targeted for development by July 1, 2017. Participant service plans will be updated to note any identified issues and follow up activities to address identified issues. Providers will be notified of issues and necessary next steps within 30 days of identification of the issues. In addition to care manager home visits, other resources DSS will draw upon for identification of provider issues include, but are not limited to providers, stakeholders and complaints.

If at any time (during initial assessment, when a participant moves to a RCH, or during a home visit as part of ongoing monitoring) the care manager determines that an RCH is not compliant with the HCB settings requirements, the care manager will discuss this with the participant and offer the participant alternative settings that are compliant. If the applicant/participant chooses to reside in the non-compliant setting, he/she would not be eligible for the HCBS program.

*Updated Language: The major compliance challenge for the State are the Residential Care Homes. We had anticipated that this would present the area that would require the most significant systemic changes in order to fully comport with the HCBS final rule. DSS has participated in a workgroup involving DPH, the Long Term Care Ombudsman, Connecticut Legal Services and representatives of the RCH Association to plan changes needed in the State to comply with the HCBS final rule. As an initial step, DPH sought and was approved for a statutory change to the RCH state statutes as follows:*

*Sec. 5. Section 19a-490 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2016):*

*(c) "Residential care home" [, "nursing home" ] or "rest home" means [an establishment] a community residence that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter and laundry and may qualify as a setting that allows residents to receive home and community-based services funded by state and federal programs;*

*This represents a first step in a major cultural shift for the State. A major challenge remains; the state statute describes the “discharge process” from RCHs in institutional terms as opposed to language that would offer protections normally available under landlord/tenant law. The workgroup is committed to making modifications as needed to comport with the HCBS final rule. In the June 2016 meeting, it was agreed by the group to establish four workgroups that will meet and report back to the larger group. The four workgroups are Regulations/Statutes, Lease Agreement/Comparability Challenges, Training and Challenges for Integration.*

*The goal is to have the statutory and regulatory changes in place by June 30, 2018. By including representatives from the RCH community of providers, the goal is to help them understand that cultural change will be needed in addition to statutory and regulatory changes.*

## 2. Acquired Brain Injury Waiver

As noted in Section II.A.2, DSS reviewed the results of the Prevocational Services survey and decided to conduct site-specific assessments of all providers of Prevocational Services. 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 will help affected participants select and then transition to a Prevocational Services provider that meets the HCB settings requirements.

On December 3, 2014, DSS conducted training for ABI providers, including providers who have participants residing in homes that the provider either owns or leases. *Updated Language:* By December 31, 2016, DSS will add language to its operating policies to reflect the HCB settings requirements. This will include ensuring that waiver participants residing in ABI provider owned or controlled homes have a lease.

As noted in Section II.A.2, a site review will be conducted of all ABI provider owned/controlled homes. The onsite assessment will enable DSS to substantiate the survey findings and the extent to which ABI homes are compliant with HCB settings requirements. If DSS determines, based on the survey results and/or site-specific review, 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.

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. The relocation process will be specific to the participant and may take up to March 2018 to complete. The care manager will work with the participant to ensure continuity of care as the participant transitions to new provider(s), including education about the process, timeframes and due process rights. 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. Care managers will conduct an onsite review of provider settings prior to participation relocation. Additionally, care managers will touch base with participants within the first month following transition, three months after transition and ongoing as part of regularly scheduled visits to monitor the status 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.

In addition to the individual review of the setting done by the social worker, the State will verify compliance with the HCB settings requirements during the provider credentialing and re-credentialing process. This will include reviewing the service definitions with new providers to ensure that only those providers who meet HCB settings requirements can enroll and provide services under this waiver. To ensure ongoing compliance of ABI provider owned/controlled homes, as part of the initial assessment of participants for enrollment in the ABI waiver, social workers (who have been trained on the new rule) will evaluate the ABI provider owned/controlled home's compliance with the HCB settings requirements using a checklist that ensures the setting meets the HCB settings requirements. This checklist will be similar to the one used by care managers for RCHs, as described in Section III.1.A.d above.

Similar to the evaluation at initial assessment, if a participant chooses to move into an ABI provider owned/controlled home, the social worker will use the checklist to ensure the setting meets the HCB settings requirements. Also, on an ongoing basis, at reassessments and team meetings, social workers will evaluate the ABI provider owned/controlled home's compliance with the HCB settings requirements. This will ensure that all settings where individuals receive services will continue to meet the HCB settings requirements on an ongoing basis. If at any time (during initial assessment, when a participant moves to a ABI provider owned/controlled home, or during a home visit) the social worker determines that a ABI provider owned/controlled home is not compliant with the HCB settings requirements, the social worker will discuss this with the participant and offer the participant alternative settings that are compliant. If the applicant/participant chooses to reside in the non-compliant setting, he/she would not be eligible for the ABI waiver.

In addition to the individual review of the setting done by the social worker, the State will verify compliance with the HCB settings requirements during the provider credentialing and re-credentialing process. This will include reviewing the service definitions with new providers and case managers to ensure that only those providers who meet HCB settings requirements can enroll and provide services under this waiver. Additionally, Connecticut has implemented the utilization of a Uniform Assessment (UA) across all waiver programs. Questions pertinent to settings requirements have been developed and submitted for inclusion into the UA for use across all populations. We anticipate the questions to be included in a subsequent release of the tool in 2017.

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

No remediation required.

4. Personal Care Assistance Waiver

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 required.

6. Updated Language: Summary of Remediation and Monitoring Milestones and Timelines

The following chart summarizes DSS' remediation and monitoring activities, including milestones and start and end dates. Note that some of the dates have been slightly revised from the STP submitted to CMS in order to reflect the actual start date and/or a new end date.

<b>Waiver/ Service/ Setting</b>	<b>Remediation or Monitoring Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>Assisted Living</i>	Incorporate assessment of compliance with the HCB settings requirements into DSS' ongoing audits of Assisted Living providers.	7/1/14	N/A (Ongoing as part of the audits)
<i>Adult Family Living</i>	Incorporate evaluation of compliance with the HCB settings requirements into care manager's home visits to Adult Family Living and initial assessment and ongoing home visits for participants in Residential Care Homes.	7/1/14	N/A (Ongoing as part of home visits)
<i>Adult Family Living</i>	Meet with Adult Family Living providers and emphasize the importance of compliance with HCB settings requirements.	10/15/14	12/31/14
<i>Adult Day Health</i>	Follow up with Adult Day Health center 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. (The second Adult Day Health center with a score below a four was closed September 30, 2015.)	11/1/14	12/31/15
<i>Adult Day Health</i>	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	1/1/16
<i>RCH</i>	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

<b>Waiver/ Service/ Setting</b>	<b>Remediation or Monitoring Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>RCH</i>	Conduct training for the RCH association.	11/19/14	11/19/14
<i>RCH</i>	Engage LeadingAge Connecticut in provider outreach.	11/17/15	N/A (Ongoing)
<i>RCH</i>	Work with DPH to update regulatory documents for RCHs to assure compliance with the HCB settings requirements.	12/10/15	6/30/18
<i>RCH</i>	Award grant to and execute contract with RCHs that are affiliated with nursing facilities to help them comply with the HCB settings requirements.	12/31/15	12/31/15
<i>RCH</i>	Notify RCHs of issues identified during site-specific assessment.	5/20/16	6/13/16
<i>RCH</i>	RCHs submit strategies (CAPs) to DSS to address issues identified during site reviews.	7/22/16	8/16/16
<i>RCH</i>	DSS responds to/approves RCH strategies (CAPs) for addressing identified issues.	9/20/16	10/13/16
<i>RCH</i>	If necessary, transition participants residing in a non-compliant RCH to a compliant setting.	4/1/15	3/31/18
<i>Prevoc</i>	Follow up with any Prevocational Services providers that received a score below a four on one or more statements on the Prevocational Services survey.	3/1/15	8/31/15
<i>ABI</i>	Incorporate evaluation of compliance with the HCB settings requirements into social worker's initial assessment and ongoing home visits to ABI provider-owned/controlled homes.	1/1/15	N/A (Ongoing)
<i>ABI</i>	Notify ABI homes of owned/controlled homes of issues identified during site-specific assessment.	2/22/16	3/12/16
<i>ABI</i>	ABI homes submit strategies (CAPs) to DSS to address issues identified during site reviews.	4/22/16	5/17/16
<i>ABI</i>	DSS responds to/approves ABI homes' strategies (CAPs) for addressing identified issues.	7/17/16	7/12/16
<i>ABI</i>	If necessary, transition participants residing in a non-compliant ABI home to a compliant setting.	4/1/15	8/31/18
<i>ABI</i>	Revise the Acquired Brain Injury Waiver Program regulations to reflect the HCB settings requirements.	4/1/15	12/31/16
<i>HCPE and PSA</i>	Revise the Home Care Program for Elders regulations and the Personal Care Assistance Services for Adults regulations to reflect the HCB settings requirements.	12/1/15	6/30/18
<i>Assisted Living</i>	<u>Updated Language:</u> Revise the ALSA regulations as appropriate.	12/1/15	6/30/18

<b>Waiver/ Service/ Setting</b>	<b>Remediation or Monitoring Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>Adult Day Health</i>	<i>Updated Language: Revise Adult Day Center standards.</i>	<i>12/1/15</i>	<i>6/30/18</i>
<i>Adult Day Health</i>	The Adult Day Center Association revised standards will be effective January 1, 2016	1/1/15	1/01/16
<i>Adult Family Living and RCH</i>	An updated assessment tool to include settings related questions is targeted for development by July 1, 2017.	1/1/16	7/01/17
<i>All</i>	Revise STP based on analysis of survey results, remediation activities, ongoing monitoring, and public comments/feedback.	12/20/14	Ongoing prior to 3/17/19
<i>All</i>	Ongoing monitoring to identify and address instances of non-compliance.	1/1/15	N/A (Ongoing)
<i>All</i>	<i>Updated Language: Submit to CMS heightened scrutiny evidence for settings that are presumed to be institutional.</i>	<i>7/1/16</i>	<i>3/17/19</i>

## **B. DDS Waivers**

DDS reviewed the waiver service definitions, contract language, provider agreements, and waiver service agency policy and procedure manuals and conducted a survey of providers and participants and family members of waiver participants. DDS has identified potential remediation and monitoring activities as well as activities to ensure ongoing compliance. These activities are described in more detail below.

