DISTRICT OF COLUMBIA STATEWIDE TRANSITION PLAN

A Joint Plan of the Department of Health Care Finance & Department on Disability Services to Meet the Centers for Medicare & Medicaid Services Home & Community-Based Services Settings Requirements

Updated April 2017

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UPDATED APRIL 2017

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Section I: Introduction

A. Background on the HCBS Settings Rule

The Centers for Medicare & Medicaid Services (CMS) issued a final rule effective March 17, 2014, that contains a new, outcome-oriented definition of home and community-based services (HCBS) settings. The purpose of the federal regulation, in part, is to ensure that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS. CMS expects all states to develop an HCBS transition plan that provides a comprehensive assessment of potential gaps in compliance with the new regulation, as well as strategies, timelines, and milestones for

becoming compliant with the rule's requirements. CMS further requires that states seek input from the public in the development of this transition plan.

You can learn about the new rule at www.hcbsadvocacy.org. The website includes links to the CMS rule, webinars, and guidance; information on other states' transition plans; advocacy materials and more. Additionally, a number of national advocacy groups have created a Toolkit that provides advocates with detailed information about the HCBS Settings Rules and provides action steps for advocates to impact implementation of the new rules in their states. The toolkit contains three documents: (1) The Medicaid Home and Community-Based Services Settings Rules: What You Should Know; (2) Home and Community-Based Services Regulations Q&A: Settings Presumed to be Institutional & the Heightened Scrutiny Process, and (3) The Home and Community-Based Settings Rules: How to Advocate for Truly Integrated Community Settings (full and abridged). The toolkit is available at http://www.aucd.org/docs/policy/HCBS/.

CMS has updated their Home and Community Based Services (HCBS) website at: www.medicaid.gov/hcbs. If you click the "Statewide Transition Plans" tab, you will see that CMS has added information about their efforts to keep stakeholders apprised of the status of HCBS Statewide Transition Plans (STPs). CMS has also created a "Statewide Transition Plans" page where you will find a chart that has links to the letters that have been sent to states asking for additional information. CMS will continue to provide STP status updates and post communication with states regarding STPs. Please see https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/statewide-transition-plans.html.

B. Background on the District of Columbia's Statewide Transition Plan

The District of Columbia maintains two HCBS waiver programs: the Elderly and persons with Physical Disabilities (EPD) waiver, run by the District's Department of Health Care Finance (DHCF), and the Intellectual and Developmental Disabilities (IDD) waiver, for which the District's Department of Disability Services (DDS) is the operating agency. As noted below, the two waiver programs are very different in size and scope which is reflected in the District's transition plan.

The EPD waiver program is for the elderly and individuals with physical disabilities who are able to safely receive supportive services in a home and community-based setting. There are thirteen (13) services in the EPD waiver program, including one residential service, Assisted Living and one day program, Adult Day Health. There are three (3) enrolled Assisted Living providers operating at three (3) sites. As of this update, three (3) additional District-licensed residential service providers operated by the Department of Behavioral Health (two (2) sites) and Department of Health (one (1) site) also provide services to people who are enrolled in the EPD Waiver program. However, these sites are not funded with Medicaid dollars and are not licensed or regulated by DHCF. In keeping with CMS guidance, this transition plan addresses the three

(3) EPD waiver residential sites and the three (3) non-EPD waiver residential sites in which EPD waiver beneficiaries reside operating at the time of the issuance of the federal HCBS Settings rule.

The Adult Day Health Program (ADHP) was added as a State Plan Service in April, 2015 and was added as a waiver service with the October 2015 waiver amendment, and will be fully implemented under the waiver in Fiscal Year 2017. There currently are seven (7) ADHP providers enrolled to deliver services at eight (8) sites. Pursuant to the HCBS rule, the new ADHP sites are not subject to this transition plan. Each site was assessed and determined compliant with the HCBS Settings requirements prior to the provider's enrollment in Medicaid.

The IDD waiver program provides residential, day/vocational and other support services in the community for District residents with intellectual and developmental disabilities. In all, there are twenty-six (26) services offered through the IDD Waiver. Details about total number of sites and people served are contained within the plan.

Below is the District of Columbia's Statewide Transition Plan for the EPD and IDD HCBS waivers. The District of Columbia timely filed the initial STP with CMS on March 17, 2015, after receiving and responding to extensive public comment. The March 2015 STP is available on-line at: http://dds.dc.gov/publication/dc-statewide-transition-plan-3-17-2015. The public comments DHCF and DDS received to the March 2015 STP are available at: http://dds.dc.gov/publication/public-comments-transition-plan-2-26-2015 and https://dhcf.dc.gov/release/public-notice-revisions-statewide-transition-plan-district-medicaid-programs-home-and.

In August 2015, DC received a letter from CMS with comments on the March 2015 STP. That letter is on-line at: http://dds.dc.gov/publication/cms-letter-dc-statewide-transition-plan-8-13-2015 and included items required in this update to the STP.

The District intends to file this update of STP with CMS by April28, 2017, after a public comment period and an opportunity to receive feedback from CMS. A draft of this update was initially noticed for public comment in the D.C. Register and DDS and DHCF websites on February 12, 2016. The entire plan, including all attachments, was posted on the DHCF and DDS websites for public comment on February 19, 2016, with a thirty day public comment period opening on February 20, 2016. Public comments received on the February draft are included below, in Section VIII. The STP has been updated to respond to the public comments received, as well as continuing guidance from CMS, including additional letters received in response to a June 2016 update in August and October 2016 (Available on-line at https://dhcf.dc.gov/release/public-notice-revisions-statewide-transition-plan-district-medicaid-programs-home-and). The public notice process for this update to the STP is described in detail below, in Section VII. The District intends to update this Statewide Transition Plan with the second set of a full year of site assessments for HCBS IDD waiver settings by September 2017.

The plan and prior iterations are available at http://dhcf.dc.gov/release/announcement-submitted-cms-district-columbia-plan-comply-new-federal-home-and-community. For DDS, this plan, along with all prior iterations of the plan, is also available at: http://dds.dc.gov/page/waiver-amendment-info. Please see Section VII, Outreach and Engagement, for more information on the District's public comment process.

DHCF and DDS appreciate all of the public feedback we have received, and in particular the ongoing work of the HCBS IDD Settings Advisory Group. If you are interested in participating in that group, please contact Erin Leveton at erin.leveton@dc.gov or (202) 730-1754. To provide feedback on the EPD Waiver HCBS Settings plan, please contact Ieisha Gray at ieisha.gray@dc.gov or (202) 442-5818.

C. Short Description of the Updated DC Statewide Transition Plan

This Updated DC Statewide Transition Plan is broken into eight sections:

- Section I provides an introduction to the HCBS Settings Rule and this Transition Plan.

- Section II describes the Crosswalk to the HCBS Settings Rule that is used with all HCBS waiver tools and analyses.

- Section III contains information on the total number of DC HCBS Settings by service type and includes the estimate of how many of those settings are currently in compliance with the HCBS Settings Rule; how many can be compliant with modification; and those settings that DC determines cannot or will not be made compliant and will be removed from the waiver program. It includes detailed results of the assessments of provider compliance on a site-by-site basis for HCBS IDD waiver day providers; and in the aggregate, for HCBS IDD waiver residential providers. It also includes detailed results of the assessments of provider compliance on a site-by-site basis for HCBS EPD waiver residential providers, including those that are not Medicaid providers but are delivering residential services to District residents enrolled in the EPD Waiver. Finally, it describes DC's processes for determining whether to submit a provider to CMS for Heightened Scrutiny review.

- Section IV describes key DC initiatives to increase opportunities for people receiving waiver supports to engage in competitive integrated employment and community integration. It includes DC's approach to employment first activities; a description of training and capacity building activities for providers; and includes links to resources that are developed to support compliance with the HCBS Settings Rule requirements.

- Section V details the process for assessment and remediation. It starts with the state level systemic self-assessment and includes the details of remediation efforts to date and plans going forward to achieve full compliance with the HCBS Settings Rule by March 17, 2019 for both the IDD and EPD Waivers. It includes a description of the HCBS IDD Waiver Provider Self- Assessments and aggregated results by settings and service types. In this section, the process used for site-by-site assessments of all HCBS IDD waiver day and residential settings is described and aggregate results are provided. Areas of non-compliance for HCBS IDD waiver day providers are highlighted. It also includes a description of the HCBS EPD Waiver Provider site-by-site assessments, along with aggregate results. Finally, this section includes a description of how DC used National Core Indicator data to provide a systemic look at compliance across the system of supports for people with intellectual and developmental disabilities.

- Section VI includes the plan to achieve and sustain full compliance with the HCBS Settings Rule. It also states when timelines for the next update this Statewide Transition Plan with information on settings compliance and remediation efforts.

- Section VII includes all public comments received to date on the Updated DC Statewide Transition Plan, as well as links to public comments on earlier versions.

- Section VIII describes our outreach efforts and stakeholder engagement, including the public notice processes that we have used.

Section II: Key to Crosswalk to the HCBS Settings Rule with All HCBS Waiver Assessment Tools and Analysis

The CMS *HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0* divided the HCBS Settings Rule into subparts, labeled (a) through (s). DDS adopted the labels for the subparts of the Rule and then cross-walked each section of the HCBS Settings Rule to all of our assessment, certification and monitoring tools, as well as our analysis of the results. Also, DDS used the subparts to report on site-by-site and setting specific compliance with the HCBS Settings Rule. DHCF subsequently used the subparts in its systemic assessment. Adaptations of the subparts are used in the EPD site-by-site assessments and reporting. The CMS Review tool is available on-line at: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-statewide-transition-plan.pdf (please see pages 9-13). The crosswalk is below and available online at http://dds.dc.gov/publication/key-crosswalk:

Label	HCBS Settings Requirement
(a)	The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.
(b)	The home optimizes a person's initiative, autonomy, and independence in making life choices.
(c)	The home facilitates individual choice regarding services and supports, and who provides them.
(d)	The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
(e)	The home is integrated and supports access to the greater community.
(f)	The home provides opportunities to engage in community life.
(g)	The home provides opportunities to control personal resources.
(h)	The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
(i)	The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.
(j)	If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.
(k)	If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.
(l)	If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
(m)	If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.
(n)	If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.
(o)	If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.
(p)	If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.
(q)	If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.
(r)	If provider-owned or controlled, the home allows people to have visitors at any time.
(s)	If provider-owned or controlled, the home is physically accessible to the person.

Section III: District of Columbia HCBS Settings and Estimate of Settings That Comply with the HCBS Settings Rule

A. Descriptions of District of Columbia HCBS Settings

1. Description of District of Columbia HCBS IDD Settings

DDS offers the following residential services for people with IDD that take place in HCBS Settings: Host Homes; Supported Living (including Supported Living with Transportation) and Residential Habilitation. Day and Employment supports that take place in settings in which more than one person receives services at a time include: Day Habilitation; Small Group Day Habilitation; Employment Readiness; Small Group Supported Employment, Group Companion, and Individualized Day Supports, when it is offered in a 2:1 ratio.

Note: Small Group Day Habilitation is a new service, recently approved by CMS. As such, it is required to be fully compliant with the HCBS Settings Rule, without the benefit of a transition period. Compliance is monitored on an ongoing basis through the Provider Certification Review. The HCBS IDD waiver is available on DDS's website on our Waiver Amendment Information page at: http://dds.dc.gov/page/waiver-amendment-info.

Below is information on the number of sites for each category of HCBS Setting and the number of people in services as of February 2017:

Residential Settings:

Service	# of Sites	# of People Receiving Service
Host Home	62	87
Residential Habilitation	38	127
Supported Living	472	859

Day Services with Settings:

Service	# of Sites	# of People Receiving Service
Day Habilitation	25	542
Employment Readiness	18	258

2. Description of District of Columbia HCBS EPD Settings

DHCF offers the following services in HCBS settings: Assisted Living and Adult Day Health. In FY15 and 16, DHCF enrolled seven (7) providers in the District's new 1915(i) Adult Day Health Program (ADHP). Compliance with the HCBS Settings requirements was assessed during the provider readiness review process. ADHP services are currently enrolling interested individuals. Because ADHP is a new service, yet to begin under the EPD Waiver, these providers are not included in the Statewide Transition Plan other than to refer to providers that already provide Day Habilitation Services under the IDD Waiver as referenced in Section A. above.

There are 13 Department of Health (DOH) regulated assisted living residences in the District. Of these, three (3) are Medicaid waiver-approved Assisted Living Facilities (ALFs). Based on 2016 data, only one of the non-Medicaid ALFs provided services to one DC resident enrolled in the EPD Waiver. Mental Health Community Residential Facilities (MHCRFs) licensed by the Department of Behavioral Health (DBH) can also provide non-Medicaid residential services to EPD Waiver beneficiaries. As of March 2017, there are one hundred eight (108) licensed MH CRFs. Of these, 2016 enrollment data shows that only two provide non-Medicaid residential services to two EPD Waiver beneficiaries. EPD HCBS data follows.

Below is information on the number of sites for each category of HCBS Setting and the number of people in services based on EPD enrollment data as referenced above.

Service	**# of Sites**	**# EPD People Receiving Services**
EPD Waiver		
EPD Assisted Living	3	32
Non-Medicaid Licensed Residential		
DOH Assisted Living	1	1
Mental Health Community Residential Facilities	2	2
Total	6	36

B. Compliance Estimate Methodology

1. District of Columbia HCBS IDD Settings

Provider Operated Residential Settings

DDS service coordinators conducted a 100% on-site assessment of all IDD Waiver residential settings, including those that are individual, privately owned homes. Provider operated settings

were assessed used the Personal Experience Assessment tool, described within, which requires on-site observation and interviews. The survey is done as an extension of regular service coordination monitoring. All service coordinators are Qualified Intellectual Disability Professionals, are trained in person centered thinking (PCT), and have experience working with people with disabilities and their families. This was completed in July 2016 and will occur annually thereafter. The second set of 100% on-site assessments will be completed in July 2017. DC plans to publish the results of the assessments for public comment and then submit to CMS as an update to the Statewide Transition Plan in September 2017 and then annually thereafter until the transition period is completed.