Note that since Assisted Living and Adult Day Health are the same as those services 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**

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 and Community Companion Homes*

*Updated Language: Based upon the Provider Self-Assessment DDS noted the following areas in need of additional work to reach compliance: Increase access to food when desired, increase documentation of food restrictions when applicable, increase education regarding making anonymous complaints, increase access to public and alternate transportation, increase ability for individuals to come and go as they wish, increase use of locks on bedroom doors, and ensure when staff are given keys for entry into rooms the individual has agreed to this and it is documented in the individual person-centered plan.*

*Based on these assessment activities DDS has determined that CLA and CCH settings require ongoing training and remediation to reach compliance with the HCB settings requirements. DDS will conduct verification of Provider Self-Assessments using Quality Assessment methodologies (onsite visits using the QSR on site tool detailed in the DDS 1915(c) waiver applications) on an ongoing basis, and will complete the verification process by September 30, 2016. The QRS onsite participant survey tool is used to automate information from quality monitoring visits conducted by case management and quality review staff. The application records findings resulting from ongoing provider performance reviews, notifies providers and key DDS staff of needed corrective actions, and tracks follow-up on corrective action plans created automatically or by the reviewer. The tool produces administrative and analytic reports used to track quality monitoring activities and identify data trends for remediation at the consumer, provider, regional, and state levels. 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' remediation and monitoring activities to ensure initial and ongoing compliance with the HCB settings requirements.*

DDS developed a web-based data application to support quality assurance/improvement functions through a CMS Systems Change Grant awarded in 2003, the QSR tool, which, as described earlier, is used to automate information from quality monitoring visits conducted by case management and quality review staff.

As we currently do using our HCBS Quality Oversight committee structure, DDS will develop HCB settings requirement improvement plans, implement and track HCB settings requirements improvement plans and improvement activities, will assess the effectiveness of specific activities against desired performance improvement benchmarks, and will adjust plans as needed. The DDS Quality Oversight Committee Structure is detailed in our current 1915(c) waiver applications, and supports our Waiver Assurance Monitoring, Remediation and Reporting activities. Current activities are tracked in the QI Task Group Action Plan and the Systems Design Work Plan documents. Tracking of QI activities relating to the HCB settings requirements will be consolidated. Provider-level improvement requirements will be managed at the Regional Level through the Quality Review oversight process and the use of the Continuous Quality Improvement Planning Process, and larger system-wide improvement activities will be managed centrally by the Waiver Assurance Committee, who will report findings and outcomes to the System Design Team. System Design will assess the effectiveness of the system-wide

improvement activities and will make recommendations for any additional remediation or improvements needed to the Deputy Commissioner and Commissioner.

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 settings requirements by June 30, 2018. *Updated Language: DDS will consult with DSS, in its role as the oversight agency for HCBS, regarding the program regulations and will obtain DSS clearance regarding revisions.* By June 15, 2016 DDS will develop a policy regarding dignity of risk that promotes informed choice as well as an overarching policy on HCB settings requirements that takes precedence over all other policies and procedures.

By June 30, 2015 DDS will review the Quality System (quality service reviews) to ensure compliance with HCB settings 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.

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 June 30, 2015. Starting January 15, 2015, as part of ongoing education, participants, family members, qualified providers, DDS case managers, and DDS staff received training on the final rule. DDS has developed numerous fact sheets for participants, families, providers and staff, and these were widely distributed, and continue to be available. Self-advocates in collaboration with DDS and other stakeholders developed a public service announcement, *Updated Language: which was rolled-out statewide on April 1, 2015. The PSA can be viewed here: <http://www.ct.gov/dds/cwp/view.asp?a=3589&q=563806>.*

DDS current waiver and future participants are directly asked and will continue to be asked by their DDS Case manager during the annual person-centered planning process if they would like to relocate or receive different services. DDS current waiver and future participants also can relocate by choosing to exercise Portability of their funding for any reason and at any time. The DDS Portability Procedure: I.G.PR.00 1 issued in September 10, 2001 (revised 2011) empowers 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. This has been and will continue to be a key component of the DDS person-centered planning process since 2004.

*b. Continuous Residential Supports*

*Updated Language:* Based upon the Provider Self-Assessment DDS concluded the following areas in need of additional work to reach compliance: Increase access to food when desired, increase documentation of food restrictions when applicable, increase education regarding making anonymous complaints, increase access to public and alternate transportation, increase ability for individuals to come and go as they wish, increase use of locks on bedroom doors, and ensure when staff are given keys for entry into rooms the individual has agreed to this and it is documented in the individual person-centered plan.

Based on these assessment activities DDS has determined that CRS settings require ongoing training and remediation to reach compliance with the HCB settings requirements. DDS will conduct verification of Provider Self-Assessments using Quality Assessment methodologies (onsite visits using the QSR on site tool detailed in the DDS 1915(c) waiver applications) on an ongoing basis, and will complete the verification process by September 30, 2016. The QSR onsite participant survey tool is used to automate information from quality monitoring visits conducted by case management and quality review staff. The application records findings resulting from ongoing provider performance reviews, notifies providers and key DDS staff of needed corrective actions, and tracks follow-up on corrective action plans created automatically or by the reviewer. The tool produces administrative and analytic reports used to track quality monitoring activities and identify data trends for remediation at the consumer, provider, regional, and state levels. 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.

These activities will be the same as the activities described for CLA/CCH (referenced in Section II.B.1.b), except the language in program regulations will not require a lease or other legally binding document, since CRS already has that requirement and is compliant with the HCB settings requirements.

*c. Prevocational Services*

*Updated Language:* Although DDS originally concluded that Prevocational Services complies with the HCB settings requirements, based on clarification from CMS, 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, based on clarification from CMS, 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 originally concluded that Group Day Support Options complies with the HCB settings requirements, *based on clarification from CMS, based on clarification from CMS* 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

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*

Updated Language: The Community Companion Homes (CCH) service covered in the Individual and Family Support Waiver is the same *service* as CCH in the Comprehensive Waiver, *with the same providers*. 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*

Updated Language: The Continuous Residential Supports (CRS) service covered in the Individual and Family Support Waiver is the same *service* as CRS in the Comprehensive Waiver, *with the same providers*. 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 *service* as Prevocational Services in the Comprehensive Waiver, *with the same providers*. 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 *service* as Group Supported Employment in the Comprehensive Waiver, *with the same providers*. 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 *service* as Group Day Support Options in the Comprehensive Waiver, *with the same providers*. 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

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 *service* same service as Group Supported Employment in the Comprehensive Waiver, *with the same providers*. 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 *service* as Group Day Support Options in the Comprehensive Waiver, *with the same providers*. 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*

Updated Language: The Community Companion Homes (CCH) service covered in the Home and Community Supports Waiver for Persons with Autism is the same *service* as CCH in the Comprehensive Waiver, *with the same providers*. 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 required.

6. Updated Language: Summary of Remediation and Monitoring Milestones and Timelines

The following chart summarizes DDS' remediation activities, including milestones and start and end dates.

<b>Waiver/ Service/ Setting</b>	<b>Remediation or Monitoring Activity</b>	<b>Start Date</b>	<b>End Date</b>
<i>All</i>	Review of Quality System (quality service reviews) to ensure compliance with HCB settings requirements.	9/1/14	6/30/15
<i>All</i>	DSS to draft and promulgate regulations for approval of the DDS operated HCBS waivers to reflect the HCB settings requirements.	11/17/14	6/30/18
<i>All</i>	<u>Updated Language</u> : Dignity of risk policy (risk mitigation). Develop policy that enables informed choice of participant.	11/1/14	6/30/17
<i>All</i>	Self –advocate training. Training on HCB settings requirements for self-advocacy community.	11/1/14	N/A (Ongoing)
<i>All</i>	Case manager training on HCB settings requirements.	11/1/14	N/A (Ongoing)
<i>All</i>	DDS staff training. Training on HCB settings requirements for all DDS staff.	11/1/14	N/A (Ongoing)
<i>All</i>	DSS to draft and promulgate regulations for approval of the DDS operated HCBS waivers to reflect the HCB settings requirements.	11/17/14	6/30/18
<i>All</i>	<u>Updated Language</u> : <i>Revise STP based on analysis of QSR onsite results, remediation activities, ongoing monitoring, and public comments/feedback.</i>	12/20/14	Ongoing prior to 3/17/19
<i>All</i>	Policy, procedure and contract review. Structured review of P&Ps to identify scope of changes needed and develop go forward strategy.	2/1/15	6/30/15
<i>All</i>	<u>Updated Language</u> : Self-advocates in collaboration with DDS and other stakeholders developed a public service announcement, which was rolled-out statewide on April 1, 2015.  <a href="http://www.ct.gov/dds/cwp/view.asp?a=3589&amp;q=563806">http://www.ct.gov/dds/cwp/view.asp?a=3589&amp;q=563806</a>  <a href="http://www.dds.ct.gov/advocatescorner/cwp/view.asp?a=3912&amp;q=474826">http://www.dds.ct.gov/advocatescorner/cwp/view.asp?a=3912&amp;q=474826</a>	3/1/15	Completed 4/1/15
<i>All</i>	Starting January 15, 2015, as part of ongoing education, participants, family members, qualified providers, DDS case managers, and DDS staff received training on the final rule.	4/1/15	N/A (Ongoing)
<i>All</i>	Draft guidance that requires provider owned or controlled residences to ensure residents rights are	1/1/16	12/31/16

<b>Waiver/ Service/ Setting</b>	<b>Remediation or Monitoring Activity</b>	<b>Start Date</b>	<b>End Date</b>
	protected by a lease or comparable legally binding agreement.		
<i>All</i>	Create a lease template that can be used by waiver participants living in provider owned or controlled residential settings and meets the requirements of the new CMS HCBS final rule.	1/1/16	12/31/16
<i>All</i>	<u>Updated Language:</u> Submit to CMS heightened scrutiny evidence for settings that are presumed to be institutional.	7/1/16	7/31/19
<i>CLA/ CCH/ CRS</i>	<u>Updated Language:</u> Conduct verification for HCB settings compliance, using QSR onsite Tool detailed in the DDS 1915(c) waiver applications on an ongoing basis, and will complete the verification process by September 30, 2016.	7/1/16	9/30/16
<i>All</i>	Work with providers regarding ongoing monitoring and compliance. Monitor compliance and address instances of non-compliance. Using the Continuous Improvement Plan and Enhanced Monitoring Procedure. DDS plan is to incorporate this process into the annual Quality Provider meetings.	7/31/16	Ongoing prior to 3/17/19
<i>All</i>	<u>Updated Language:</u> As part of the required case manager annual reviews, the case manager will conduct an ongoing participant survey for all waiver participants.	8/1/16	N/A (Ongoing)
<i>All</i>	<u>Updated Language:</u> Update initial providers outreach and training on HCB settings requirements for providers.	9/1/16	N/A (Ongoing)
<i>All</i>	<u>Updated Language:</u> Family training. Training on HCB settings requirements for families.	9/1/16	N/A (Ongoing)
<i>All</i>	<u>Updated Language:</u> Revise STP based on analysis of QSR onsite results, remediation activities, ongoing monitoring, and public comments/feedback.	12/20/14	Ongoing prior to 3/17/19
<i>All</i>	<u>Updated Language:</u> Ongoing monitoring to identify and address instances of non-compliance.	1/1/15	N/A (Ongoing)

Prior to the release of the HCBS final rule in January 2014 DDS had embarked on a journey that continues to incorporate many activities and initiatives that reinforce the HCBS final rule. In 2011 DDS 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 the 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 have 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. DDS continues to use opportunities to provide individuals, families, providers and staff opportunities to understand the HCB settings requirements.

#### **IV. PUBLIC INPUT PROCESS**

The State sought input from the public on the State's draft STP (statewide and HCBS program-specific) and provided a 30-day period for input. The State also conducted tribal notification in accordance with State plan requirements.

Notice regarding the draft STP posted in July of 2014 was published in the Connecticut Law Journal and the State's website, and the State provided a 30-day comment period for each. The draft STP 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 STP. The State did not receive any comments at the hearing on the draft STP.

In addition, since the State made substantive changes to the draft STP, it sought public input on a draft STP. The draft STP was posted on the State's website from November 10 with a request for comments by December 15, 2014. Comments could be submitted by email, mail, or fax.

The State assures that the STP, with modifications from the draft STP posted in November of 2014, will be posted for public information no later than the date of submission to CMS, and that all public comments on the draft STP posted in July of 2014 and the draft STP posted in November will be retained and made available for CMS review for the duration of the transition period or approved waiver, whichever is longer.

The STP 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 STP on its website and accepting comments on any updates.

## **A. DSS Waivers**

### **1. Summary of Comments**

DSS did not receive comments on its draft STP posted in November of 2014. DSS received comments on its draft STP posted in July 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 STP to achieve compliance with the HCBS 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 STP 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 and Response to Comments**

DDS did not receive comments on the draft STP posted in July but received comments on the draft STP posted in November of 2014. DDS appreciates the comments and suggestions from stakeholders.

All comments reference were received via [DDS.HCBSTransition@ct.gov](mailto:DDS.HCBSTransition@ct.gov) email account set up specifically for the HCB Setting Rule Transition activities.

#### *Public Comment #1*

Stakeholder comment specific to the make-up of a current survey referenced in the plan that was developed using DDS current self-advocates and NCI documents for Individuals and Families. DDS reviewed the comments and will consider for future surveys. Link to current survey information: <http://www.ct.gov/dds/cwp/view.asp?a=2645&Q=556868>

#### *Public Comment #2*

Specific questions regarding access to the results of the data validation and self-assessment referenced in the plan.

DDS does plan to share the results of the data validation and self-assessment with all stakeholders upon completion of the analysis. DDS will publish results on the DDS website.

#### *Public Comment #3*

Stakeholder had not received a factsheet mentioned in the plan.

Originally the factsheet was mailed to case managers to share with individuals and families 5-22-2014. The information was resent 12-16-2014 with additional information to all case managers requesting to share with families. We have also heard feedback from families that they did receive the information. Additionally, DDS in partnership with family advocacy groups provided three information sessions in December 2014. These sessions provided individuals and families an opportunity to ask DDS staff questions. DDS self-advocates have committed to sharing the information with over 60 self-advocacy groups and DDS has reached out to leaders within the Family Support Network and other family groups. Providers have also been very committed in sharing information with the individuals and families they support. DDS will continue to use every avenue possible to make sure individuals and families receive this information.

*Public Comment #4*

Stakeholder comments that their family member(s) living in a setting that may not be in compliance because their family member does not have a lease (CLA) or that their family member has a lease but the apartment or home is owned by the provider and they are leasing from the provider.

Through the activities of the Transition Work Group DDS has identified that there are providers who currently have strategies in place to protect the residency rights of participants in licensed and provider owned settings. The work group will seek to develop a set of options for assisting providers with complying with this requirement of the HCB setting rule. DDS will continue to engage with individuals and families to ensure their concerns are addressed and that they have input into the implementation of these strategies.

*Public Comment #5*

Stakeholder comment “regarding DDS’ inclusion of a plan to create a “dignity of risk” policy” the stakeholder agrees with the importance of this policy but is concerned that the provider community is included in the development of the policy and that the liability of the provider is taken into consideration.

The plan to create the policy has been discussed in numerous venues but was identified by provider representatives as one of the barriers to implementing the HCB setting rule. DDS is committed to developing a policy that ensures all stakeholders input is solicited and represented.

*Public Comment #6*

Stakeholder comments in regards to unbundling specific service types in CLAs and CRSs that currently has a day rate to ensure “that state services offer individuals choice and a person-centered approach, so that they are truly receiving the services that they want and need.”

DDS will review this comment and concern with the business unit responsible for developing the rate structure and other state agencies responsible for budgetary oversight.

### *Public Comment #7*

Stakeholder comments regarding Section II-B that “DDS will utilize its current remediation methodology to ensure compliance,” subsequent sections do not specifically indicate that remediation methodology will be limited to DDS processes already in existence. The stakeholder recommended “that it is specified in each section that remediation methodology will be limited to existing DDS processes for quality and compliance monitoring.”

While DDS believes the current quality oversight processes are sufficient to manage the necessary remediation activities. DDS reserve the right to modify the process as recommended by the Transition Work Group.

### *Public Comment #8*

Stakeholder request to incorporate provider wealth of knowledge in the development of any program regulations referenced in Section III-B-1-a (and subsequent matching sections) makes reference to a change in program regulations to “reflect the HCB settings requirements regarding leasing or legally binding document” and in the area outlined in Section III-B-1-a.

DDS is committed to working with all stakeholders to develop program regulations that meet the HCB setting rule.

## 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 of 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 person-centered 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 STP is communicated, roles are defined, and responsibilities are identified.

In November 2014 the Individual and Family Survey was launched and widely distributed. Three public comment forums hosted by family advocacy groups held 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.

## V. HEIGHTENED SCRUTINY

### A. DSS

*Updated Language:* In evaluating which settings would warrant heightened scrutiny, DSS considered all three prongs: 1) settings in publicly or privately operated facility that provides inpatient institutional treatment; 2) settings in a building on the grounds of, or adjacent to a public institution; and 3) settings with the effect of isolating individuals receiving Medicaid HCBS participants from the broader community of individuals receiving Medicaid HCBS. DSS has not identified any settings that are part of a facility or “settings that isolate” as part of our assessment. Settings on the grounds of a nursing home will be considered for potential heightened scrutiny. DSS is confident that all other provider settings meet applicable requirements of 42 CFR 441.301(c)(4) and do not meet the criteria in 42 CFR 441.301(c)(5) (settings that are not Home and Community-Based). The settings that are on the grounds of a nursing home will be initially identified based upon survey responses (see Section II.A for details regarding provider surveys):

The following criteria will apply to each of the relevant DSS provider settings:

- RCH provider settings – settings in the survey with a score of less than 3.00 for the question “Is the setting on the grounds of or adjacent to a nursing home?”
- ABI provider settings – a response of “yes” to the question “Is the [home] on the grounds of or adjacent to, a nursing home?”
- ADH provider settings – identified by DSS staff as being on the grounds of or adjacent to a nursing home.