In addition to the 100% site assessment completed by DDS Service Coordinators, DDS also assesses residential providers' compliance with the HCBS Settings Rule through Provider Certification Review. This includes a 100% organizational assessment of each provider, as well as observation and interviews of a sample of people served by the program. PCR visits approximately 25% of all residential settings over the course of a year. As PCR identifies areas of non-compliance, they generate Issues, provide technical assistance and require providers to write and complete a Plan of Correction. PCR provides the DDS Director with quarterly reports on provider compliance. The data from PCR over the past year indicates ongoing progress in residential providers coming into compliance with the rule. Fourth quarter is included below, with the others available upon request. Given the progression towards compliance, combined with the small size of DC's residential settings and the urban environment that encourages use of metro and neighbor goods and services, DC is confident that all of our local HCBS Settings can reach compliance with the HCBS Settings Rule on or before March 2019.

Individual, Privately Owned Residential Settings

DDS service coordinators conducted a 100% on-site assessment of individual, privately owned homes using the Service Coordination Monitoring tool. This included on-site observation and interviews. Service Coordination Monitoring occurs on an ongoing basis, in accordance with the DDS Service Coordination Monitoring policy and procedure, available on-line at: https://dds.dc.gov/book/service-coordination-monitoring-policy-and-procedures/service-coord-monitoring-policy and provides for a 100% on-site review each year. DC plans to publish the updated results of the assessments for public comment and then submit to CMS as an update to the Statewide Transition Plan in September 2017 and then annually thereafter until the transition period is completed.

Facility-Based Day Habilitation and Employment Readiness Settings

DDS conducted a 100% on-site assessment of all facility-based day and employment settings using the Provider Certification Review process, which has been modified to include a series of questions that evaluate compliance with the HCBS Settings Rule, as discussed below. This process includes on-site observations and interviews.

Community-Based Day Programs

This includes: Day Habilitation (1:4 ratio); Employment Readiness (1:4 ratio); Individualized Day Supports (1:2 ratio); Small Group Companion (1:2 or 1:3 ratio); and Small Group Supported Employment (1:4 ratio). In the October 2016 Feedback letter, CMS stated that:

> "If the state is providing any community-based group day programming or group supported employment under the IDD waiver, these settings must also be included in the state's assessment, validation and remediation process. CMS reminds the District that any setting in which people are clustered or grouped together for the purposes of receiving HCBS must be included in the state's HCBS implementation activities."

By way of background, in accordance with waiver regulations, the settings for community-based day activities for people with IDD must be individualized to each person, based upon his or her person-centered thinking and discovery tools. Thus, there are an infinite number of possible settings in which a person may receive HCBS day and employment readiness services in the community. For example, site-based assessments of HCBS Settings Rule compliance have taken place in DC area restaurants, libraries, parks, shopping centers, recreational centers, and art studios.

The regulations for each service require individual plans that describe community-based activities:

- *Day Habilitation:* DDS issued standards for daily schedules for people who attend day habilitation programs that require schedules to detail, hour by hour, what activities a person is doing to help him or her achieve their goals, explore their interests, and advance on their pathways to employment and community integration. When an activity is taking place in the community and is designed to promote community integration, the daily schedule must include the location; activity; interest(s) the person has that are addressed by the activity; and what goal(s) the person has that are addressed by the activity. (29 DCMR 1920.14).

- *Employment Readiness* programs are required to: "[d]escribe community-based employment preparation experiences that are related to the person's employment goals." (29 DCMR 1922.8).

- *Individualized Day Supports* are "[h]ighly individualized, pre-planned activities and opportunities that occur within integrated and inclusive community settings and that emphasize the development of skills to support community participation and involvement, self-determination, community membership, community contribution, retirement or vocational exploration, and life skills training." 29 DCMR 1925.5. The service requires both initial and then ongoing community integration plans for each program participant. (DCMR 1925.7).

- *Small Group Companion* providers must "[u]se the DDS-approved Person-Centered Thinking and Discovery tools to develop a support plan, based upon what has been identified as important to and for the person. . . [that] should include a flexible list of proposed leisure and recreational activities at home and in the community, based upon the person's interests." (29 DCMR 1939.10).

- *Small Group Supported Employment* supports "persons in an integrated community based work setting." 29 DCMR 1933.8

Given that each person in community-based day and vocational programs has individualized schedules, it would be impossible to evaluate every physical setting, because they are expected to change as people engage in the discovery process, learn about their community, try new things, and identify new interests. Therefore, for community-based day and employment settings, DDS used the Provider Certification Review process to do a 100% organizational assessment of each provider's compliance, as well sample of observations and interviews with at least 10% of people attending each service.

PCR is conducted on an ongoing basis and visits providers based on their certifications. When providers are certified for a year, PCR goes back and does an assessment within 30 days of their certification due date. If the provider gets a six month certification, PCR goes back and does an assessment within 30 days of their certification date. For providers who get a biannual certification, they go back and do HCBS settings reviews only on their 1 year anniversary date. Through this, PCR is able to conduct an assessment of every provider on a yearly basis. The PCR yearly schedule for annual reviews is available upon request, as is the background data used to determine the estimate of compliance.

DC plans to publish the updated results of the assessments for public comment and then submit to CMS as an update to the Statewide Transition Plan in September 2017. DC will submit the results annually thereafter until the transition period is completed.

Methodology for Determining Whether to Submit a Facility-Based HCBS IDD Day Setting for Heightened Scrutiny Review

In determining whether to submit an HCBS IDD waiver day setting for heightened scrutiny review, DC is reviewing the setting's compliance with the following indicators of the HCBS Settings Rule, for which we believe that findings of non-compliance tend to indicate the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. Recognizing the need for a transition period, and to give providers time to achieve compliance, it is DC's plan that any day provider that is not in compliance with two (2) or more of the indicators listed below after the next site-by-site assessment, which occurs as part of the regular Provider Certification Review (PCR) process review, will either (1) be submitted to CMS for heightened scrutiny review; or (2) DC will determine that the setting is not likely to meet the HCBS Settings Rule by March 17, 2019 and will begin to transition people to a new provider and ultimately eliminate the setting from the program. More specifically, DDS plans to submit to CMS for heightened scrutiny review facility-based day settings which, at their next Provider Certification Review (PCR) (1) fail two of more of the designated HCBS Settings indicators; and (2) successfully complete their Corrective Action Plan, remediating any identified deficiencies. DDS would consider terminating a setting from the waiver program in the instance that a provider is not making adequate progress towards remediation. DDS will begin this process using PCR scores from May 1, 2018 and continue through the year until each day provider setting has undergone a review.

Requirements of the HCBS Settings Rule Related to DC's Heightened Scrutiny Review for HCBS IDD Waiver Day Program Settings
The following CMS Questions were used by DDS to determine which settings qualify for heightened scrutiny review: (a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.
(c) The setting facilitates individual choice regarding services and supports, and who provides them.
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
(e) The setting is integrated and supports access to the greater community.
(f) The setting provides opportunities to engage in community life.
(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.

DC has already shared the results of the initial site-by-site settings review with each provider and providers were required to submit Plans of Correction for each non-compliant indicator. DC recognizes that providers must be in compliance with all sections of the HCBS Settings Rule by March 2019, and will work closely with all day providers to ensure they achieve compliance or are removed from the HCBS waiver program.

In the event that DC submits a provider setting for heightened review, DC will conduct an on-site review; engage stakeholders; solicit public input by posting at least two notices for comment; and offer at least a 30-day public comment period – prior to submission to CMS.

In the event that people must be transitioned from one provider to another because the provider setting does not comply with the HCBS Settings Rule, for the HCBS IDD waiver, DDS will coordinate transitions and ensure continuity of services in accordance with *DDS's Transition* policy (2013-DDA-POL006) found at: http://dds.dc.gov/book/transition-policy-and-procedures/transition-policy.

The District is cognizant that adequate time to allow people informed choice of alternative service providers in the event that a provider is terminated from the waiver program is needed. DC will ensure reasonable notice and due process, including at least ninety (90) days' advance notice given to all people needing to transition between providers. For the HCBS IDD waiver, DDS service coordinators will conduct face-to-face visits as soon as possible to discuss the transition process and ensure that each person and their family, where appropriate, understand any applicable due process rights. The service coordinators shall, using the person-centered planning process, ensure that each person is given the opportunity, the information, and the support needed to make an informed choice of an alternate setting that aligns, or will align with the regulation, and that crucial services and supports are in place in advance of the person's transition.

DDS, DHCF and the Department of Health (DOH), where appropriate, shall oversee all necessary- transition processes. For the HCBS IDD waiver, DDS will ensure sufficient timelines such that the person supported has the opportunity to visit alternative providers and engage in informed choice, using current ISP requirements. Please see Assessing Most Integrated Day and Informed Consent: http://dds.dc.gov/publication/assessing-most-integrated-day-informed-consent.

2. District of Columbia HCBS EPD Settings

EPD Waiver Assisted Living Facilities

DHCF EPD Waiver Unit specialists conducted a 100% on-site assessment of assisted living facilities using the HCBS Settings for Assisted Living and Community Residence Facilities monitoring tool. This included on-site observation and interviews with administrators, staff, and residents. EPD Waiver service on-site monitoring occurs at each assisted living facility annually. DC plans to publish the updated results of the assessments for public comment and submit to CMS as an update to the Statewide Transition Plan in September 2017 and annually thereafter until the transition period is completed.

Non-Medicaid Assisted Living Facilities and Community Residential Facilities

DHCF's Long Term Services and Supports (LTSS) contractor conducted an on-site assessment of two out of the three non-Medicaid assisted living facilities that have EPD Waiver enrollees. The third on-site assessment is expected by April 28, 2017. The contractor uses the HCBS Settings for Assisted Living and Community Residence Facilities Addendum to the LTSS assessment for Personal Care Aide (PCA) services. This includes on-site observation and interviews with administrators, staff and individual residents as a part of those residents level of need determination for PCA services. Pursuant to a CMS-approved protocol, the on-site determination and assessment occurs whenever an individual applies for LTSS services, and is residing in a non-Medicaid HCBS setting that is subject to the rule.

DC plans to publish the updated results of the assessments for public comment and submit to CMS as an update to the Statewide Transition Plan in September 2017 and annually thereafter until the transition period is completed.

C. Estimates of Compliance-Residential Settings

1. Residential Settings for People Who Receive Supports from the HCBS IDD Waiver

With the exception of two settings (discussed below), based upon the results of the systemic and 100% site-by-site assessments, which was developed using the CMS Exploratory Questions, as well as in accordance with the 2015 sub-regulatory guidance provided by CMS entitled, *Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community*, DC does not have any HCBS IDD residential settings that have the qualities of an institution. Therefore, DC does not intend to submit any residential settings for heightened scrutiny review at this time based on the reasons described in detail below:

First, DC does not have any HCBS IDD residential settings in a publicly--owned facility that provides inpatient treatment; or on the grounds of, or immediately adjacent to, a public institution. None of DC's HCBS IDD residential settings are nursing facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with Intellectual Disabilities; or Hospitals.

Second, DC does not have any HCBS IDD residential settings that are: farmstead or disability-specific farming communities; gated or secured communities for people with intellectual disabilities; residential schools; or multiples settings co-located and operationally related which congregate a large number of people with disabilities such that people's ability to interact with the broader community is limited.

Third, DC's IDD residential settings do not have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. All of DC's IDD waiver residential settings are small, housing six (6) people or less, with the majority housing three (3) people or less. The vast majority are located in apartments and homes in neighborhoods within DC and the surrounding suburbs, so that people have full access to the broader community.

Although many of DC's residential settings exclusively support people with intellectual disabilities, in some instances people live with their spouses, partners, and/ or children. Additionally, although a Supported Living apartment might house people with intellectual disabilities living together, most of the apartments in the apartment building do not. Likewise, all of the residential settings are well integrated into their neighborhoods.

Residential settings typically do not provide people with multiple types of services or activities on site; that is, people have medical appointments in local physician's offices, attend separate day and vocational programs or are employed.

Additionally, by policy, DC prohibits use of restrictions that are used in institutional settings, such as seclusion or time-out room(s). Please see, *DDS Human Rights Policy* (2013-DDA-H&W-POL007), available on-line at: http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy: see, Section 6.3(c) states:

3. DDS expressly prohibits the use of the following:

c. The use of seclusion or secured time-out rooms.

DC has residents that receive residential supports in two (2) residential settings that is on the grounds of a privately-owned facility that provides inpatient treatment. This setting, operated by the provider Crystal Springs, is located in Massachusetts and supports five (5) residents with intellectual disabilities. DC has reviewed the Provider Transition Plan that the provider submitted to the State of Massachusetts, where they are located. DC will defer to Massachusetts' determination of whether these settings can be made compliant by March 17, 2019. If Massachusetts determines that the settings are not able to be compliant, DC will adopt that finding and will work with the people and their families, to move them to new settings prior to March 17, 2019. DC intends to give each resident at least 90 days' notice and will follow the *DDS Transition policy* (2013-DDA-POL006) found at: http://dds.dc.gov/book/transition-policy-and-procedures/transition-policy. See Attachment II, Section 4 states:

A. It is the policy of DDS that all people who receive services and supports from DDA have the right to choose which providers support them.

B. It is DDS's policy to engage in person-centered planning around transitions in residential and day/employment services with a focus on providing continuity of supports, health care, activities and relationships, as well as safeguarding people's health, well-being, safety and personal possessions.

C. DDS's policy is that people's records are maintained for their benefit by their provider. To that end, when a person changes providers, their original records shall move along with them and will be made available to the new provider before the move to help ensure a good, safe and well-coordinated transition.