*Updated Language:* The heightened scrutiny review will be incorporated into the site-specific assessment process and will include, as appropriate, following-up on negative responses to survey questions, assessing the physical location of the setting to determine if it is isolating in nature, and assessing the operations of the setting to determine that participants are not prevented from accessing the community. The timeframes for the site-specific assessments are included in Section II.A. Additionally, targeted questions will be added to the standardized assessment tool appropriate to provide sufficient evidence that the setting has HCB qualities and does not have the qualities of an institution.

Provider settings ultimately determined to have HCB qualities and are not institutional in nature, along with sufficient evidence, will be submitted to CMS for heightened scrutiny review following a public comment review period. If CMS determines a setting is not an appropriate HCB setting, participants will be notified of the need to select an alternate provider and care managers will assist in finding appropriate placement (see Sections III.A and III.B for relocation processes).

## **B. DDS**

*Updated Language:* In evaluating which settings would warrant heightened scrutiny, DDS considered all three prongs: 1) settings in publicly or privately operated facility that provides inpatient institutional treatment; 2) settings in a building on the grounds of, or adjacent to a public institution; and 3) settings with the effect of isolating individuals receiving Medicaid HCBS participants from the broader community of individuals receiving Medicaid HCBS. DDS does not have any settings on the grounds of a nursing home or an institution.

*The heightened scrutiny review will be a site specific review that includes, as appropriate, following-up on negative responses to survey questions, assessing the physical location of the setting to determine if it is isolating in nature, and assessing the operations of the setting to determine that participants are not prevented from accessing the community. The timeframes for the site-specific assessments are included in Section II.B. To achieve this outcome, targeted questions addressing the three prongs will be added to Quality Service Review onsite participant survey tool to provide sufficient evidence that the settings do not have any of the three prong qualities listed above. If the targeted questions in the Quality Service Review onsite participant survey tool are marked “not met” this will initiate the remediation process.*

*If a setting is not an appropriate HCB setting, providers will be given the opportunity to remediate and if compliance is not achievable the participants will be notified of the need to select an alternate compliant setting and case managers will assist in finding appropriate placement (see Section III.B for relocation process).*

*Heightened Scrutiny will only be applied if and when DDS, in collaboration with DSS, believes that a setting that falls into one of the three prongs has overcome the presumption that a setting has institutional qualities or characteristics that isolate beneficiaries and comports fully with the HCBS settings rule.*

## **VI. CMS' INITIAL COMMENTS ON STP**

CMS completed its initial review of Connecticut's statewide transition plan (STP) and submitted comments on the plan dated September 4, 2015. The following is our response to the identified CMS issues.

### **Settings:**

Connecticut needs to include all settings that are covered by its waivers in the STP.

**Connecticut Response:** Sections II.A and B have been updated to include all relevant settings.

### **Systemic Assessment:**

Although Connecticut's STP reports on a systemic assessment conducted by both the Department of Social Services (DSS) and the Department of Developmental Services (DDS), and includes work plans describing each Department's activities, it does not provide any detailed regulatory citations. The State does not identify the specific state regulations that were analyzed; the specific aspect of each regulation found to comply, not comply or be silent; or the changes

that must be made to each regulation to bring it into compliance. The State should create a crosswalk of each of the state regulations with each relevant portion of the federal regulation and include this information in the STP to support the State's assessment.

- In reporting the outcomes of its systemic assessment, Connecticut describes the settings as “substantially compliant,” but does not define this term or describe the assessment criteria that were used to make that determination. Connecticut should clarify what this term means and how it determined if settings are compliant.
- Connecticut has not included a complete listing of the estimated number of settings that comply, may comply with changes, cannot comply or are presumed to be institutional in nature. The State has only identified two Adult Day Health programs that may not comply and asserts that some of the Residential Care Homes (RCH) that have not yet been assessed and also may not comply. Connecticut should update the STP to include a report of the outcomes of its assessments with estimates of the number of sites for each of the different compliance categories.

**Connecticut Response:** New Sections II.A.6 and II.B.6 and Attachment A have been included to reflect the DSS and DDS the outcome of the systemic assessments.

DDS has removed the substantially compliant language and provided a summary of data and plans for verification.

All site-specific assessments have not yet been completed. Only after this time will we have a comprehensive understanding of the estimated number of settings that comply, may comply with changes, cannot comply or are presumed to be institutional in nature. We will update the STP to include this information upon completion of all site-specific assessments.

The STP has been updated in Sections II.A and II.B to include the outcome of provider survey assessments.

#### **Site-Specific Assessment:**

- Connecticut has completed its site-specific assessments for all settings except the Residential Care Homes and the Acquired Brain Injury provider-owned/controlled homes, but the number of sites are not estimated and the outcomes are not reported by setting. The full scope of the assessments to date is hard to determine. Connecticut should provide additional detail on its site-specific assessments as part of the STP. In particular, it is unclear whether there will be additional assessments of the Community Living Arrangements, Community Companion Homes and the Adult Day Health Centers.
- DSS and DDS reported in the STP that they are either reviewing, or are in the process of validating, the results of the State's assessment of its settings, but do not describe in detail how they will validate the survey results. DDS intends to use the results of the National Core Indicator (NCI) surveys completed by participants, but does not explain how the results can be linked to the specific sites where services were delivered. Connecticut should include details in the STP on the validation process and describe how it is able to use the NCI survey to report on specific sites.

**Connecticut Response:** All site-specific assessments have not yet been completed. The STP has been updated in Sections II.A and II.B to note the timeframes for additional site-specific assessments for RCHs, Prevocational Services, and ABI homes for the DDS HCBS programs and Community Living Arrangements (CLA), Community Companion Homes (CCH), Continuous Residential Supports (CRS), Prevocational Supports, Group Supported Employment, and Group Day Support Options for the DDS waivers.

Sections II.A and II.B have been updated to reflect the results of DSS' provider survey assessments, including linkages among surveys.

### **Monitoring and Oversight:**

Connecticut's STP includes a description of the monitoring process, but it lacks milestones or a schedule of ongoing activities. The State should clarify in the STP how it will monitor progress through its existing processes and quality monitoring systems to ensure ongoing compliance with the home and community-based settings requirements. DDS also reports that it is forming a Transition Work Group to provide support for the department, but the exact role and composition are not described in the STP. It is also unclear if the group is a statewide body, covering all of the waivers as opposed to only those administered by DDS. CMS requests that Connecticut describe these activities in greater detail and describe how they will be coordinated across the departments for shared settings.

**Connecticut Response:** We believe that the STP provided considerable detail regarding monitoring activities and timeframes in Sections III.A and III.B, including the Remediation or Monitoring Activities charts. We have updated these sections and charts to provide additional detail regarding monitoring and oversight activities and timeframes.

The Stakeholder Transition Work Group is a statewide body providing guidance on DDS programs and provider settings. The Stakeholders are DDS representatives from different working units, case management, quality, fiscal, audit, program specific personnel, resource management, medical, self-advocates, family members, providers representing trade organization. Their role is not to monitor the DDS compliance it is to act as ambassadors and in an advisory capacity.

### **Remediation:**

- The STP provides only a general statement of intent with regard to remediation and does not provide details of the regulatory changes, milestones or clear timeframes for its remediation activities. The DSS and DDS' schedules of remediation and monitoring activities include general changes to the State's waivers and regulations, including the Department of Public Health's regulations for the RCHs, which is scheduled to occur between June 30, 2015 and December 31, 2015. DDS also states that it intends to draft an overall policy to address the home and community-based settings requirements as well as dignity of risk and informed choice policies for their participants, although these were not identified as problems in the current policies. Connecticut's revised STP should provide information to address the following issues with regard to its remediation activities, milestones and timeframes:

- Connecticut did not estimate the number of sites needing remediation with the exception of the two Adult Day Health sites mentioned earlier and the general suggestion that some RCHs will require remediation. The assessment of the Acquired Brain Injury Waiver provider-owned and controlled homes is still outstanding as well.
- In addition, remediation of the RCHs is scheduled for a year from April 1, 2015 to March 31, 2016, but there are no interim milestones.
- In the case of the Acquired Brain Injury Waiver homes, a three month period was scheduled for all three compliance activities, assessment, remediation and relocation. This timeline doesn't appear sufficient for all activities.
- Additionally, some of the changes aren't scheduled to be clearly completed by March 2019.
- CMS is also concerned that the timeframe for remediation is too short, especially if there is a delay in the outstanding assessments mentioned above. Additional details on remediation should be included in the STP once the assessments of all of Connecticut's settings are concluded. The details of changes to regulations, licensing requirements, and policies as well as the specific milestones should be included in the STP for both DDS and DSS.

**Connecticut Response:** The total number of sites requiring remediation will not be available until after the site-specific assessments are completed. Once the site-specific assessments are completed, we will update the STP to include this information.

We have added additional detail to Sections III.A and III.B regarding remediation and monitoring details and timeframes. We have made corresponding changes to the timeframes and activities in the Remediation or Monitoring Activities charts in these sections to provide greater detail.

### **Relocation of Beneficiaries:**

- Connecticut did not estimate the number of beneficiaries that may need to be relocated in the STP. Please provide this information.
- Connecticut's STP states that it will only take six months to relocate residents, but a year is scheduled for the activity in the table on Remediation and Monitoring Activities. CMS is concerned that the timeframe for relocation is too short, especially if there is a delay in the assessment information. Additional details on relocation should be included in the STP once the assessments of all of Connecticut's settings are concluded. The details should describe how individuals will be given adequate time and due process, the information and support they will need to make informed choices about alternate settings, and the assurance that all the services and supports they need will be in place at the time of relocation.
- In the case of the Acquired Brain Injury Waiver homes, a three month period was scheduled for all three compliance activities, assessment, remediation and relocation, as noted above, and no detailed milestones or timeframes were provided for the relocation process. Please provide this information and describe how all relocation activities can be accomplished in this timeframe.