DC received recommendations via public comments that residential settings that are clustered should be considered for heightened scrutiny review. The commenter was referring to two (2) apartment complexes in the District. DDS is aware of the density issue in these buildings and monitors any new waiver participants moving in to ensure that they are based upon the person's choice, rather than provider convenience. These buildings are affordably priced, located near metro, adjacent to other large apartments, and are in safe neighborhoods.

Finally, in addition to the personal experience survey discussed below, DDS conducts ongoing assessments of residential programs' compliance with the HCBS Settings Rule through the Provider Certification Review process. This includes a 100% organizational assessment of each provider, as well as observation and interviews of a sample of people served by the program. PCR visits approximately 25% of all residential settings over the course of a year. As PCR identifies areas of non-compliance, they generate Issues, provide technical assistance and require providers to write and complete a Plan of Correction.

The data from PCR over the past year (1/1/16-12/31/16) indicates ongoing progress in residential providers coming into compliance with the rule with the exception of these four areas: assisting a person to develop transportation skills, a person's access to personal funds, a person's ability to know which actions to take if treated unfairly and landlord/tenant agreements. DDS will provide technical assistance to all residential providers focused on this area through Provider Leadership. Based upon the trajectory of compliance illustrated by PCR data, DC is confident that all of its HCBS IDD residential settings (with the exception of the 2 Crystal Springs sites) will be in compliance with the HCBS Settings Rule by March 2019.

Below is aggregate data of PCR reviews from the past year, which gives a systems level overview of compliance with the HCBS Settings Rule. (Site-by-site data is discussed below, in the Estimate of Compliance.)

Key:
HH: Host Home
Res Hab: Residential Habilitation
SL: Supported Living
SL/P: Supported Living Periodic (drop in supervision)

	Seen in two services
	Seen in Three services

HCBS Residential Services indicators above 10% not met

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Res Hab	H.RES.34	j	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions as all other tenants under relevant landlord/tenant law in the jurisdiction?	20	14	0	34	41%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Res Hab	H.RES.36	l	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals comparable to relevant landlord/tenant law in the jurisdiction?	20	14	0	34	41%
Res Hab	H.RES.37	n	Is the person's living space lockable and do they and appropriate staff have keys?	28	4	2	32	12%
Res Hab	H.RES.52	k	Does the person have an understanding of their rights regarding housing, as explained in the lease or residency agreement, including when they could be required to relocate, and do they or their guardian/advocate understand the eviction process?	21	12	0	34	35%
Res Hab	T.CQ.16.RES	q	Is the person able to set their own schedule and have flexibility and support to come and go as they choose?	26	3	0	29	10%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Res Hab	H.CQ.R.1	s	If the person has access needs and/or functional needs which may require supports and/or modifications to the environment, have they been provided, resulting in free access to common areas?	8	1	0	9	11%
Res Hab	H.CQ.44	e	Are there strategies in place to assist the person in developing transportation skills?	23	5	6	28	18%
Res Hab	H.CQ.40. RES	g	Is the person able to access their money when they want to, and without advanced notice?	4	1	0	5	20%
Res Hab	H.RES.32	i	Did the person select their home and/or do they know that they have the right to move?	4	1	0	5	20%
SL/SLP	CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	137	33	0	170	24%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
SL	H.RES.34	j	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions as all other tenants under relevant landlord/tenant law in the jurisdiction?	82	38	0	120	32%
SL	H.RES.36	l	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals comparable to relevant landlord/tenant law in the jurisdiction?	82	38	0	120	32%
SL/SLP	H.RES.52	k	Does the person have an understanding of their rights regarding housing, as explained in the lease or residency agreement, including when they could be required to relocate, and do they or their guardian/advocate understand the eviction process?	119	46	3	165	28%
SL	T.CQ.16.RES	q	Is the person able to set their own schedule and have flexibility and	55	6	0	61	10%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
			support to come and go as they choose?					
SL/SLP	H.CQ.40. RES	g	Is the person able to access their money when they want to, and without advanced notice?	66	10	4	76	13%
SL	H.CQ.44	e	Are there strategies in place to assist the person in developing transportation skills?	42	9	8	51	18%
HH	CQ.3		Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	17	3	0	20	15%
HH	H.RES.34	j	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions as all other tenants under relevant landlord/tenant law in the jurisdiction?	8	12	0	20	60%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
HH	H.RES.36	l	Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals comparable to relevant landlord/tenant law in the jurisdiction?	8	12	0	20	60%
HH	H.RES.52	k	Does the person have an understanding of their rights regarding housing, as explained in the lease or residency agreement, including when they could be required to relocate, and do they or their guardian/advocate understand the eviction process?	12	7	1	19	37%

Overall, the data shows that residential habilitation settings are experiencing greater difficulty than other residential settings coming into compliance with the Rule. This is reasonably expected, because residential habilitation settings are both certified by DDS and licensed by the Department of Health (DOH). As described below, in the systemic assessment results, DDS is working with DHCF and DOH to update the residential habilitation licensing regulations and monitoring, but that work is not scheduled to be completed until September 2018. In the meantime, DDS updated the residential habilitation certification regulations and monitoring and expects that once the regulations, certification and licensing, along with accompanying monitoring, all support HCBS compliance; there will far greater compliance in these settings. DDS will also continue to give residential habilitation settings providers one-on-one technical assistance to assist with compliance efforts. Nonetheless, to support individualized residential services, DC plans to amend its HCBS IDD waiver to limit the size of new residential habilitation settings to four (4) people or less per setting, grandfathering in current settings so

that people who wish to stay with their housemates are not required to move. This is timed to the HCBS IDD waiver renewal in November 2017, and is discussed in more detail, below.

Ongoing Monitoring: Residential Settings for People Who Receive Supports from the HCBS IDD waiver

Based upon our the changes to the HCBS IDD waiver governing regulations and policies, described below, and the ability to provide ongoing oversight through monitoring, certification, and provider performance review, DDS is confident that with only minor exceptions described below, almost all HCBS residential settings will be in compliance with the rule by March 17, 2019. To the extent that monitoring, certification and licensing finds that a provider is not compliant with the HCBS Settings Rule, violations will be addressed on an ongoing basis through a Plan of Correction, the Issues System, and, if needed, provider sanctions.

DDS issued a policy regarding compliance with the CMS HCBS rule outlining the requirements for compliance and stipulations for ongoing monitoring. See, *HCBS Settings Rule Compliance policy* (2015-DDS-POL23) found at: http://dds.dc.gov/publication/hcbs-settings-rule-compliance-policy, that authorizes the use of sanctions for non-compliance, in accordance with the *DDS Imposition of Sanctions* policy and procedure (2012-DDS-QMD-POL002), found at: http://dds.dc.gov/publication/imposition-sanctions-policy. Section 5 of the HCBS Settings Rule Compliance policy states:

It is the policy of DDS that all people who receive services through DDA and the HCBS IDD waiver receive supports in settings that are integrated in and support full access to the greater community. To that end, it is DDS's policy to fully comply with the requirements of the CMS HCBS Settings Rule by no later than March 17, 2019, and for DDS to take any actions necessary to ensure provider compliance, including imposition of sanctions in accordance with the DDS Imposition of Sanctions policy and procedure.

2. Residential Settings for People Who Receive Supports from the HCBS EPD Waiver

With the one exception discussed below, DC does not have any HCBS EPD residential settings that meet the criteria for heightened scrutiny. First, DC does not have any HCBS EPD residential settings in a publicly-owned facility that provides inpatient treatment. or other than the one exception below, is on the grounds of, or immediately adjacent to a public institution. None of our HCBS EPD residential settings are nursing facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with Intellectual Disabilities; or Hospitals. DC does not have any HCBS EPD residential settings that are: farmstead or disability-specific farming communities; gated or secured communities for people with physical disabilities; residential schools; or multiples settings co-located and operationally related which congregate a large number of people with disabilities such that people's ability to interact with the broader community is limited.

DC's EPD residential settings do not have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. DC's three EPD waiver residential settings are located in a home and two apartment buildings in neighborhoods within DC, so that people have full access to the broader community. All of the residential settings are well integrated into their neighborhoods.

DC has one EPD residential setting the Lisner-Louise-Dickson-Hurt Home, that is adjacent to an affiliated private nursing facility. As such, DHCF assessed that it meets the criteria for heightened scrutiny as a setting that is immediately adjacent to a public institution. In order to be sure that this facility complies with the HCBS settings rule and demonstrates HCBS characteristics, DHCF conducted a thorough review under the criteria for heightened scrutiny. Based upon this review, DHCF concluded that this residential setting meets the HCBS settings requirements. Please see the attached Lisner-Louise-Dickson-Hurt evidentiary package for documentation of how this facility meets the HCBS requirements.

Assessing Residential Settings for People who Receive Supports from the EPD Waiver
As will be described below in Section V, Assessment & Remediation, DC has revised its governing waiver regulations to require compliance with HCBS Settings requirements and has updated its EPD Waiver monitoring tool to ensure compliance for new and existing providers. We also have developed a monitoring tool to do a person-by-person residential site assessment for HCBS Compliance on an ongoing basis.

DHCF recognizes that while we have recently updated our regulations and policies, it will take some time to see all of these changes on the ground for people who receive services. Our current approach is to provide technical assistance and training to build capacity for sustainable compliance.

On-going Monitoring: Residential Settings for People Who Receive Supports from the EPD Waiver
Based upon our changes to governing regulations and policies and our ability to provide ongoing oversight through monitoring, certification, and provider performance review, we are confident that all residential settings will be in compliance with the rule by March 17, 2019. DHCF will provide an updated report on EPD residential provider compliance with the HCBS Settings Rule in the next Updated Statewide Transition Plan, no later than September 31, 2017, and ongoing thereafter or upon request by CMS.

D. Estimate of Compliance-Day Settings

1. Day Settings for People Who Receive Supports from the HCBS IDD Waiver

The Estimate of Compliance for HCBS IDD waiver day settings was completed using Provider Certification Review (PCR) tool and included an on-site assessment of each setting location. There are 13 of the 14 CMS requirements that are measured by PCR person centered indicators for facility based day programs. There are two (2) CMS requirements that are measured by organizational PCR indicators. Starting in January 2016, one of the CMS requirements was

determined to be better measured through Organizational indicators, so it was moved from the person centered indicators to the Organizational side of the review. The 13 CMS requirements that are reported in this report are: (a),(b),(c),(d),(e),(f),(g),(h),(m),(n),(q), (r) and (s). Of these, CMS requirements (f) was moved to the Organizational side of the PCR review in January 2016 so the data for the person centered indicators for these requirements show smaller numbers. The CMS requirements of (i) and (r) are captured in the PCR organizational indicators and are reported out in this report as such. The organizational indicators are not at this time linked to each service setting; rather they are linked to the provider. To report organizational indicators by setting will require a change to the database with regards to how the data is linked. The Person Centered indicators are linked to the service site so they can be reported out per service setting. Each of the CMS requirements are measured by one or more PCR indicators, so depending on the requirement, the data points have a wide range between one CMS requirement to another. For example, CMS requirement (a)-*The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint* is measured by three PCR indicators, while the CMS requirement (e)-*The program is integrated and supports access to the greater community* is measured by one PCR indicator.

Please note in response to the CMS October 2016 Feedback, DC clarifies that all individuals who receive HCBS IDD waiver funded day services reside in HCBS IDD waiver settings that will be compliant with all requirements of the HCBS Settings Rule by March 17, 2019. None live in ICF-IIDs or other institutional settings.

PCR Table A-HCBS indicators for Person Centered Assessment

For each CMS requirement for facility based Day Providers, measured by PCR person centered indicators, results are presented in PCR Table A. Table A shows how many day providers either met all the indicators for this requirement or missed one or more of the indicators, and the percent of providers who scored 100% for each of the requirements. The results show that providers of Day Habilitation were able to meet three CMS requirements at 100%; Day Habilitation 1:1 met 5 of the CMS requirements (100%), and Employment Readiness met 4 of the CMS requirements (100%). The total number of "" Not applicable" responses and the total number of "Not Met" responses were tabulated. Note that while there were very few N/A responses, they were included in with the "Met" responses because it was not an issue in which the provider needed to make a correction to come into compliance with the requirement. These results show that 50% of day providers (Day Habilitation, Day Habilitation 1:1, and Employment Readiness) were able to get 90% or better in meeting all PCR indicators that were measuring CMS requirements, and 58% were able get 80% or higher.

PCR Table A: HCBS Indicators for Person Centered Assessment

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Day Hab	a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	14	9	61	223	17	93
Day Hab	b	The program optimizes a person's initiative, autonomy, and independence in making life choices.	22	1	96	190	2	99
Day Hab	c	The program facilitates individual choice regarding services and supports, and who provides them.	18		100	54		100
Day Hab	d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	14	9	61	172	20	90
Day Hab	e	The program is integrated and supports access to the greater community.	9	14	39	67	29	70

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Day Hab	f	The program provides opportunities to engage in community life.	1		100	3		100
Day Hab	g	The program provides opportunities to control personal resources.	21	2	91	94	2	98
Day Hab	h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	17	6	74	84	12	88
Day Hab	m	If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs	21	2	91	185	3	98
Day Hab	n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	14	9	61	66	30	69

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Day Hab	q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	16	7	70	258	30	90
Day Hab	s	If provider-owned or controlled, the program is physically accessible to the person.	12		100	30		100
Day Hab 1:1	a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	13	4	76	88	6	94
Day Hab 1:1	b	The program optimizes a person's initiative, autonomy, and independence in making life choices.	17		100	76		100
Day Hab 1:1	c	The program facilitates individual choice regarding services and supports, and who provides them.	12		100	22		100

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Day Hab 1:1	d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	11	6	65	68	8	89
Day Hab 1:1	e	The program is integrated and supports access to the greater community.	10	7	59	30	8	79
Day Hab 1:1	f	The program provides opportunities to engage in community life.	1		100	2		100
Day Hab 1:1	g	The program provides opportunities to control personal resources.	15	2	88	36	2	95
Day Hab 1:1	h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	16	1	94	37	1	97

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Day Hab 1:1	m	If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs	17		100	74		100
Day Hab 1:1	n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	11	6	65	30	8	79
Day Hab 1:1	q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	13	4	76	107	7	94
Day Hab 1:1	s	If provider-owned or controlled, the program is physically accessible to the person.	7		100	12		100

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Employment Readiness	a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	9	7	56	148	14	91
Employment Readiness	b	The program optimizes a person's initiative, autonomy, and independence in making life choices.	15	1	94	129	1	99
Employment Readiness	c	The program facilitates individual choice regarding services and supports, and who provides them.	14		100	35		100
Employment Readiness	d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	13	3	81	127	3	98
Employment Readiness	e	The program is integrated and supports access to the greater community.	12	4	75	57	8	88

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Employment Readiness	f	The program provides opportunities to engage in community life.	1		100	2		100
Employment Readiness	g	The program provides opportunities to control personal resources.	16		100	65		100
Employment Readiness	h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	15	1	94	64	1	98
Employment Readiness	m	If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs	16		100	128		100
Employment Readiness	n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	8	8	50	49	16	75

Service	CMS ID	CMS Requirement	# Providers "Yes" to all indicators	# Providers "No" to one or more indicators	% Providers = "Yes"	# questions for which a CMS requirement was yes/NA	# questions for which a CMS requirement was no	% met for people
Employment Readiness	q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	11	5	69	183	12	94
Employment Readiness	s	If provider-owned or controlled, the program is physically accessible to the person.	4	1	80	4	1	80

PCR Tables B-D

Each of these PCR Tables shows the results of provider sites who had a "No" answer for one of the indicators in a CMS requirement per service setting- PCR Table B: Day Habilitation, PCR Table C: Day Habilitation 1:1, and PCR Table D: Employment Readiness. For each CMS requirement the provider is identified as well as the results. Results are reported out as to the number of "No" answers for the PCR indicators in the CMS requirement as well as the total number of answers determined for the PCR indicators in the CMS requirement.

PCR Table B: Day Habilitation Settings

For Day Habilitation, PCR Table B shows that 18 of the provider sites had "No" answers in 1 or more of the CMS requirements (13) measured, while 7 of the provider sites met all 13 CMS requirements.

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Art and Drama Therapy Inst	2	27
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Brookland Senior Day Care Center, Inc.	1	10
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	PSI Family Services, Inc.	4	18
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	ResCare WV	2	10
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	GRAFTON SCHOOL, INC.	1	2
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Wholistic Habilitative Services	1	20
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	National Children's Center	1	8
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Project Redirect Inc.	3	9

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	I.A.M (I Aspire to be Me), LLC.	2	4
b	The program optimizes a person's initiative, autonomy, and independence in making life choices.	Art and Drama Therapy Inst.	2	4
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Art and Drama Therapy Inst.	6	18
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Brookland Senior Day Care Center, Inc.	1	8
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Crystal Springs	2	4
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	HELPING HANDS Adult Day-II	2	4

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	GRAFTON SCHOOL, INC.	1	2
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Wholistic Habilitative Services	1	20
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	National Children's Center	1	6
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Progressive Habilitive Services Inc.-I	2	6
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Progressive Habilitive Services Inc.-II	2	4

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Metro Day Program	2	4
e	The program is integrated and supports access to the greater community.	Art and Drama Therapy Inst	3	7
e	The program is integrated and supports access to the greater community.	Brookland Senior Day Care Center, Inc.	3	4
e	The program is integrated and supports access to the greater community.	HELPING HANDS Adult Day--II	2	2
e	The program is integrated and supports access to the greater community.	ResCare WV	2	4
e	The program is integrated and supports access to the greater community.	GRAFTON SCHOOL, INC.	1	1
e	The program is integrated and supports access to the greater community.	Wholistic Habilitative Services	3	10
e	The program is integrated and supports access to the greater community.	National Children's Center	1	3
e	The program is integrated and supports access to the greater community.	Progressive Habilitive Services Inc. I	3	3
e	The program is integrated and supports access to the greater community.	Progressive Habilitive Services Inc. II	2	2

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
e	The program is integrated and supports access to the greater community.	Metro Day Program	2	2
e	The program is integrated and supports access to the greater community.	Choices Unlimited, LLC	1	6
e	The program is integrated and supports access to the greater community.	Vested Optimum Community Services, Inc.	1	4
e	The program is integrated and supports access to the greater community.	Project Redirect Inc.	2	3
e	The program is integrated and supports access to the greater community.	Capital Care Inc-1	1	4
e	The program is integrated and supports access to the greater community.	Bridges Center	2	2
g	The program provides opportunities to control personal resources.	Progressive Habilitive Services Inc. I	1	3
g	The program provides opportunities to control personal resources.	Metro Day Program	1	2
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Art and Drama Therapy Inst.	4	9
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Art and Drama Therapy Inst.	1	2

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Brookland Senior Day Care Center, Inc.	1	4
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Crystal Springs	2	2
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	GRAFTON SCHOOL, INC.	1	1
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	National Children's Center	1	3
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Progressive Habilitive Services Inc.-I	1	3
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Progressive Habilitive Services Inc.-II	2	2
m	If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs	ResCare WV	2	8

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
m	If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs	GRAFTON SCHOOL, INC.	1	2
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Art and Drama Therapy Inst	8	9
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Crystal Springs	2	2
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	ResCare WV	2	4
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	GRAFTON SCHOOL, INC.	1	1
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	National Children's Center	3	3
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	National Children's Center	1	4

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Progressive Habilitive Services Inc.	3	3
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Choices Unlimited, LLC	5	6
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Project Redirect Inc.	3	3
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Bridges Center	2	2
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Art and Drama Therapy Inst	13	27
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	PSI Family Services, Inc.	4	21

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	GRAFTON SCHOOL, INC.	2	6
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Progressive Habilitive Services Inc.	1	9
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Progressive Habilitive Services Inc. II	2	6
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Metro Day Program	1	6
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Choices Unlimited, LLC	2	18

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Project Redirect Inc.	5	9
s	If provider-owned or controlled, the program is physically accessible to the person.	Bridges Center	1	1

PCR Table C: Day Habilitation1:1

For Day Habilitation 1:1, PCR Table C shows that 18 of the provider sites had "No" answers in 1 or more of the CMS requirements (13) measured, and no provider sites met all CMS requirements for this service. Note that most of these services take place in the same day facilities as Day Habilitation, but at a 1:1 ratio.

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Brookland Senior Day Care Center, Inc.	1	2
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	PSI Family Services, Inc.	3	10
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Choices Unlimited, LLC	1	9
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Project Redirect Inc.	1	3

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Art and Drama Therapy Inst.	1	2
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	HELPING HANDS Adult Day-I	1	2
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Wholistic Habilitative Services	1	8
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Progressive Habilitive Services Inc. II	1	2
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Metro Day Program	2	4

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Project Redirect Inc.	2	2
e	The program is integrated and supports access to the greater community.	HELPING HANDS Adult Day-I	1	1
e	The program is integrated and supports access to the greater community.	Wholistic Habilitative Services	1	4
e	The program is integrated and supports access to the greater community.	National Children's Center	1	2
e	The program is integrated and supports access to the greater community.	Progressive Habilitive Services Inc. II	1	1
e	The program is integrated and supports access to the greater community.	Metro Day Program	2	2
e	The program is integrated and supports access to the greater community.	Project Redirect Inc.	1	1
e	The program is integrated and supports access to the greater community.	Bridges Center	1	2
g	The program provides opportunities to control personal resources.	Progressive Habilitive Services Inc. II	1	1
g	The program provides opportunities to control personal resources.	Metro Day Program	1	2

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Wholistic Habilitative Services	1	4
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Art and Drama Therapy Inst	1	1
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	National Children's Center	2	2
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Progressive Habilitive Services Inc. II	1	1
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Choices Unlimited, LLC	2	3
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Project Redirect Inc.	1	1
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Bridges Center	1	2

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Art and Drama Therapy Inst.	1	3
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	PSI Family Services, Inc.	3	12
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Metro Day Program	1	6
q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Project Redirect Inc.	2	3

PCR Table D: Employment Readiness

For Employment Readiness, PCR Table D shows that 13 of the providers had “No” answers in 1 or more of the CMS requirements (13) measured, while 5 of the providers met all 13 CMS requirements.

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Art and Drama Therapy Inst.	1	6
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	PSI Family Services, Inc.	4	13
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Choices Unlimited, LLC	1	9
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Vested Optimum Community Services, Inc.	1	10
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Project Redirect Inc.	4	12
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	Headstart to Life	1	7
a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	I.A.M (I Aspire to be Me), LLC.	2	4
b	The program optimizes a person's initiative, autonomy, and independence in making life choices.	Headstart to Life	1	6

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Kennedy Institute	1	12
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Headstart to Life	1	6
d	The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	MBA Nonprofit Solutions, LLC-I	1	2
e	The program is integrated and supports access to the greater community.	National Children's Center	1	4
e	The program is integrated and supports access to the greater community.	Project Redirect Inc.	4	4
e	The program is integrated and supports access to the greater community.	Headstart to Life	1	3
e	The program is integrated and supports access to the greater community.	Bridges Center	2	2
h	The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Headstart to Life	1	3

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Art and Drama Therapy Inst.	2	2
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	PSI Family Services, Inc.	1	5
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	ST COLETTA DAY SUPPORT PROGRAM-II	1	2
n	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	National Children's Center	3	4
N	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Choices Unlimited, LLC	3	3
N	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Project Redirect Inc.	4	4
N	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	Bridges Center	1	2

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
N	If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.	MBA Nonprofit Solutions, LLC-I	1	1
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Kennedy Institute	2	18
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Choices Unlimited, LLC	1	9
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Choices Unlimited, LLC	1	3
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Project Redirect Inc.	4	12
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Project Redirect Inc.	1	9

CMS ID	CMS Question	Provider with a "No" designation for at least one person	# answers "No" in CMS requirement	Total # answers in CMS requirement
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	Headstart to Life	1	9
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	MBA Nonprofit Solutions, LLC-I	1	3
Q	If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.	MBA Nonprofit Solutions, LLC-II	1	9

Facility Based Day Settings for People Who Receive Supports from the HCBS IDD Waiver

The District of Columbia has two types of day services with facility-based settings: Day Habilitation and Employment Readiness. DC does not have any day settings in a publicly or privately-owned facility that provide inpatient treatment; or are on the grounds of, or immediately adjacent to, a public institution. None of our HCBS day settings are nursing facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with Intellectual Disabilities; or Hospitals.

DC does not have any HCBS day settings that are: farmstead or disability-specific farming communities; gated or secured communities for people with intellectual disabilities; residential schools; or multiples settings co-located and operationally related which congregate a large number of people with disabilities such that people's ability to interact with the broader community is limited.

DC is reviewing day settings for heightened scrutiny review based upon the systemic and 100% site-by-site assessments, which was developed using the CMS Exploratory Questions, as well as in accordance with the 2015 sub-regulatory guidance provided by CMS entitled, "Guidance on

Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community."

DC received public comments that suggested that the larger day facilities be considered "secured communities" for the purposes of this rule and be submitted for heightened scrutiny. A review of the data, listed in detail below in the "Estimate of Compliance" section, indicates that size of a facility alone does not appear to be key factor in HCBS Compliance, and specifically, in terms of whether the program tends to isolate HCBS waiver beneficiaries. This is because while some providers with a facility have a large daily census, many attendees spend their days in the community. In fact, several of our large providers, defined for this purpose as having a daily census of 50 or more people attending, have more promising results from the site-by-site assessments than some of the smaller providers. Nonetheless, as described below, DC intends to amend the waiver to limit the daily census of day and employment providers. The waiver amendment will be completed by November 2017 as part of the waiver renewal and will include grandfathering, so that people who currently attend those programs will not be required to change. However, the program will be unable to accept any new referrals until it is below the daily census limit.

The following are large day habilitation providers:

Large Day Habilitation Providers
Capital Care
Metro Day
National Children's Center
Progressive Habilitative Services
PSI
UCP
Wholistic

There are no facility-based employment readiness settings with 50 or more people receiving supports.

2. Day Settings for People Who Receive Supports from the HCBS EPD Waiver

The District does not have any EPD day settings that are included in the Transition Plan. Enrollment for HCBS EPD Waiver day program providers will begin in FY 2017 under the newly established Adult Day Health Program (ADHP). These providers are being assessed for compliance with the HCBS requirements during the provider readiness and enrollment process, consistent with the process used for ADHP providers that recently enrolled under the 1915(i) program.

E. Estimate of Compliance-Personal Experience Assessments

1. District of Columbia HCBS IDD Residential Settings Personal Experience Assessment for People Who Receive Supports from the HCBS IDD Waiver

The estimate of compliance, below, is determined based on the personal experience assessment tool employed by service coordinators to conduct site-by-site assessment of 100% of residential settings as well as review of all PCR results to date. Service coordinators interviewed each person receiving HCBS residential supports. The tool has 33 indicators that correspond with 18 requirements in the HCBS Settings Rule. For example:

Question Category	#	Indicator
(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	1	People help you in private, when appropriate.
	2	You know how to file an anonymous complaint (without telling your name).
	3	Your health information or other personal information (mealtime protocols, therapy schedules) is kept private.
	4	Staff does not talk about your private information in front of other people.
	5	Staff in your home calls you by your name or a nickname that you like.