**Connecticut Response:** All site-assessments are not yet completed. We will not be able to estimate the number of beneficiaries that may need to be relocated until all site-assessments are completed. Once this occurs, we will update the STP to include this information.

We have added additional detail to Sections III.A and III.B regarding relocation and monitoring details and timeframes. We have made corresponding changes to the timeframes and activities in the Remediation and Monitoring Activities chart in these sections to provide greater detail.

We have modified Sections III.A and III.B to provide additional steps and a longer timeframe for completion of relocation.

### **Heightened Scrutiny:**

Connecticut 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;
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS.

**Connecticut Response:** We have added a new Section V that addresses heightened scrutiny.

## ATTACHMENT A

### SYSTEMIC ASSESSMENT – HOME AND COMMUNITY-BASED SERVICES (HCBS) PROGRAMS ADMINISTERED BY DSS

Updated Language: As referenced in the statewide transition plan (STP), this attachment documents DSS’ systemic assessment comparing the requirements in 42 CFR 441.301 regarding HCB settings with each of the operating guidelines applicable to DSS’ HCBS programs. The following are the operating guidelines reviewed for the systemic assessment:

1. Acquired Brain Injury (ABI) Waiver Program operating policies (<http://www.ct.gov/dss/lib/dss/pdfs/abi/abiwaiverregs.pdf>);
2. Personal Care Assistance (PCA) Services for Adults regulations (<http://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title%2017b|17b-262|17b-262-587|17b-262-587>);
3. Home Care Program for Elders (HCPE) regulations (<http://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title%2017b|17b-342|17b-342-1|17b-342-1>);
4. Residential Care Home (RCH) licensing regulations (<http://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title%2019|19-13-D|19-13-d6|19-13-d6>);
5. Standards for Adult Day Care Centers (ADC); and
6. Assisted Living Service Agencies (ALSA) (<http://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title%2019|19-13-D|19-13-d105|19-13-d105>)

In general, the operating guidelines are either silent or do not directly address specific HCB settings requirements from 42 CFR 441.301. As noted in the STP, DSS has drafted ABI waiver program regulations that include language to address the HCB settings requirements. This language, referred to herein as the “template section,” will also be used as the basis for modifying the PCA and HCPE regulations. DSS also proposes to use this language as the basis for modifying the RCH licensing regulations. However, these regulations are under the authority of Department of Public Health (DPH); therefore *DSS will work with DPH to make these changes* (see Section III.A.1.d of the STP for details regarding DSS and DPH collaboration).

As noted in the STP, DSS has worked with the ADC association to revise the standards for Adult Day Health providers to reflect the HCB settings requirements. While these standards reflect key HCB settings requirements, all of the HCB settings requirements will apply to Adult Day Health providers through the revised DSS program regulations.

Connecticut plans to include the following “template section” in its *ABI, HCPE, PCA and ALSA regulations* as well as the RCH licensing regulations to bring the State into compliance with all applicable federal requirements. The citations in the “Regulation/Standard Additions” column of the systemic assessment chart below reference the relevant “template section” and indicate that the State plans to add the corresponding language to the respective operating guideline to meet

the applicable requirement in 42 CFR 411.301. *All revisions will be made by no later than June 30, 2018.*

For example, the federal requirement that 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” is not addressed in Connecticut’s HCPE regulation, as noted in the “State Regulation/Standard” column in the table below. The existing HCPE regulation will be modified to include language from (a)(1)(A) from the “template section,” in addition to other areas identified in the “Regulation/Standard Additions” column.

“(a) Prior to an individual accessing any services under the HCPE program, the department shall assess each home and community-based setting utilized in the service plan to determine whether such setting complies with 42 CFR 441.301(c)(4)-(5), as amended from time to time. Such assessment shall be conducted through the person-centered assessment process. In particular, the setting shall:

- (1) Be integrated in and support full access to the greater community, including opportunities to:
  - (A) Seek employment and work in competitive integrated settings”

#### ***Template Section***

(a) Prior to an individual accessing any services under the [HCBS] program, the department shall assess each home and community-based setting utilized in the service plan to determine whether such setting complies with 42 CFR 441.301(c)(4)-(5), as amended from time to time. Such assessment shall be conducted through the person-centered assessment process. In particular, the setting shall:

- (1) Be integrated in and support full access to the greater community, including opportunities to:
  - (A) Seek employment and work in competitive integrated settings;
  - (B) Engage in community life;
  - (C) Control personal resources; and
  - (D) Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- (2) Be selected by the individual:
  - (A) From among setting options including non-disability specific settings and an option for a private unit in a residential setting; and
  - (B) Identified and documented in the individual person-centered plan and based on the individual’s needs, preferences, and, for residential settings, resources for room and board.
- (3) Ensure individual rights of privacy, dignity, and respect, and freedom from coercion and restraint.
- (4) Optimize autonomy and independence in making life choices, including daily activities, physical environment, and with whom to interact.
- (5) Facilitate choice regarding services and supports and who provides them.

- (b) In addition to meeting the requirements of subsection (a) of this section, and subject to the modifications permitted in subsection (c) of this section, all provider-owned or controlled residential settings shall meet the following requirements:
  - (1) The individual has a lease or other legally enforceable agreement providing similar protections.
  - (2) The individual has privacy in their unit, including lockable doors, choice of roommates, and has freedom to furnish or decorate the unit.
  - (3) The individual controls their own schedule, including access to food at any time.
  - (4) The individual can have visitors at any time.
  - (5) The setting is physically accessible.
- (c) Any modification to the requirements of subsection (b) of this section shall be consistent with 42 CFR 441.301(c)(4)(vi)(F), and be supported by a specific assessed need and justified in the individual person-centered plan.
- (d) If, upon initial assessment, or any time thereafter, the department determines that a setting does not comply with 42 CFR 441.301(c)(4)-(5), the department shall inform the individual of alternative settings that would comply with these requirements. If the individual elects to remain in, or receive services at, a setting that does not meet these requirements, and the provider has not demonstrated compliance with the Department's corrective action plan for meeting such requirements, the individual shall not receive services under the ABI waiver program.
- (e) The department shall assess compliance with 42 CFR 441.301(c)(4)-(5) as part of its process for credentialing and re-credentialing providers.
- (f) Services shall not be performed at any setting listed in 42 CFR 441.301(c)(5), including a NF, institution for mental diseases, ICF/IID, hospital, or any other location that has qualities of an institutional setting.

**§ 441.301 Contents of request for a waiver.**

**(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.**

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<b><i>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community including opportunities to:</i></b>		
<b><i>Seek employment and work in competitive integrated settings;</i></b>	<p><b>1.</b> (ABI) Sec. 17b-260a-5 (b) Covered services: (7) Prevocational Services are services designed to prepare an individual with employment-related goals for paid or unpaid employment, by providing learning and work experiences through which the individual can develop strengths and skills that contribute to employability in integrated settings.</p> <p>(8) Supported Employment Services are ongoing supportive services provided to an individual who, because of their disability, needs intensive support to obtain and maintain employment at or above minimum wage and meets personal and career goals.</p> <p><b>2.</b> (PCA) Requirement not addressed.</p> <p><b>3.</b> (HCPE) Requirement not addressed.</p> <p><b>4.</b> (RCH) Requirement not addressed.</p> <p><b>5.</b> (ADC) Requirement not addressed.</p> <p><b>6.</b> (ALSA) Requirement not addressed.</p>	<p>(a)(1)(A) of the “template section” above <i>will be added as an additional requirement.</i></p> <p>(a)(1)(A) of the “template section” above</p> <p>(a)(1)(A) of the “template section” above</p> <p>(a)(1)(A) of the “template section” above</p> <p>(a)(1)(A) of the “template section” above added to the ABI and HCPE regulations</p> <p>(a)(1)(A) of the “template section” above</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<p><i>Engage in community life;</i></p>	<p><b>1.</b> (ABI) Sec. 17b-60a-4(d)(6)  Programmatic requirements for eligibility are as follows:  Wish to live in the community by utilizing ABI waiver services.</p> <p>Sec. 17b-260a-5(b)(1)  Covered services:  ABI Group Day Habilitation Services are services and supports that foster the development, improvement or retention of skills and abilities necessary for an individual to maintain health and wellness, self-care, prepare an individual for work or community participation, or support meaningful socialization and leisure activities.</p> <p>Sec. 17b-260a-5(b)(2)(B)  Covered services:  (B) promotion of participation in activities that may increase the individual’s independence, inclusion in the community and life satisfaction.</p>	<p>(a)(1)(B) of the “template section” above <i>will be added as an additional requirement.</i></p>
	<p><b>2.</b> (PCA) Sec. 17b-262-593(a)(1)  Services covered are:  (1) personal care assistance services provided in accordance with a personal care services plan which enable the consumer to carry out activities of daily living and instrumental activities of daily living in a community living arrangement.</p>	<p>(a)(1)(B) of the “template section” above <i>will be added as an additional requirement.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><b>3.</b> (HCPE) Sec. 17b-342-1(c)(1)(D) The purposes of the Connecticut Home Care Program are to: Provide a full range of community based services, home care services and assisted living services to eligible individuals who choose to remain in the community.</p> <p>Sec. 17b-342-1(h)(1)(B)(v) Requirement of an Access Agency: Awareness of community resources and services.</p> <p>Sec. 17b-342-2(b) Adult day health services are provided through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structured, comprehensive program that provides a variety of health, social and related support services including, but not limited to, socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of a day.</p> <p>Sec.17b-343-2(o)(1) Transportation services provide access to medical services, social services, community services and appropriate social or recreational facilities that are essential to help some individuals avoid institutionalization by enabling these individuals to retain their role as community members.</p>	<p>(a)(1)(B) of the “template section” above <i>will be added as an additional requirement.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	4. (RCH) Requirement not addressed.	(a)(1)(B) of the “template section” above
	5. (ADC) Requirement not addressed.	(a)(1)(B) of the “template section” above added to the ABI and HCPE regulations Definition: Adult Day Services are community-based group programs designed to meet the needs of functionally impaired adults through a structured, comprehensive program that facilitates community integration and provides a variety of health, social and related support services, including appropriate therapy, rehabilitation and supervision services, in a protective setting during any part of a day.