In order for a setting to be found compliant with the HCBS Settings subcategory, there must be a positive finding for each indicator for every person who lives in that home. DDS used a Likert-type scale for the Personal Experience Assessment. For each indicator service coordinators asked the person to rank how often he or she gets to experience the indicator, with 1 meaning "never or rarely", and 5 meaning "often to all the time the person chooses". For the purposes of the Estimate of Compliance, we interpreted scores of 4 and 5 as positive results indicating compliance, and scores of 3 as neither positive nor negative and 1 and 2 as less or non-compliant. Please note that while DDS used the Likert-type scale for the initial assessment contained in the draft statewide transition plan, the tool was replaced with a Yes/ No format to ensure accuracy and clarity of results. The results of the Yes/No tool will be provided in subsequent updates to the statewide transition plan following this, including the September 2017 update.

Based on the methodology described above, here is the District's Estimate of Compliance for Residential Settings:

The chart below describes the percentage of settings that are on track to reach compliance with the HCBS rule based on responses from the total people receiving services in these settings and cross walked with each indicator of the HCBS rule:

HCBS Compliance Indicator	Supported Living	Host Homes	Residential Habilitation
(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	157/313 (33%)	17/43 (28%)	10/28 (26%)
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.	204/265 (43%)	19/40 (32%)	8/30 (21%)
(c) The setting facilitates individual choice regarding services and supports, and who provides them.	273/197 (58%)	37/22 (63%)	17/21 (45%)
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	281/188 (60%)	32/28 (53%)	17/21 (45%)
(e) The setting is integrated and supports access to the greater community.	252/213 (54%)	33/27 (55%)	10/28 (26%)
(f) The setting provides opportunities to engage in community life.	380/86 (82%)	53/7 (88%)	27/11 (71%)
(g) The setting provides opportunities to control personal resources.	306/150 (67%)	47/12 (80%)	23/15 (61%)
(h) The setting provides opportunities to receive	371/87 (81%)	54/6 (90%)	27/11 (71%)

services in the community to the same degree of access as individuals not receiving Medicaid HCBS.			
(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.	264/200 (57%)	37/21 (64%)	15/23 (39%)
(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.	327/143 (70%)	38/21 (64%)	14/24 (37%)
(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	315/142 (69%)	37/18 (67%)	15/21 (42%)
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.	250/219 (53%)	28/31 (47%)	12/26 (32%)
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.	349/116 (75%)	43/12 (78%)	19/19 (50%)
(s) If provider-owned or controlled, the setting is physically accessible to the	360/103 (78%)	49/12 (80%)	26/12 (68%)

person.			
Compliant in All Categories	54/472 (11%)	6/62 (10%)	2/38 (5%)
Combined Total of Compliant in All Categories	62/572 (11%)		

2. District of Columbia HCBS EPD Residential Settings Personal Experience Assessment for People Who Receive Supports from the HCBS EPD Waiver

The estimate of compliance, below, is determined based on resident responses to the HCBS Settings for Assisted Living and Community Residence Facilities Addendum to the LTSS Personal Care Aide (PCA) assessment conducted by DHCF's contractor. The contractor's nurses interviewed a sample of residents (approximately 19 percent) in EPD Waiver Assisted Living Facilities, who in addition to the assistance with activities of daily living (ADLs) provided by the staff in facilities where they live, requested PCA services. The nurses made a determination of the level of need for additional PCA services during their visit, and completed the HCBS Settings Addendum with resident input.

Nurses asked residents to respond "yes" or "no" to a series of statements that represent the HCBS settings criteria. The tool is attached.

The findings are as follows:

Provider	**Overall Compliance Percentage**
Marigold	85
Joye	77
Lisner-Louise-Dickson-Hurt	85

F. Total Estimate of Compliance with HCBS Settings Rule

DC presumes that people who live independently in their own homes and that people who are living with their families are in homes that meet the settings requirements. Through Service Coordination Monitoring and Provider Certification Review of services for people with IDD; and EPD Waiver Unit and Case Management monitoring for people under the EPD Waiver, the District is able to ensure that people living in their own home and in relative's homes have opportunities for full access to the greater community. DDS and DHCF are not aware of any private homes in which people who receive HCBS waiver supports reside that were purchased or established in a manner that isolated the resident from the community of individuals not receiving Medicaid-funded home and community-based services. Further, the District is not aware of any residential settings purchased by a group of families solely for their family members with disabilities using home and community-based services. DDS and DHCF request that if the public is aware of any such settings, they notify DDS or DHCF through the public comment process. (Note: DC included this request when it first published the Statewide

Transition Plan in February 2016 and did not receive any such comments.) If DC learns that any individual, privately owned homes meets any of the scenarios in which there is a presumption of being institutional in nature and the DC determines that presumption is overcome, the District will submit to CMS necessary information for CMS to conduct a heightened scrutiny review to determine if the setting overcomes that presumption.

Note: In the spirit of transparency and to encourage specific public comments, DC is listing IDD day provider settings by name of the provider and listing specific details of compliance by setting. Results of the IDD Residential site-by-site settings are reported in the aggregate without listing the address or other specific identifying information to protect waiver beneficiaries' privacy and to comply with District law.

1. Total Estimate of Compliance of HCBS IDD Settings

Based upon the site by site and systemic assessments, DDS estimates that we have:

(a) 54 of 472 Supported Living settings that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(b) 6 of 62 Host Home settings that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(c) 2 of 38 Residential Habilitation settings that are fully compliant with the HCBS Settings Rule; 2 settings that cannot meet the federal requirements and require removal from the program and/ or relocation of people; and the remainder will require modifications
(d) 7 of 25 facility-based Day Habilitation settings that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(e) 5 of 18 facility-based Employment Readiness settings that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(f) 11 of 11 community-based Day Habilitation providers that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(g) 10 of 10community-based Employment Readiness providers that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(h) 2 of 2 community-based Small Group Supported Employment Readiness providers that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(i) 2 of 2community-based Small Group Companion providers that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;
(j) 11 of 11 community-based Individual Day Support providers that are fully compliant with the HCBS Settings Rule; and the remainder will require modifications;

2. Total Estimate of Compliance of HCBS EPD Settings

Based on data from the self-assessments, validated by site-by-site assessments and personal experience assessments, DHCF estimates that all six sites, with modifications, will be fully

compliant with the HCBS settings rule by March 2019. The average overall compliance rate across all sites and data sets is 84 percent.

DHCF conducted assessments of each of its three Assisted Living Facilities (ALFs) enrolled in the EPD Waiver. The assessment tool is an adaptation of the crosswalk referenced in Section II.

The findings were as follows:

Provider	**Overall Compliance Percentage**
Lisner-Louise-Dickson-Hurt	94
Marigold	81
Joye	65

In keeping with EPD monitoring standards, a discovery was issued to Joye, and a corrective action plan requested and received. DHCF estimates that all three ALFs will continue services with modifications to meet HCBS settings requirements.

Non-Medicaid residential facilities serving EPD Waiver beneficiaries in the community are assessed by the District's Long Term Services and Supports (LTSS) contractor with an HCBS Settings addendum to the LTSS assessment for Personal Care Aide Services (see attached). It is an abbreviated version of the assessment tool used by DHCF EPD staff to monitor Medicaid-enrolled ALFs, and the same tool used to glean EPD Waiver assisted living facility residents' personal experience assessments. The District's LTSS contractor assessed each of its three non-Medicaid residential facilities serving EPD Waiver beneficiaries in the community. .
The findings were as follows:

Provider	**Overall Compliance Percentage**
Washington House	95
ETIS Corporation	85
Angel Wings	88

Further, DHCF does not have any settings in a publicly or privately-owned facility that provide inpatient treatment; or on the grounds of, or immediately adjacent to, a public institution, with the one exception noted above. The District has one Assisted Living facility, the Lisner-Louise-Dickson-Hurt Home that is adjacent to an affiliated, privately owned and operated nursing facility. It is DHCF's assessment, based upon a thorough review, that this residential setting does not have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. An evidentiary package that supports this finding has been submitted to CMS for heightened scrutiny review with this plan on April 28, 2017.

If, based upon review of assessment data, DC determines that additional EPD settings have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS; and DHCF projects that this will not be cured by March 17, 2019 via remediation (changes in service definition, regulations, certification, etc.), DHCF will either: (1) determine that the setting does not meet the HCBS Settings Rule and will

transition people to a new provider and eliminate the setting from the program; or (2) submit evidence to CMS for heightened scrutiny review.

Section IV: District of Columbia Key Initiatives to Increase Opportunities for Competitive, Integrated Employment and Community Integration & Support Providers to Achieve Compliance with the HCBS Settings Rule

A. Training and Capacity Building to Support Providers to Achieve Compliance with the HCBS Settings Rule

1. Training and Capacity Building to Support IDD Providers

DDS is engaged in a variety of efforts to build the capacity of its staff and provider agencies to support and facilitate greater individualized community exploration and integration, including competitive, integrated employment, all of which support compliance with the HCBS Settings Rule.

Person-centered thinking (PCT) is the bedrock principle that guides the District's systems change efforts related to provision of services to individuals with IDD. PCT is a participant driven planning process, focused on collaborative decision-making, designed to tailor service delivery to each individual's capacities, preferences, and desired outcomes. PCT is being implemented across the DDS service delivery system. Using PCT as a foundation, DDS has implemented or is planning to implement numerous programmatic initiatives that further community integration for the individuals that receive DDS services, discussed within. Each of these efforts support the District's goals to reduce large congregate day programs; transform practices within those programs; and increase the use of new models.

In September 2015, CMS approved amendments to the HCBS IDD waiver that include additional requirements that owner-operators of the following services complete training in Person-Centered Thinking, Supported Decision-Making, Supporting Community Integration, and any other topics determined by DDS, and in accordance with DDS published guidance within one year from the date the waiver application becomes effective for current providers and prior to any new waiver provider becoming approved to initiate services: Supported Living, Supported Living with Transportation, Host Homes, Residential Habilitation, In Home Supports, Day Habilitation, Individualized Day Supports, Employment Readiness, and Supported Employment. The approved waiver is available on-line at: http://dds.dc.gov/publication/approved-hcbs-idd-waiver-9-24-2015. DDS promulgated regulations in the General Provisions governing waiver services that also require these trainings. Please see: http://www.dcregs.dc.gov/Gateway/NoticeHome.aspx?noticeid=6151660

Listed below are some examples of ongoing initiatives that build capacity and support compliance with the HCBS Settings Rule. Additionally, DDS has provided training on the HCBS Settings Rule itself. All DDS initiatives that build capacity for compliance with the HCBS Settings Rule will be completed prior to March 17, 2019.

HCBS Settings Rule

DDS has offered a series of trainings on the HCBS Settings Rule and our Transition Plan, including sessions targeted specifically for people with intellectual disabilities, family members, providers, agency staff, attorneys and guardians, the DDS Quality Improvement Committee, and the public at large. Many of our training PowerPoints are available on-line at http://dds.dc.gov/page/waiver-amendment-information.

Discovery, Positive Personal Profiles, and Job Search/ Community Participation Plans
DDS began its initiatives regarding vocational and day services and integration, at the ground floor by developing standardized guidelines for conducting exploratory interviews regarding employment and most integrated day supports with all waiver participants, determining and documenting decision making and evaluating the implementation of community integration goals and objectives to be achieved through day, vocational and/or employment services. To build capacity and a common understanding of expectations, DDS provided a series of training and technical assistance sessions to DDA staff and providers on promoting employment and community integration.

In FY 2015, DDS provided a series of training and technical assistance sessions on promoting employment for people served by DDA. The sessions focused on completing Discovery assessments, which is the hallmark of Customized Employment, developing Positive Personal Profiles, and crafting Job Search/Community Integration Plans. This training was required for Service Coordinators (SCs) and managers and teams of staff from all service providers that offer any day or employment services. A rubric was developed to ensure that there were uniform standards for vocational assessments, including Discovery assessments. DDA staff and providers were trained on the use of the Rubric so that they all could review Discovery Assessments, Job Search/Community Integration Plans, and other vocational assessments to ensure that they met quality standards.

George Tilson was the primary Customized Employment Subject Matter Expert who provided the training and worked with DDA leadership to develop the materials and standards. Dr. Tilson conducted 21 training sessions in FY 2015, training over 450 provider and agency staff. In FY 2016, DDS continues to offer both of these trainings, on at least a quarterly basis. DDS has conducted four (4) trainings in 2016. All of the training and resource materials are posted on DDA's website at http://dds.dc.gov/page/discovery-toolkit to facilitate training and completion of the Discovery-related processes. Subject to the availability of District funding, DDA intends to continue offering this training to its staff and provider agency staff during fiscal year 2017.

Community Integration in Day Programs

In FY 2015, DDS provided training and technical support to traditional day and employment readiness programs to improve the quality of those programs and to help those providers plan for future business models that support community integrated services and compliance with the HCBS Settings Rule. The training and technical support program was entitled *"Laying the Foundation for Successful Community Involvement."* It involved both big group training sessions, as well as a number of one-to-one strategic planning sessions with each participating

provider agency. The PowerPoint which we used when we kicked off the project is available on-line at: http://dds.dc.gov/publication/laying-foundation-successful-community-involvement.

Also, DDS provided training and support in person and neighborhood/Ward specific *"Community Mapping"* and training on *"Community-Based Transportation Strategies."* DDS has developed and shared materials for recruiting Direct Support Professionals (DSPs) with skills in community integration and as community builders. These materials and PowerPoints from the trainings are available on-line at: http://dds.dc.gov/page/individualized-day-supports-toolkit. (Although some of these trainings were targeted specifically for providers of Individualized Day Supports, all of those providers also offer day and/ or residential services under the HCBS IDD waiver.)

In July 2015, DDS published standards for daily schedules for people who attend day programs in an effort to improve service individualization. First, DDS required that each activity a person engages in must be linked to a person's goal and interests as identified in person-centered planning and discovery tools, or skill building. Skill building must support the person on a pathway to community integration/involvement/participation and employment. In addition, skill building should aid in improving communication; building and/or sustaining relationships; pursuing employment or integrated retirement; self-determination and self-advocacy; money management; learning to use public transportation; and other activities that are important to or for the person – as identified in his or her person-centered planning and discovery tools. When an activity is taking place in the community and is designed to promote community integration, the daily schedule should include the following information:

- Specific location.
- Specific activity the person will be doing at the location.
- What interest(s) that the person has that are addressed by the activity?
- What goal(s) that the person has that are addressed by the activity?