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><b>6.</b> (ALSA) Sec. (a)(2) Definition of Assisted Living Services - assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence.</p> <p>Sec. (c)(3)(C) – Core Services shall include - scheduled transportation for personal shopping, social and recreational events, health care appointments and similar needs and for which public bus transportation shall not qualify as the only form of transportation.</p> <p>Sec. (c)(3)(F) – Core services shall include - programs of social and recreational opportunities.</p>	NA
<b>Control personal resources; and</b>	<p><b>1.</b> (ABI) Sec. 17b-260a-5(b)(4)(A)(x) Covered services: Community Living Support Services include, but are not limited to, supervision and assistance with the following skills: (x) money management.</p> <p><b>2.</b> (PCA) Requirement not addressed.</p> <p><b>3.</b> (HCPE) Requirement not addressed.</p> <p><b>4.</b> (RCH) Requirement not addressed.</p> <p><b>5.</b> (ADC) Requirement not addressed.</p> <p><b>6.</b> (ALSA) Requirement not addressed.</p>	<p>(a)(1)(C) of the “template section” above will be added as an additional requirement.</p> <p>(a)(1)(C) of the “template section” above</p> <p>(a)(1)(C) of the “template section” above</p> <p>(a)(1)(C) of the “template section” above</p> <p>(a)(1)(C) of the “template section” above added to the ABI and HCPE regulations</p> <p>(a)(1)(C) of the “template section” above</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<b><i>Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></b>	<b>1.</b> (ABI) Requirement not addressed.	(a)(1)(D) of the “template section” above
	<b>2.</b> (PCA) Requirement not addressed.	(a)(1)(D) of the “template section” above
	<b>3.</b> (HCPE) Requirement not addressed.	(a)(1)(D) of the “template section” above
	<b>4.</b> (RCH) Requirement not addressed.	(a)(1)(D) of the “template section” above
	<b>5.</b> (ADC) Requirement not addressed.	(a)(1)(D) of the “template section” above added to the ABI and HCPE regulations
	<b>6.</b> (ALSA) Requirement not addressed.	(a)(1)(D) of the “template section” above

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<i>(ii) The setting is selected by the individual:</i>		
<i>From setting options including non-disability specific settings and an option for a private unit in a residential setting; and</i>	<b>1.</b> (ABI) Requirement not addressed.	(a)(2)(A) of the “template section” above
	<b>2.</b> (PCA) Requirement not addressed.	(a)(2)(A) of the “template section” above
	<b>3.</b> (HCPE) Requirement not addressed.	(a)(2)(A) of the “template section” above
	<b>4.</b> (RCH) Requirement not addressed.	(a)(2)(A) of the “template section” above
	<b>5.</b> (ADC) Requirement not addressed.	(a)(2)(A) of the “template section” above added to the ABI and HCPE regulations
	<p data-bbox="697 498 1318 784"><b>6.</b> <i>(ALSA) Sec. (a)(2) Definition of Assisted Living Services - These services provide an alternative for elderly persons who require some help or aid with activities of daily living as described in subsection (a) (4) or nursing services in order to remain in their private residential units within the managed residential community.</i></p> <p data-bbox="697 824 1318 1071"><i>Sec. (a)(15) - “Private residential unit” means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.</i></p>	<i>(a)(2)(A) of the “template section” above will be added as an additional requirement to clarify that the choice includes non-disability specific settings.</i>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<p><i>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></p>	<p>1. (ABI) Sec. 17b-260a-3(32)  “Service plan” means an individualized written plan developed through person-centered planning that documents the medical and home and community-based services that are necessary to enable the individual to live in the community instead of an institution. The service plan includes measurable goals, objectives and documentation of total service costs.</p>	<p>(a)(2)(B) of the “template section” above  Add that the service plan must “record the alternative home and community-based settings that were considered by the individual”</p>
	<p>2. (PCA) Requirement not addressed.</p>	<p>(a)(2)(B) of the “template section” above</p>
	<p>3. (HCPE) Sec. 17b-342-1(b)(26)  “Plan of care” means a written individualized plan of home care services which specifies the type and frequency of all services and funding sources required to maintain the individual in the community, the names of the service providers and the cost of services, regardless of whether or not there is an actual charge for the service. The plan of care shall include any in-kind services and any services paid for by the client or the client's representative;</p>	<p>(a)(2)(B) of the “template section” above  Add the that the plan of care must “record the alternative home and community-based settings that were considered by the individual”</p>
	<p>4. (RCH) Requirement not addressed.</p>	<p>(a)(2)(B) of the “template section” above  Note that service plan requirements are addressed in HCPE above</p>
	<p>5. (ADC) Requirement not addressed.</p>	<p>(a)(2)(B) of the “template section” above  added to the ABI and HCPE regulations  Note that service plan requirements are addressed in HCPE above</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><b>6.</b> (ALSA) Sec. (c)(3) services are based on participant choice - A managed residential community shall provide or arrange to make available the following core services to its tenants who choose to use any or all of the core services.</p>	<p>(a)(2)(B) of the “template section” above will be added as an additional requirement to clarify that services are documented in a participant’s individual person-centered plan.</p>
<b>(iii) Ensures an individual's rights of:</b>		
<b>Privacy;</b>	<p><b>1.</b> (ABI) Sec. 17b-260a-11(b)(3)(B) Provider agencies shall have policies and procedures in place regarding employee standards of conduct. These policies and procedures shall include the following topics: (B) respect of the participant’s rights, including privacy and self-determination.</p>	<p>(a)(3) of the “template section” above will be added as an additional requirement.</p>
	<p><b>2.</b> (PCA) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>3.</b> (HCPE) Sec. 17b-342-2(f)(2)(D) Adult family living shall be provided in a living arrangement which conforms to applicable local and state building, health and safety codes and ordinances and meets the individual's needs for privacy.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>4.</b> (RCH) Sec. 19-13-D6(b) C. Resident Baths Each bathtub or shower enclosure in a central bathing area shall provide space for the private use of the bathing fixture and for dressing.</p>	<p>(a)(3) of the “template section” above will be added as an additional requirement.</p>
	<p><b>5.</b> (ADC) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above added to the ABI and HCPE regulations Add language to (VI)(B)(2)(e) regarding enrollment packet to include:</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><b>6.</b> (ALSA) Sec. (a)(2) <i>Definition of Assisted Living Services - These services provide an alternative for elderly persons who require some help or aid with activities of daily living as described in subsection (a) (4) or nursing services in order to remain in their private residential units within the managed residential community.</i></p> <p>Sec. (a)(15) - <i>“Private residential unit” means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.</i></p>	<p>...signed Bill of Rights including rights to privacy, dignity, respect, and to be addressed in a manner they prefer ....</p> <p>NA</p>
<p><b><i>Dignity and respect; and</i></b></p>	<p><b>1.</b> (ABI) Sec. 17b-260a-11(b)(3)(B) Provider agencies shall have policies and procedures in place regarding employee standards of conduct. These policies and procedures shall include the following topics: (B) respect of the participant’s rights, including privacy and self-determination.</p> <p><b>2.</b> (PCA) Requirement not addressed.</p> <p><b>3.</b> (HCPE) Sec. 17b-342-1(h)(4)(A) An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's</p>	<p>(a)(3) of the “template section” above will be added as an additional requirement.</p> <p>(a)(3) of the “template section” above</p> <p>(a)(3) of the “template section” above will be added as an additional requirement.</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p>representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights: To be treated as an adult with respect and dignity.</p> <p>Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.</p>	
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>5.</b> (ADC) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above added to the ABI and HCPE regulations Add language to (VI)(B)(2)(e) regarding enrollment packet to include: ...signed Bill of Rights including rights to privacy, dignity, respect, and to be addressed in a manner they prefer ....</p>
	<p><b>6.</b> <i>(ALSA) Sec. (e)(12) - Each agency shall establish a written complaint procedure regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for a client’s property by anyone providing agency services including, but not necessarily limited to:</i> <i>(A) a statement that a client or his or her family has the right to file a complaint without discrimination or reprisal from the agency;</i> <i>(B) the manner in which the agency shall address the complaint with the client or his</i></p>	<p>NA</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><i>or her family including a full investigation into the complaint; and</i></p> <p><i>(C) provisions to ensure that the agency shall promptly attempt to resolve complaints.</i></p> <p><i>Sec. (m)(5) (rights of individuals) - right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect.</i></p>	
<p><b><i>Freedom from coercion and restraint.</i></b></p>	<p><b>1.</b> (ABI) Sec. 17b-260a-11(b)(3)(C) Provider agencies shall have policies and procedures in place regarding employee standards of conduct. These policies and procedures shall include the following topics: (C) Neglect, abuse, and harassment of participants.</p>	<p>(a)(3) of the “template section” above <i>will be added as an additional requirement.</i></p>
	<p><b>2.</b> (PCA) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	<p>(a)(3) of the “template section” above</p>
	<p><b>5.</b> (ADC) III Protections of Participants A. Each center shall have a written policy stating that the adult day care center shall take reasonable precautions to protect participants against abuse. C. Steps shall be taken to ensure that all participants are free from chemical and physical restraint unless under a physician’s order.</p>	<p>(a)(3) of the “template section” above added to the ABI and HCPE regulations Add “and coercion” to section III.A</p>
	<p><b>6.</b> (ALSA) Sec. (e)(12) - Each agency shall establish a written complaint procedure</p>	<p>(a)(3) of the “template section” above <i>will be added as an additional requirement to</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><i>regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for a client's property by anyone providing agency services including, but not necessarily limited to:</i></p> <p><i>(A) a statement that a client or his or her family has the right to file a complaint without discrimination or reprisal from the agency;</i></p> <p><i>(B) the manner in which the agency shall address the complaint with the client or his or her family including a full investigation into the complaint; and</i></p> <p><i>(C) provisions to ensure that the agency shall promptly attempt to resolve complaints.</i></p> <p><i>Sec. (m)(5) (rights of individuals) - right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect.</i></p> <p><i>Sec. (m)(8) (rights of individuals) - explanation of the complaint procedure and right to file a complaint without discrimination or reprisal from the agency regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for property by anyone providing agency services.</i></p>	<p><i>note the reference to freedom from coercion and restraint.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<i>(iv) Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to:</i>		
<i>Daily activities;</i>	1. (ABI) Requirement not addressed.	(a)(4) of the “template section” above
	2. (PCA) Sec. 17b-262-593(a)(1) Services covered are: (1) personal care assistance services provided in accordance with a personal care services plan which enable the consumer to carry out activities of daily living and instrumental activities of daily living in a community living arrangement.	(a)(4) of the “template section” above <i>will be added as an additional requirement.</i>
	3. (HCPE) Sec. 17b-342-1(h)(4)(I) An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights: to achieve maximum self-direction and choice in lifestyle as long as this does not create an unacceptable risk.  Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.	(a)(4) of the “template section” above <i>will be added as an additional requirement.</i>
	4. (RCH) Requirement not addressed.	(a)(4) of the “template section” above
	5. (ADC) Requirement not addressed.	(a)(4) of the “template section” above
	6. (ALSA) Sec. (a)(2) <i>Assisted Living Services definition - for the purpose of this section only means nursing services and assistance</i>	(a)(4) of the “template section” above <i>will be added as an additional requirement.</i>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><i>with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence.</i></p>	
<p><b><i>Physical environment; and</i></b></p>	<p><b>1.</b> (ABI) Sec. 17b-260a-5(b)(6) Covered services: (6) Environmental Accessibility Adaptation Services are physical changes made to the individual’s home that are of direct medical or remedial benefit to the individual; that seek to ensure the health, welfare and safety of the individual; or to enhance and promote greater independence, without which the individual would require institutionalization.</p>	<p>(a)(4) of the “template section” above <i>will be added as an additional requirement.</i> .</p>
	<p><b>2.</b> (PCA) Requirement not addressed.</p>	<p>(a)(4) of the “template section” above</p>
	<p><b>3.</b> (HCPE) Sec. 17b-342-1(h)(4)(I) An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights: to achieve maximum self-direction and choice in lifestyle as long as this does not create an unacceptable risk.</p> <p>Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.</p>	<p>(a)(4) of the “template section” above <i>will be added as an additional requirement.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	4. (RCH) Requirement not addressed.	(a)(4) of the “template section” above
	5. (ADC) Requirement not addressed.	(a)(4) of the “template section” above added to the ABI and HCPE regulations
	6. <i>(ALSA) Sec. (a)(2) Assisted Living Services definition - for the purpose of this section only means nursing services and assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence.</i>	<i>(a)(4) of the “template section” above will be added as an additional requirement.</i>
<b><i>With whom to interact.</i></b>	1. (ABI) Requirement not addressed.	(a)(4) of the “template section” above
	2. (PCA) Requirement not addressed.	(a)(4) of the “template section” above
	3. (HCPE) Sec. 17b-342-1(h)(4)(I) An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights: to achieve maximum self-direction and choice in lifestyle as long as this does not create an unacceptable risk.  Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.	(a)(4) of the “template section” above <i>will be added as an additional requirement.</i>
	4. (RCH) Requirement not addressed.	(a)(4) of the “template section” above
	5. (ADC) Requirement not addressed.	(a)(4) of the “template section” above added to the ABI and HCPE regulations