DDS reinforces the need for high quality community integration activities on a one-to-one basis with providers during regular service coordination monitoring, and offers technical assistance and uses the "Issues system", as appropriate, when services do not meet expectations.

In the fourth quarter of CY 2015, DDS identified twelve day habilitation and employment readiness providers as requiring technical assistance to improve the quality of services and, ultimately, compliance with the HCBS Settings Rule. DD Service Coordination Planning Division and Quality Management Division launched an intensive monitoring and technical assistance effort, completing 469 visits and providing each provider with a breakdown of issues identified through monitoring, and focused the technical assistance on those areas. You can learn more about monitoring, the Issues system, and other quality assurance and improvement activities in the DDS Performance and Quality Management Strategy at: http://dds.dc.gov/publication/performance-quality-management-strategy.

Finally, DDS has changed the format of its Provider Leadership and Day/ Employment Leadership meetings to make them more of a forum for training, discussion, information sharing and problem solving. The HCBS Settings Rule is discussed at each of these monthly meetings. The Day and Employment providers meeting has become a Community of Practice, aimed at supporting compliance with the HCBS Settings Rule.

The HCBS related rules are discussed at every meeting with the provider. DDs will ensure that it is included on the agenda.

Enhanced Community Life Engagement

DDS continues to seek opportunities to partner with national experts and bring best practices to the District. Most recently, DDS applied and was one of only two states selected by the Institute for Community Inclusion (ICI) to participate in a pilot project aimed at expanding and/or improving community life engagement (CLE) supports in the District. The District was selected based upon its demonstrated interest in expanding CLE and investment in systems change. CLE refers to supporting people with IDD to access and participate in their communities outside of employment as part of a meaningful day and includes volunteer work; postsecondary, adult, and continuing education; accessing gyms, libraries, and recreation centers; and retirement activities.

DDS has identified three providers – RCM of Washington, Inc., PSI, and Wholistic – as partners in this project. Notably, PSI and Wholistic are two of the seven large day habilitation providers. Through this project, which kicked off on September 29, 2016, DDS is engaged in an eight-month process that includes an introduction to the new ICI/CLE toolkit; opportunities for providers to learn strategies to individualize supports, access community partners, and sequence funds; monthly technical assistance calls; and two site visits to collect b

DDS, in partnership with the participating providers, will share the tools and what it learns through piloting them at the Day and Employment Providers Community of Practice meetings. This means that eventually all day habilitation programs and the people they serve will benefit from this groundbreaking initiative. Participating in this project, combined with existing initiatives, will give DDS's staff and providers additional tools and insight to improve experiences for people throughout the service system.

Person-Centered Thinking Mentoring and Coach Certification

In 2016, DDS built its internal capacity in PCT by training two Learning Community certified PCT mentor trainers. These mentor trainers can train and certify new PCT trainers and coaches, reducing DDS's reliance on external subject matter experts while helping to ensure the sustainability of DDS's PCT work.

Of the seven large day programs, two (*i.e.* PSI and Wholistic) will be engaged in the CLE pilot. For the remaining five programs the District, working with DDS's new mentor trainers, is engage in a year-long process of intensive PCT mentoring and coaching, aimed at building the capacity of staff within the day programs to use person-centered thinking to better support community integration and meaningful days. To achieve the requisite capacity the mentor trainers are leading two sets of activities within each day program: (1) PCT modeling; and (2) PCT coach certification and training.

As the District described below, it has revised the Day Habilitation regulations to require that each Day Habilitation provider develop, with the person served, an individualized schedule of daily activities based upon the person's goals and activities as identified in his or her ISP, and consistent with what is in his or her PCT and Discovery tools, including meaningful adult activities that support the person on his or her pathway to employment, community integration and inclusion. However, some Day Habilitation programs are struggling to implement this well, across the board for everyone who attends their programs. This technical assistance is intended to increase staff competency in collecting and translating person centered information for the development and implementation of meaningful community integration activities and programs.

PCT modeling began in October 2016. The mentor trainers are focusing on sample of participants in each day program. Participants in the sample will be identified by the day program and service coordinators as the person who they have the most difficulty supporting to engage in community integration and meaningful, individualized, daytime activities. Where possible, participants within a program will have a range of day composite Level of Need scores, so that the learning is applicable across as many beneficiaries as possible.

The PCT mentor trainers will lead the day program staff in reviewing and updating PCT and Discovery tools for the person and creating a One Page Profile. Based upon these tools, the PCT trainers will work with day program staff to update each person's daily schedule to ensure that it reflects activities that are important to and for the person; and that, where appropriate, supports discovery of new interests and possible employment opportunities. Following the activities, the PCT mentor trainers will work with day program staff on how to use PCT tools such as the Learning Log and 4+1 to record what they learned about the person during the activity and what they will do next.

The District also kicked off the year-long PCT coach training and certification process in October 2016, using the Learning Community PCT Coaches curriculum. The goal is to identify, train and support a group of people within each of the five large day programs to become coaches. PCT coach candidates were be selected by leadership at their day program. While the number varies by provider, each provider has selected a group of employees, including front-line

managers, to become coaches. The coaches will become the PCT champions and internal experts for the provider to support their organization to embed PCT skills into day-to-day practice and make the use of PCT skills habit, so that each waiver beneficiary receives person-centered supports.

Inclusive Daytime Programming

The District is leading interagency efforts to expand opportunities for people with IDD to enjoy the same community services all District residents have access to, such as libraries, parks and recreational centers, and senior centers. As DDS has expanded opportunities for individualized community engagement through programs like IDS, the agency has realized that the frontline staff working at these public centers may not have experience engaging with people with IDD and that this could be a barrier to offering fully inclusive programming. Through the District's Olmstead Plan for 2017, DDS has developed an Inclusive Programming Work Group with the D.C. Public Library (DCPL), the Department of Parks and Recreation (DPR), and the D.C. Office on Aging aimed at increasing fully inclusive programming offerings and providing technical assistance and training to improve staff capacity at senior wellness centers, senior centers, public libraries and recreation centers.

The work group has met several times to assess the present inclusive program offerings and training opportunities, as well as the need and capacity to add additional inclusive daytime programming in FY 2017. In partnership with Office of Disability Rights, the DC Developmental Disabilities Council and RCM Inc., the Inclusive Programming Work Group has developed a "Designing Programming for All" presentation that is presently being customized to address the programmatic training needs of sister agencies. Ultimately, these efforts will create new opportunities for individuals receiving DDS services and supports, including those attending large congregate day habilitation facilities, to access and enjoy District-wide community resources in a meaningful way if they choose.

Greater Family Engagement

For waiver participants who have involved family members, educating and persuading those family members to support community integration and employment is a critical part of the support team discussion. More than four years ago, DDS applied for and was one of six states to receive a grant through the Administration on Community Living (ACL) to participate in the Supporting Families of People with Intellectual and Developmental Disabilities throughout the Lifespan Community of Practice. The Lifespan Community of Practice has now expanded to 17 states and includes several new Innovations Workgroups.

DDS will be participating in the new Employment and Families workgroup, which kicks off in 2017. This workgroup will focus on the integral role family member's play in setting the expectations and helping their family members explore the world of work and higher education. Methods to help families think early about everyday chores, responsibilities, experiences and dreams leading to a good work life; having system personnel know how to conduct and encourage these practices and looking to linkages not solely dependent on the public system will be some workgroup activities. Deeper exploration of working with families and systems on

reducing barriers will be brainstormed. This workgroup will also include a discussion of community life engagement and brainstorming new ways to support families whose family members have been in long term all day, facility based programs. One goal of these efforts is to help families who may have reservations about a person exploring alternative day options, thus creating barriers, feel more comfortable in supporting their family member to try more activities in the community.

Employment First

DDS's involvement and leadership in the Employment First State Leadership Mentoring Program and the State Employment Leadership Network ("SELN") has provided the framework for our employment systems reform efforts. During the past several years, DOL/ODEP has been supporting state governments in their systems change efforts to improve competitive, integrated employment outcomes of youth and adults with significant disabilities. The District was one of nine states chosen for their targeted technical assistance in FY 2015 and is one of fifteen states supported in FY 2016 and more limited technical assistance in FY 2017.

Through the efforts of the EFSLMP, a set of criteria to help states and service delivery systems successfully implement systems change within a comprehensive Employment First strategic framework has been developed so that there is a consistent approach for measuring success and ensuring continuity and sustainability over time. This framework was published in a technical brief, *Criteria for Performance Excellence in Employment First State Systems Change and Provider Transformation*, which ODEP developed in collaboration with a pool of 18 national subject matter experts in competitive integrated employment for people with significant disabilities, available on-line at: http://www.leadcenter.org/system/files/resource/downloadable_version/Employment_First Technical_Brief__3_0.pdf. The criteria have been tested and validated in conjunction with the provision of intense technical assistance to core state government teams, including the District of Columbia and as part of ODEP's National Employment First Community of Practice, in which the District participates. The purpose of the *Criteria for Performance Excellence* is: (a) to serve as a baseline tool for State governments and their service delivery systems in developing a roadmap for comprehensive Employment First systems change efforts; and (b) to clarify key definitions, effective practices, and service delivery strategies that lead to competitive, integrated employment.

In their Employment First Technical Brief, ODEP recommends a blended approach of top-down systems change strategies (*e.g.*, public policy development, leadership development, strategic planning, funding realignment, and values-based cultural transformation) combined with community-based capacity building activities initiated by key stakeholders. This approach has been adopted by DDS in our systems change efforts, as described in detail above. ODEP aligns their recommendations with the National Baldrige Model's Criteria for Performance Excellence

(http://www.nist.gov/baldrige). Therefore, the *Criteria for Performance Excellence in Employment First State Government Systems Change and Provider Transformation* is designed around seven key elements, outlined below, including: Leadership; Strategic Planning; Customer Focus; Workforce Focus; Operations Focus; Results; and Ongoing Measurement, Analysis & Knowledge. Their recommendations also align with policy guidance issued by Federal agencies for promoting competitive integrated employment (*e.g.*, Labor, Education, Justice, Health and Human Services – Centers for Medicare and Medicaid Services ("CMS") and ACL).

This also aligns with the employment framework promoted by the national SELN. DDS has been a member of SELN since 2009. SELN's elements for a high-performing employment system include:

- Leadership and Values
- Strategic Goals & Operating Policies
- Financing & Contracting Methods
- Training & Technical Assistance
- Interagency Collaboration & Partnership
- Services and Service Innovation
- Performance Measurement and Data Management

Please see: http://www.nasddds.org/uploads/documents/seln_about_factsheet2014_current-1-2.pdf. DDS has followed this evidence-based framework for systems reform to create a sustainable infrastructure to promote employment and community integration outcomes.

DDS has an Employment First policy that establishes Employment First as a priority and guiding philosophy for people with disabilities who receive services from the agency. That policy, and a description of various activities in support of Employment First, is available at: http://dds.dc.gov/page/employment-first.

In FY 2015, through a grant from the U.S. Department of Labor's Office of Disability Employment Policy, three HCBS IDD waiver provider agencies received technical assistance focused on Provider Transformation, to assist them in building their capacity to support employment. DDS/DDA also convened a full-day training conference on "*Successful Employment: Partnering in the Job Search Process: Training and Planning to Improve Employment Opportunities and Outcomes."* Please see: http://dds.dc.gov/event/successful-employment-partnering-job-search-process. In FY 2016, through the EFSLMP, DDS has coordinated joint capacity-building activities on Customized Employment, employer engagement and alternative vocational assessments (i.e., Discovery). Technical assistance through the EFSLMP in FY 2017 is aimed at: (1)introducing templates and approaches to show the cost benefit of employing youth and adults with disabilities to an employer, and approaches to

making the business case to an employer; and (2) designing and providing training to trainers on the guidance to build the capacity of providers and state staff to make the business case to employers for customizing a position to meet an unmet need, incorporating examples and guidance on best practices in employer engagement from other jurisdictions.

In September 2016, the District was awarded a Project of National Significance grant from the Administration for Community Living at the U.S. Department of Health and Human Services, through its Partnerships for Employment Systems Change initiative. The grant, DC Learners and Earners, provides 5 years of funding to create partnerships that increase employment outcomes and economic self-sufficiency for youth and young adults with IDD ages 16–30.

In FY 2017, DDS continues to participate as a grantee in the Department of Labor, Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP), the Administration on Intellectual and Developmental Disabilities' Employment Learning Community (ELC), and the State Employment Leadership Network. Through these initiatives, DDS continues to offer capacity building on Employment First practices.

Monthly Provider Leadership Meetings

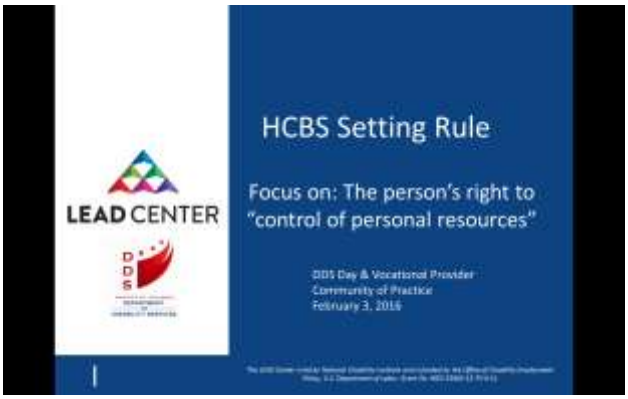
HCBS related topics at the monthly Provider Leadership and Day Provider are selected to promote clarity on the intent of the HCBS Setting rule, review changes to DDA policies, offer specific "how to's" and introduce District offered community options as resources to support providers efforts to redesigned their service models.