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><b>6.</b> (ALSA) Sec. (a)(2) Assisted Living Services definition - for the purpose of this section only means nursing services and assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence.</p>	<p>(a)(4) of the “template section” above will be added as an additional requirement.</p>
<p><b>(v) Facilitates individual choice regarding:</b></p>		
<p><b>Services and supports; and</b></p>	<p><b>1.</b> (ABI) Sec. 17b-260a-5(b)(6) Covered services: (6) Environmental Accessibility Adaptation Services are physical changes made to the individual’s home that are of direct medical or remedial benefit to the individual; that seek to ensure the health, welfare and safety of the individual; or to enhance and promote greater independence, without which the individual would require institutionalization.</p>	<p>(a)(4) of the “template section” above will be added as an additional requirement.</p>
	<p><b>2.</b> (PCA) Requirement not addressed.</p>	<p>(a)(4) of the “template section” above</p>
	<p><b>3.</b> (HCPE) Sec. 17b-342-1(h)(4) An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights: (B) to be fully informed about all services, charges and choices available through the access agency;</p>	<p>(a)(4) of the “template section” above will be added as an additional requirement.</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p>(C) to and in and have control over the plan of care to the greatest extent possible; (G) to choose among all qualified and available service providers.</p> <p>Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.</p>	
	<p>4. (RCH) Requirement not addressed.</p>	<p>(a)(4) of the “template section” above</p>
	<p>5. (ADC) Requirement not addressed.</p>	<p>(a)(4) of the “template section” above added to the ABI and HCPE regulations</p>
	<p>6. <i>(ALSA) Sec. (m)(3) (rights afforded to individuals) - information regarding the right to participate in the planning of (or any changes in) the care to be furnished, the frequency of visits proposed, the nurse supervising care and the manner in which the nurse may be contacted.</i></p> <p><i>Sec. (m)(14) (rights afforded to individuals) - information advising the client of his or her rights under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.</i></p>	<p>NA</p>
<p><b><i>Who provides the services and supports.</i></b></p>	<p>1. (ABI) Sec.17b-260a-9(d)(1) The individual is the employer of household employees and private providers who are not employed by an agency. As the employer of these providers, the individual shall have free choice of all qualified providers of each</p>	<p>(a)(4) of the “template section” above <i>will be added as an additional requirement.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p>service included in the individuals service plan and shall be responsible for:            (1) Selection of providers.</p>	
	<p><b>2.</b> (PCA) Requirement not addressed.</p>	(a)(4) of the “template section” above
	<p><b>3.</b> (HCPE) Sec. 17b-342-1(h)(4)            An access agency shall establish a written client bill of rights and responsibilities to be provided to the client or the client's representative at the time of admission to the program. At a minimum, the bill of rights shall state that the clients have the following rights:            (B) to be fully informed about all services, charges and choices available through the access agency;            (C) to and in and have control over the plan of care to the greatest extent possible;            (G) to choose among all qualified and available service providers.             Per Sec. 17b-342-1(i)(5), ALSAs must comply with requirement above for access agencies.</p>	(a)(4) of the “template section” above <i>will be added as an additional requirement.</i>
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	(a)(4) of the “template section” above
	<p><b>5.</b> (ADC) Requirement not addressed.</p>	(a)(4) of the “template section” above added to the ABI and HCPE regulations
	<p><b>6.</b> (ALSA) Sec. (m)(3) (<i>rights afforded to individuals</i>) - <i>information regarding the right to participate in the planning of (or any changes in) the care to be furnished, the frequency of visits proposed, the nurse supervising care and the manner in which</i></p>	NA

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><i>the nurse may be contacted;</i></p> <p><i>Sec. (m)(11) (rights afforded to individuals) - the client’s right to have services provided by an individual or entity other than via an assisted living services agency.</i></p> <p><i>Sec. (m)(14) (rights afforded to individuals) - the client’s right to make individual arrangements with an assisted living services agency which does not have a formal contract with the managed residential community in which he or she resides.</i></p>	
<b>(vi) In a provider-owned or controlled residential setting, the following additional conditions must be met:</b>		
<b>A.</b>		
<b><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;</i></b>	<b>1.</b> (ABI) Requirement not addressed.	(b)(1) of the “template section” above
	<b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	<b>3.</b> (HCPE) Requirement not addressed.	(b)(1) of the “template section” above
	<b>4.</b> (RCH) Requirement not addressed.	(b)(1) of the “template section” above
	<b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	<b>6.</b> (ALSA) participants are tenants – Sec. (a)(17) “Tenant” means a person who either owns, rents under a lease agreement or otherwise contracts for the use of the home within a managed residential community in which that person resides.	NA
<b><i>The individual has, at a minimum,</i></b>	<b>1.</b> (ABI) Requirement not addressed.	(b)(1) of the “template section” above