DDS will continue to communicate the need and timing for change in practices, policies, regulations, licensing, certification, the waiver, etc., and educate providers during monthly meetings of the Provider Leadership and the Day/ Vocational Community of Practice. DDS is committed to offering a broad array of topics and presenters to support the Districts provider community as it shifts to meet the HCBS setting standards. Organizations, agencies both government and private from the Greater Washington area are introduced to support providers in the effort to facilitate the utilization of available community resources by people receiving home community based services.

Topics on self-advocacy have also been presented at the forum by DC's self-advocacy group Project ACTION! (July 2016) and again, to promote a new self-advocacy academy in February 2017. At the October 2016 forum training was provided on DDS's revised Individualized Support Plan (ISP), which was redesigned to reflect the agency's shift to Person Centered Thinking to include goals and outcomes of services. The meeting in November 2016 included a presentation by Successful Parenting-DC that provided resources available to persons with disabilities who have children. MTM/ On-the-Move also discussed their community travel training services that they can provide to the people we serve.

Topics such as "Revised General Provision and Personal Funds," "Community Integration vs. Community Inclusion" and "Using Public Transportation" highlight a focus to the major shifts in culture that are needed regarding people controlling their own personal resources, people using various forms of public transportations as their primary means of transportation, people developing personnel networks in the community of their choice, etc. . Special sessions are being

developed to support people having their name on the lease of the home in which they live, privacy in their home, and the realization of autonomy and independence in their home/lives. Forums often include guest and community partners as an example, in February 2016, we partnered with the LEAD Center to offer training entitled: "HCBS Settings Rule, Focus on: The Person's Rights to Control of Personal Resources." These discussions with providers will continue, for as long as needed, through March 17, 2019. The PowerPoint for this training is available on-line at: http://dds.dc.gov/publication/hcbs-training-control-personal-resources-strategies-and-tools.



New Community Integration Resource

DDS developed a new web-based resource to assist provider direct support staff with community mapping. In collaboration with our Individualized Day Supports Community of Practice, DDS has developed a listing of community activities to support efforts to fully integrate people with disabilities into the community. The tool is designed to work well with smart-phones, so that direct support professionals have access to it from any location.

The Community Integration Resource includes information on the following free or low-cost community organizations, activities and events:

- Spiritual Organizations
- Community Groups
- Volunteer Opportunities
- Library Information
- Interest Groups
- Community Classes
- Social Organizations
- Social Community Resources
- Event Calendars
- Parks & Recreation
- Fitness
- Leisure Activities
- Transportation
- Community Information for Surrounding Counties

The Community Integration Resource can be found on the DDS homepage under 'Resources' by clicking "Community Resources & Programs" or by following this link: http://dds.dc.gov/page/community-integration-resources.

2. Training and Capacity Building to Support EPD Providers

DHCF is engaged in a variety of efforts to build capacity across multiple agencies and among our provider community to support the full inclusion and integration of individuals in need of long term care services and supports into community settings. Listed below are some examples of ongoing initiatives that build capacity and support compliance with the HCBS Settings Rule.

HCBS Settings Rule

DHCF has engaged District staff, community stakeholders, and Medicaid service providers on the HCBS settings rule, with five trainings held in January 2014 (DHCF internal staff including the Executive Management Team), February 2014 (EPD Waiver Providers), April 2014 (EPD Waiver and Adult-Day Providers), November 2014 (Adult-Day Providers); and January 2015 (HCBS Stakeholders Group). To date, DHCF has given a number of trainings and informal information sessions on the changes made in this regulation. These trainings have occurred during the monthly EPD Waiver Provider meetings from July 2015, through December 2015. In addition, training for staff of the District's Aging and Disability Resource Center and social workers from the senior network agencies across the city was delivered January 2016.

Provider-specific technical assistance on the HCBS settings rule has been delivered by DHCF, DOH, and DBH relative to the HCBS settings assessments administered to inform the transition plan. In FY17 and FY18, following approval of the plan, DHCF will collaborate with DOH and DBH to provide additional training to EPD and non-Medicaid residential providers who serve EPD waiver beneficiaries. Annual trainings will be offered, thereafter.

Person-Centered Planning and Informed Consent

Funded by a grant from the federal Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS), four District agencies (the Department of Disability Services (DDS), the Department of Health Care Finance (DHCF), the Aging and Disability Resource Center (ADRC) within the District of Columbia Office on Aging (DCOA), and the Department of Behavioral Health (DBH)) are collaborating to develop a plan to implement a No Wrong Door (NWD) system to streamline and facilitate access to long term care services and supports (LTCSS). A major emphasis of the District's planning activities is optimizing informed choice and promoting person-centered thinking and planning among District agency staff and service providers.

It should be noted that that while each of the participating agencies' systems address person-centered planning and informed consent already, the NWD planning is providing an opportunity to coordinate these efforts. The HCBS IDD waiver is fully compliant with federal person-centered planning and informed consent standards.

DHCF, working in conjunction with CMS consultants, on January 21, 2015 hosted an in-service on person-centered planning for DHCF stakeholders, and will continue to work with the

technical assistance providers both for planning and training purposes addressing person-centered planning and conflict-free case management. Beginning in FY16, these trainings will focus on DCOA staff and DHCF staff, as well as Medicaid case managers and other staff and stakeholders in the community. The consultants are working with DHCF staff to develop a Community of Practice for DC Medicaid case managers focused on supporting and facilitating greater individualized community exploration and integration. The Community of Practice allows for multi-directional training and information sharing: from District government to case managers; from case managers to District government; and amongst case managers.

Over the course of three months, DHCF worked with providers, stakeholders, and DHCF staff to develop its EPD waiver requirements, person-centered planning (PCP) template, and PCP policy in order to meet compliance with CMS rules on PCP. During this time, DHCF piloted the PCP process with a number of providers and conducted at least five (5) trainings for over 250 case managers, ADRC staff, and DHCF staff. The PCP policy was published in October 2015, and went into effect November 1, 2015. As of October 31, 2016, each individual in the EPD waiver has a PCP. Since publication, DHCF has met with case managers on a monthly basis to provide ongoing information and technical assistance on person-centered planning.
On May 18, 2015 the DC Office of Disability Rights (ODR) and Department on Disability Services (DDS) delivered a joint training on disability and the Americans with Disabilities Act to staff at the District's ADRC. This training provided a framework for working and communicating with people with disabilities, serving as a foundation for doing person-centered planning and informed consent. Building on the ODR and DDS session, on September 22, 2015, the ADRC convened training for its staff on managing risk in transitions between long term care settings. As a part of the training, the DC Long Term Care Ombudsman presented on nursing facility residents' rights and risks in considering transition to home and community-based settings. The Quality Trust also discussed self-determination, safety, and supported decision making. In a follow-up session for the ADRC's Community Transition Team in September 2015, specific tools for informed consent at various points in the transition process were reviewed. During FY15, the ADRC updated its consent forms for transition from nursing facilities to home and community-based settings to ensure informed consent to participation in the District's Money Follows the Person Demonstration. These forms have been used for community transitions since late FY16.

Long Term Services and Supports Assessment

DHCF has been implementing a multi-year, multi-pronged strategy to reform Medicaid-funded long-term care services and supports. The first phase of this effort focused on the development and implementation of a standardized assessment tool and a conflict-free, face to face assessment process. The tool is designed to assess an individual's needs across multiple domains, rather than determining eligibility for a particular service or service setting. The tool provides the individual with a score that allows them to choose from a range of LTCSS options. In support of this strategy, the District drafted a regulation. The 2nd Proposed Rulemaking was published March 18, 2016. These rules amend the previously published standards by: (1) specifying that the face-to-face assessments shall be conducted by an R.N.; (2) specifying that requests for an assessment for LTCSS must be made by the person's referring physician ; (3) delineating who can make unscheduled requests for re-assessments when there is a significant change in the person's condition; (4) establishing timelines for conducting the face-to-face assessment and the

receipt of determination notices; (5) adding a link to access the standardized needs-based assessment tool online; (6) establishing that a person shall also qualify for a level of need for PCA services if his/her functional score without medication management is four (4) of higher, or if his/her functional score without medication management is three(3) or higher with a medication management score no higher than a one (1); (7) clarifying terms and phrases used in the Section of the regulation; and (8) defining terms used in the Section of the regulation.

Conflict-Free Case Management

DHCF developed its conflict-free case management policy for EPD providers, which was published on July 10, 2015, as a notice of emergency and proposed rulemaking, which received comments during the public comment period. The second notice is currently under review and will be published subsequent to that process. Per the rule, EPD providers had until October 1, 2015, to notify DHCF of their choice with regards to providing case management or direct care services. Fifteen of the HHAs that provided case management services submitted decisions to be conflict-free. There are 8 conflict-free case management agencies at present. On November 1st, 2015, each of those providers were required to submit a transition plan to DHCF detailing how impacted beneficiaries would be transitioned to a conflict-free case management agency (CMA) by June 30, 2015. There were approximately 1935 beneficiaries in total needing transition by June 30, 2016. Since Summer 2015, DHCF has been engaged in aggressive recruitment of new CMAs, including 2 well-attended sessions for prospective CMAs. DHCF is also working with sister agencies DBH and DCOA to enroll their providers as CMAs. DHCF has enrolled two new conflict-free CMAs since this summer, and continues to prioritize prospective CMA applications for processing. All beneficiaries have been transferred to conflict- free case management agencies.

These efforts are specific to EPD Waiver providers given that DDS had already ensured compliance with conflict-free case management for its IDD Waiver providers.

Modernized and Streamlined Workflow

DHCF established a work group of DC sister agencies (DCOA, ESA) and stakeholders (case management agencies, home health agencies, Long Term Care Coalition, LTC Ombudsman's Office) which met weekly March-July 2015 to modernize and streamline the Long Term Care Administration (LTCA) workflow from a variety of angles, including for EPD waiver enrollment and recertification, State Plan enrollment and recertification, 1915i enrollment and recertification, case management agency assignment, person-centered plan development, implementation, and monitoring, conflict-free assessment for level of need, direct service provider service fulfillment, administrative denials and termination, appeals, reconsiderations, and fair hearings. Via this detailed workflow analysis exercise, the workgroup was able to identify and resolve issues which ultimately produced a more streamlined set of processes within the LTCA.

Monthly EPD Waiver and State Plan Provider Meetings

In FY17 and FY18, as the District finalizes its transition plan for HCBS settings, DHCF will incorporate training on the plan as a part of its monthly EPD Waiver and Medicaid State Plan Provider Meetings. The training will be progressive- presenting the plan first, then focusing on specific elements of the plan to meet the needs of the providers seeking to come into compliance.

DHCF will continue to communicate the need and timing for change in practices, policies, regulations, licensing, certification, the waiver, etc., and educate providers during monthly meetings of the EPD Waiver and Medicaid State Plan Providers. DHCF is committed to offering a broad array of topics and presenters to support the Districts provider community as it shifts to meet the HCBS setting standards.

B. HCBS Waiver and State Plan Amendments to Support Systemic Compliance with the HCBS Settings Rule

1. HCBS IDD Waiver Amendments to Support Systemic Compliance with the HCBS Settings Rule

DDS and DHCF have made changes to the HCBS IDD waiver program to further opportunities for community and meaningful day, addressing the need for more individualized integrated approaches of the provision of support to people, and achieving compliance with the HCBS Settings Rule. The waiver amendments were submitted to CMS on March 1, 2014 and approved in September 2015. DDS and DHCF have published implementing regulations for all rules.

DDS's approach is to offer an array of waiver and generic services, so that over the course of a week each person can receive support for community integration and employment in whatever setting works best for them. With this set of waiver amendments, DDS now offers HCBS IDD waiver beneficiaries day supports with ratios from 1:1 to 1:4, so that each person can be supported in community with individualized staffing ratios based upon the person's needs. (IDS has 1:1 and 1:2 ratio options; small group day habilitation has a 1:3 ratio; and day habilitation has 1:1 or 1:4 ratio options.)

Some examples of waiver amendments related to HCBS Settings compliance include:

- **Day Habilitation:** Clarified service definition to require meaningful adult activities and skills acquisition that support community exploration, inclusion and integration based upon the person's interests and preferences. Specified that individualized community integration and/ or inclusion activities must occur in the community in groups that do not exceed four participants and must be based on the people's interests and preferences. Implementing regulations were published on an emergency and proposed basis on May 27, 2016 and are available on-line at: http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1929.

- **Small Group Day Habilitation:** Introduced a small group rate with a staffing ratio of 1:3 and no more than fifteen (15) people in a setting for people with higher intensity support needs. Small Group Day Habilitation must be provided separate and apart from any large day habilitation facility. As a new service, these settings must comply with the HCBS Settings Rule immediately. Implementing regulations were published on an emergency and proposed basis on May 23, 2016 and are available on-line at: http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1929.

- **Supported Living and Supported Living with Transportation:** Modified the service definition to create more flexibility in the application of the reimbursed staffing hours and ratios, to better reflect the time individual persons may spend in their residence during the course of the day to be responsive to individualized person-centered plans. Modified rate methodology to increase funding for staff providing transportation services for Supported Living with Transportation to ensure adequate funding for people to pursue individualized day and vocational services at different locations. Implementing regulations were published on April 22, 2016. Available online at: http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1934.

- **Provider Requirements:** Added the requirement that owner-operators of residential, day and vocational supports complete training in Person-Centered Thinking, Supported Decision-Making, Supporting Community Integration, and any other topics determined by DDS, and in accordance with DDS published guidance within one year from the date the waiver application becomes effective for current providers and prior to any new waiver provider becoming approved to initiate services. Implementing regulations were published on May 13, 2016 and are available on-line at:http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleID=3307523.

  Future waiver amendments will be discussed in Section V, *Assessment and Remediation*, below.