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<p><i>the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.</i></p>	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	<p>(b)(1) of the “template section” above</p>
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	<p>(b)(1) of the “template section” above</p>
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>6.</b> (ALSA) <i>Sec. (b)(5) The assisted living services agency shall ensure that all of the core services are provided. In the event that a managed residential community fails to provide or arrange to make available one or more of the core services on a regular and continual basis, the licensee shall terminate the provision of assisted living services to the managed residential community. The department, each client receiving services from the agency, the next of kin or legal representative and any third party payors concerned shall be mailed written notice from the licensee at least thirty (30) days prior to the termination of services. Arrangements shall be made by the licensee for the continuation of care and services as required by any individual client following termination of the assisted living service. In the event that the disruption of services is temporary, alternative arrangements for the health and safety of the clients shall be made immediately by the managed residential community, with full</i></p>	<p><i>(b)(1) of the “template section” above will be added as an additional requirement.</i></p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p><i>service restored in not more than seven (7) days.</i></p> <p><i>Sec. (e)(9) - Each agency shall develop written policies for the discharge of clients from the agency. Agency discharge policies shall define categories for the discharge of clients and shall include but not necessarily be limited to:</i></p> <p><i>(A) Change in client’s condition. Termination of services when the client’s condition is no longer chronic and stable;</i></p> <p><i>(B) Routine discharge. Termination of services when goals of care have been met and the client no longer requires assisted living services;</i></p> <p><i>(C) Emergency discharge. Termination of services due to the presence of safety issues which place the client or agency staff in immediate jeopardy and prevent the agency from delivering assisted living services;</i></p> <p><i>(D) Financial discharge. Termination of services when the client’s insurance benefits or financial resources have been exhausted; and</i></p> <p><i>(E) Premature discharge. Termination of services when goals of care have not been met and the client continues to require assisted living services.</i></p>	
<b><i>For settings in which landlord</i></b>	<b>1.</b> (ABI) Requirement not addressed.	(b)(1) of the “template section” above

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<p><i>tenant laws do not apply, a 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></p>	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	<p>(b)(1) of the “template section” above</p>
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	<p>(b)(1) of the “template section” above</p>
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>6.</b> (ALSA) Requirement not addressed – landlord tenant laws apply.</p>	<p>NA</p>
<p><b><i>B. Each individual has privacy in their sleeping or living unit:</i></b></p>		
<p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors;</i></p>	<p><b>1.</b> (ABI) Requirement not addressed.</p>	<p>(b)(2) of the “template section” above</p>
	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	<p>(b)(2) of the “template section” above</p>
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	<p>(b)(2) of the “template section” above</p>
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>6.</b> (ALSA) Sec. (a)(2) “Private residential unit” means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.</p>	<p>(b)(2) of the “template section” above will be added as an additional requirement.</p>
<p><i>Individuals sharing units have a choice of roommates in that setting; and</i></p>	<p><b>1.</b> (ABI) Requirement not addressed.</p>	<p>(b)(2) of the “template section” above</p>
	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential</p>	<p>NA</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	setting.	
	3. (HCPE) Requirement not addressed.	(b)(2) of the “template section” above
	4. (RCH) Requirement not addressed.	(b)(2) of the “template section” above
	5. (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	6. (ALSA) Requirement not addressed – individuals do not share units.	NA
<b>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</b>	1. (ABI) Requirement not addressed.	(b)(2) of the “template section” above
	2. (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	3. (HCPE) Requirement not addressed.	(b)(2) of the “template section” above
	4. (RCH) Requirement not addressed.	(b)(2) of the “template section” above
	5. (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	6. (ALSA) Sec. (a)(2) “Private residential unit” means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.	(b)(2) of the “template section” above will be added as an additional requirement.
<b>C. Individuals have the freedom and support:</b>		
<b>To control their own schedules and activities; and</b>	1. (ABI) Sec. 17b-260a-5(b)(2)(B) Covered services: (B) promotion of participation in activities that may increase the individual’s independence, inclusion in the community and life satisfaction.	(b)(3) of the “template section” above will be added as an additional requirement.
	2. (PCA) Requirement not addressed. Not a	NA

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	provider-owned or controlled residential setting.	
	3. (HCPE) Requirement not addressed.	(b)(3) of the “template section” above
	4. (RCH) Requirement not addressed.	(b)(3) of the “template section” above
	5. (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	6. (ALSA) Sec. (a)(6) “Client service program” means a written schedule of assisted living services to be provided to, reviewed with and agreed to by a client or client representative.	(b)(3) of the “template section” above will be added as an additional requirement.
<b><i>Have access to food at any time.</i></b>	1. (ABI) Requirement not addressed.	(b)(3) of the “template section” above
	2. (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	3. (HCPE) Sec. 17b-342-2(f)(5) (A) Meals in the adult family living setting shall: (i) Be nutritionally balanced and at least three (3) times daily; (ii) include snacks and fluids as appropriate to meet the participant's needs; and (iii) be adapted to modified diets if prescribed by a physician.	(b)(3) of the “template section” above will be added as an additional requirement.
	4. (RCH) Sec.19-13-D6(f) (1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours. (2) Menus shall be prepared, posted and	Sec. 19-13-D6(f)(1) will be modified to read as follows - Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours. Individuals

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<p>filed and shall meet state department of health requirements for basic nutritional needs.</p> <p>(3) The time scheduling of regular meals and snacks shall be approved by the state department of health.</p>	<p><i>shall have access to food at any time.</i></p>
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>6.</b> (ALSA) Sec. (a)(15) “Private residential unit” means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.</p>	<p><i>(b)(3) of the “template section” above will be added as an additional requirement.</i></p>
<b>D.</b>		
<p><b><i>Individuals are able to have visitors of their choosing at any time.</i></b></p>	<p><b>1.</b> (ABI) Requirement not addressed.</p>	<p>(b)(4) of the “template section” above</p>
	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	<p>(b)(4) of the “template section” above</p>
	<p><b>4.</b> (RCH) Sec.19-13-D6(h)(2) Provisions for visiting hours shall be as liberal as may be consistent with good resident care. Personnel shall treat both residents and their visitors with courtesy and consideration at all times.</p>	<p><i>Sec. 19-13-D6(h)(2) will be modified to read as follows – Individuals can receive visitors at any time. Personnel shall treat both residents and their visitors with courtesy and consideration at all times.</i></p>
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	<p>NA</p>
	<p><b>6.</b> (ALSA) Requirement not addressed.</p>	<p>(b)(4) of the “template section” above</p>

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
<b>E.</b>		
<b><i>The setting is physically accessible to the individual.</i></b>	<b>1.</b> (ABI) Sec. 17b-260a-5(b)(6) Covered services: (6) Environmental Accessibility Adaptation Services are physical changes made to the individual's home that are of direct medical or remedial benefit to the individual; that seek to ensure the health, welfare and safety of the individual; or to enhance and promote greater independence, without which the individual would require institutionalization.	(b)(5) of the "template section" above will be added as an additional requirement.
	<b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	<b>3.</b> (HCPE) Requirement not addressed.	(b)(5) of the "template section" above
	<b>4.</b> (RCH) Sec. 19-13-D6(b) B. Resident rooms (6) All resident rooms shall open to a common corridor (sheltered path of egress) which leads directly to the outside.  Sec. 19-13-D6(i)(1) Egress passages from each resident floor of the institution shall be such that all occupants of the floor can safely travel to a place of safety outside the building.	(b)(5) of the "template section" above will be added as an additional requirement.
	<b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.	NA
	<b>6.</b> (ALSA) Sec. (c)(1)(A) Evidence of compliance with local zoning ordinances, local building codes and the Connecticut	(b)(5) of the "template section" above will be added as an additional requirement.

Federal Requirement	State Regulation/Standard	Regulation/Standard Additions
	<i>Fire Safety Code and Supplement.</i>	
<b><i>F. Any modification of additional conditions under subsection 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:</i></b>		
<p><b><i>(1) Identify a specific and individualized assessed need.</i></b></p> <p><b><i>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i></b></p> <p><b><i>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</i></b></p> <p><b><i>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</i></b></p> <p><b><i>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</i></b></p> <p><b><i>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i></b></p> <p><b><i>(7) Include the informed consent of the individual.</i></b></p> <p><b><i>(8) Include an assurance that interventions and supports will cause no harm to the individual.</i></b></p>	<p><b>1.</b> (ABI) Requirement not addressed.</p>	(c) of the “template section” above
	<p><b>2.</b> (PCA) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	NA
	<p><b>3.</b> (HCPE) Requirement not addressed.</p>	(c) of the “template section” above
	<p><b>4.</b> (RCH) Requirement not addressed.</p>	(c) of the “template section” above
	<p><b>5.</b> (ADC) Requirement not addressed. Not a provider-owned or controlled residential setting.</p>	NA
	<p><b>6.</b> (ALSA) Requirement not addressed.</p>	(c) of the “template section” above

**§ 441.301 Contents of request for a waiver.**

**(5) Settings that are not Home and Community-Based. Home and community-based settings do not include the following:**

<b>Federal Requirement</b>	<b>State Assurance</b>	<b>Additions/Changes</b>
(i) A nursing facility; (ii) An institution for mental diseases; (iii) An intermediate care facility for individuals with intellectual disabilities; (iv) A hospital; or (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the	<b>1.</b> (ABI) Requirement not addressed.	(f) of the “template section” above
	<b>2.</b> (PCA) Requirement not addressed.	(f) of the “template section” above
	<b>3.</b> (HCPE) Requirement not addressed.	(f) of the “template section” above
	<b>4.</b> (RCH) Requirement not addressed.	(f) of the “template section” above
	<b>5.</b> (ADC) Requirement not addressed.	(f) of the “template section” above added to the ABI and HCPE regulations

qualities of home and community-based settings.	<b>6.</b> <i>(ALSA) Requirement not addressed</i>	<i>(f) of the “template section” above</i>
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