2. HCBS EPD Waiver and State Plan Amendments to Support Systemic Compliance with the HCBS Settings Rule

DHCF is working to increase access to home and community-based services. DHCF is working on amendments to its 1915(c) waiver and other state plan services. Specifically, DHCF received approval of a new 1915(i) State Plan Amendment to establish an adult day health program. Listed below are examples of changes that support and facilitate greater individualized community exploration and integration.

EPD Waiver Amendment
DHCF submitted a Waiver Amendment to CMS on July 20th, 2015 and it was approved on

October 23rd, 2015. The changes were as follows: The Waiver Amendment adds new services, amends existing service descriptions and reimbursement methodologies, adds new provider types and qualification standards and includes requirements to conform with the new Home and Community-Based Services (HCBS) requirements under 42 CFR 441.301 of the federal rulemakings by proposing new conflict-free requirements for case management and person-centered planning to comply with these regulations. It also includes a CMS required HCBS settings Transition Plan to explain how the District's assisted living facilities enrolled under the Waiver will comply with the setting requirements under 42 CFR 441.301.

The Amendment also establishes a new service delivery method or pathway by designating a new government entity (the District's Aging and Disability Resource Center) for EPD Waiver application assistance, provider referral, and options counseling, and a new process for administering the conflict-free face-to-face assessment tool to determine level of care (non-financial eligibility) for EPD Waiver services. Additionally, changes were made to elect the Spousal Impoverishment option under Appendix B to determine a person's eligibility for services, and modify the service delivery parameters for participant-directed-services, which is an already approved service delivery method under the existing Waiver.

The major changes are as follows:

The Waiver Amendment introduces three new services- adult day health services, and occupational and physical therapy services.

- **Adult day health services:** Established service to enable persons enrolled under the EPD Waiver to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting, to foster opportunities for community inclusion, and to deter more costly facility-based care. These providers will be compliant with all the new HCBS "setting" requirements pursuant to the District's new Provider Readiness Review process.

- **Occupational therapy and physical therapy services:** Established services to be provided by licensed professionals under a Home Care Agency or by licensed individual practitioners

- **Personal care aide service:** Modified description to mirror the PCA Service Authorization request and submission procedures in accordance with the District's Medicaid Sate Plan PCA services rulemaking (Chapter 50 of Title 29 of the DCMR) to include the utilization of a face-to-face standardized needs-based assessment tool that determines each person's level of need for services. Changes were also made to allow the order for PCA services to be signed by an advance practice registered nurse (APRN) or a physician; conduct beneficiary re-assessments every twelve (12) months to update plans of care; and eliminate any annual caps for the receipt of services.

- **Homemaker and chore aide service:** Amended descriptions to clarify the existing language under the service. A new provider category – general business providing housekeeping services in the District of Columbia – will be added to the list of allowable providers of homemaker and chore aide services. The training criteria for chore aides were also amended.

- **Environmental Accessibility Adaptation (EAA) service:** Modified description to amend the requirement that both renters and certified home-owners need to initially obtain a denial letter from Handicap Accessibility Improvement Program (HAIP), administered by the District of Columbia Department of Housing and Community Development prior to applying for EAA services under the Waiver, as HAIP is only applicable to certified home-owners. Although no change to the total rate is proposed, the disaggregated cost limits associated with each type of EAA modification was removed. The limitations on amount, duration, and scope are to be modified to clarify that the total rate is inclusive of costs associated with the home inspection.

- **Case management and person-centered planning: Amended** requirements to conform to the new HCBS standards under the federal regulations. These include that any new entity cannot enroll as a Medicaid reimbursable provider of case management services if that entity is a Medicaid provider of personal care aide (PCA) services or any other direct services under the EPD Waiver, or has a financial interest, as defined under 42 CFR §411.354, in a Medicaid provider of PCA or any other direct services under the EPD Waiver. Additionally, person-centered planning needs to be "person-driven" and focus on the needs, strengths, goals, and preferences of the person receiving services.

- **Case management rate reimbursement methodology:** Changed to a new Per Member Per Month (PMPM) payment structure. The capitation rate approach will provide a better correlation between reimbursements and the number of beneficiaries receiving case management services.

As described in this Transition Plan, the District will ensure that assisted living facilities will conform with all the new setting requirements prescribed under 42 CFR 441.301.

The new service delivery method describes the District's Memorandum of Agreement (MOU) between DHCF and the Office on Aging (DCOA), which designates DCOA's Aging and Disability Resource Center as a one-stop-resource to provide information, referral and assistance, options counseling for persons enrolling in the EPD Waiver. It also changes the processes for eligibility under the EPD Waiver by designating a DHCF LTSS Contractor to make all level of care determinations by conducting a face-to -face assessment of the individual's physical, cognitive and behavioral health care and support needs, to determine the individual's level of need for Waiver services and supports.

The eligibility section was amended by electing to use spousal impoverishment rules to determine eligibility for the home and community-based waiver group, whereby a certain amount of the couples' combined income and assets are protected for the spouse not receiving services under the HCBS waiver, to be effective in EPD HCBS Waiver Year 4, or upon approval by CMS.

The Amendment modifies service definitions for participant-directed community supports (PDCS) (under employer authority) and individual-directed goods and services (under budget authority). Waiver participants who choose to self-direct these participant-directed services (PDS) will have choice and control over how they are provided and by whom. Under employer authority, waiver participants or their authorized representatives, as appropriate, will be the common law employer of the qualified participant-directed workers (PDWs) they hire. Financial management services (FMS) and information and assistance (I&A) supports will be provided to waiver participants who choose to self-direct the aforementioned PDS through a District-wide, IRS-approved Vendor Fiscal/Employer Agent (VF/EA FMS) FMS-Support Broker entity and will be provided as administrative activities. The VF/EA FMS-Support Broker entity will operate in accordance with Section 3504 of the Internal Revenue Code and Rev. Proc. 70-6, as modified by REG-137036-08 and Rev. Proc. 2013-39.

EPD Waiver Renewal
DHCF received approval for renewal of its 1915(c) waiver for EPD services on March 10, 2017. The renewal includes the following improvements that promote the use of HCBS settings for long term care:

- **Streamlined enrollment**: Outlined the new enrollment process through the District's Aging and Disability Resource Center (ADRC) as referenced above. The Information, Referral and Assistance unit at the ADRC provides information on the EPD Waiver to DC residents who are interested, and initiates the enrollment process for people who choose to enroll in EPD Waiver services. Medicaid Enrollment Specialists (MES) at the ADRC work with prospective enrollees to acquire the information needed to complete the required enrollment forms. Once the forms are completed, ensuring beneficiaries' freedom of choice and rights under the waiver, the MES submit the forms in the EPD Waiver database, and facilitate the eligibility determination based on financial and level of care criteria.

- **Community transition services:** Established a new service that provides up to $5,000 for household set-up and transition-related expenses for EPD Waiver beneficiaries transitioning from a long term care facility to HCBS. The payment will cover security deposits that are required to obtain a lease for an apartment or home; essential household furnishings and moving expenses required to occupy and use an apartment or home, including furniture, window coverings, food preparation items, and bed/bath linens; set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; services

necessary for a person's health and safety such as pest eradication and one-time cleaning prior to occupancy; moving expenses; and activities to procure needed resources.

DHCF State Plan Amendment
DHCF obtained approval of its new 1915(i) State Plan Amendment to establish an adult day health program (ADHP) on February 10, 2015. The accompanying regulation was published January 29, 2016. ADHPs provide essential services including social service supports, therapeutic activities meals, medication administration, and transportation to therapeutic activities for adults, age fifty-five (55) and over, during the day, in a safe community setting outside of their home. All AHDP providers will be compliant with the HCBS settings rule from launch of the 1915(i), which began enrollment June 1, 2015.

In addition, DHCF is amending its State Plan with respect to Home Health Care and Personal Care Assistance Services. The amendments are designed to clarify and strengthen program requirements to promote community exploration and integration, among other things. DHCF sent the PCA SPA to CMS on August 25th, 2015 with an effective date of October 1, 2015. DHCF received approval for this SPA on August 6, 2016 with an effective date of November 14, 2015. The District is drafting a new PCA SPA to recognize safety monitoring as an allowable task for PCAs, as well as align re-assessment requirements for beneficiaries receiving PCA services under the State Plan with the requirements for those receiving PCA services under the EPD Waiver. It is anticipated that it will be submitted prior to the requested April 4, 2017 effective date.

Section V: Assessment & Remediation

A. Policy on Compliance with HCBS Settings Rule

1. DDS Policy on Compliance with HCBS Settings Rule (2015-DDS-POL23).

DDS issued a policy requiring that agency staff and providers participate in efforts to assess and achieve compliance with the HCBS Settings Rule. This includes the expectation that providers conduct a critical and honest self-assessment; cooperate fully with the assessment and transition process; and demonstrate on-going efforts, cooperation and progress towards compliance with the HCBS Settings Rule. The policy was issued by the projected date of April 1, 2015 and posted on the DDS website at: http://dds.dc.gov/publication/hcbs-settings-rule-compliance-policy.

2. DHCF Policy on Compliance with HCBS Settings Rule

DHCF will issue a transmittal informing all providers of DHCF's expectations that they will come into compliance with the HCBS Settings Rule. The transmittal is is planned for release during the third quarter of 2017.

B. State Level Self-Assessment Process, Results and Remediation

1. HCBS Settings for People with IDD

DDS established an HCBS Settings Rule Advisory Group and held a series of meetings to assess all rules, regulations, licensing requirements, certifications processes, policies, service definitions, protocols, practices and contracts to determine which characteristics of HCBS settings are already required and where there are gaps. The review group identified areas where changes are needed to ensure compliance with the HCBS settings characteristics rule and made recommendations for remediation.

1. DDS invited representatives of the groups below to participate in the review group and invited and consulted with others, including the Department of Health (DOH), as needed. DDS posted the meeting dates on its website and members of the public were welcome to attend and participate. DDS State Office of Disability Administration (SODA) is responsible for arranging and facilitating the meetings. DDS Information Technology (IT) Unit posts items, as needed, on the website. Although the state level self-assessment process has been completed, meetings will continue, as needed, through the remediation process. For example, DDS reconvened the group to provide input into a draft of proposed Host Home regulations. Planning is underway to conduct a meeting to discuss challenges and solutions for compliance with the leasing/ written residency agreement sections of the HCBS Settings Rule.

   Although meetings are open, invited members of the review group include:

   a. DDS, including representatives from DDA Service Coordination, DDA Waiver Unit, SODA, a Person-Centered Thinking Leader, DDS/DDA's Provider Certification Review team and others, as needed, including representatives from DDS/DDA Quality Management Division;
   b. DHCF;
   c. DC Developmental Disabilities Council
   d. Project ACTION!, DC's self-advocacy group;
   e. DC Supporting Families Community of Practice;
   f. Quality Trust for Individuals with Disabilities;
   g. Disability Rights DC/ University Legal Services, DC's protection and advocacy organization;
   h. DC Coalition of Disability Services Providers; and
   i. Georgetown University Center for Excellence in Developmental Disabilities.

2. The state level assessment was completed, as projected, by September 1, 2015 and has resulted in DC having a list of required changes needed to the waiver itself, implementing regulations, and policies, procedures and practices. The self-assessment included a review and analysis of:

    a. **All HCBS waiver service definitions and provider requirements** (including all residential, day and vocational services) are attached.
    The HCBS waiver is available on-line on the DDS Waiver Amendment Page at:
    http://dds.dc.gov/node/1220341

Remediation: The District is planning several additional waiver amendments to support compliance with the HCBS Settings Rule and seeks public comment on these as described below and welcomes additional ideas. DDS will ensure appropriate public notice and comment periods for the proposed waiver amendments, including posting of the entire waiver application with the proposed amendments. DDS will also ensure appropriate due process notice to all impacted HCBS IDD waiver beneficiaries. Changes to the waiver will be completed by November 2017, as part of the waiver renewal, and may vary from what is described below based upon public comment. .

- **Provider Qualifications for All HCBS Settings**: Modify language in provider qualifications for Supported Living, Supported Living with Transportation, Host Home, Residential Habilitation, Day Habilitation, and Employment Readiness to require that any new settings must meet all requirements of the HCBS Settings Rule. Require that all Supported Living, Supported Living with Transportation, and Host Home settings fully comply with the HCBS Settings Rule as of the effective date of the waiver renewal.

- **Residential Habilitation:** Limit the size of all new settings to no more than 4 people. Settings that are currently for 5 or 6 people are grandfathered in, but will not be eligible for new referrals until their size is less than 4 people per setting.

- **Day Habilitation: Eligibility Limitations based on Level Of Need (LON)**:

Service limitations for new individual admissions to Day Habilitation services:

(1) People who are 64 years old and younger and have a Level of Need Day Composite score of 2 or less would not be eligible to attend Day Habilitation services, unless approved by DDS due to extenuating circumstances or barriers that are expected to be resolved within six months. Exceptions may only be granted for 6 month periods and must be accompanied by an Individual Support Plan goal aimed at addressing the barrier

to participation in other day or employment waiver supports. Alternative services, including Employment Readiness, Small Group Supported Employment, Individualized Day Supports, and Companion services that are offered during regular day service hours, would be available, in combination, for up to forty hours per week.

(2) People who are 64 and younger and have a Level of Need Day Composite score of 3 or 4 would not be eligible to attend Day Habilitation programs, unless they have tried other day and employment options for one year first unless approved by DDS due to extenuating circumstances or barriers that are expected to be resolved within six months. Any exceptions must be accompanied by an ISP goal aimed at addressing the barrier to participation in other day or employment waiver supports. Alternative services including Supported Employment, Individualized Day Supports, Employment Readiness and Companion would be available in combination for up to forty hours per week.

(3) In addition to the limitations described above, Day Habilitation services may not be authorized for any waiver participant for more than 24 hours per week. Wrap around services are available, including Supported Employment, Individualized Day Supports, Employment Readiness and Companion in combination for up to forty hours per week. This limitation is not applicable to Small Group Day Habilitation services.

Service limitations for people currently in Day Habilitation services:

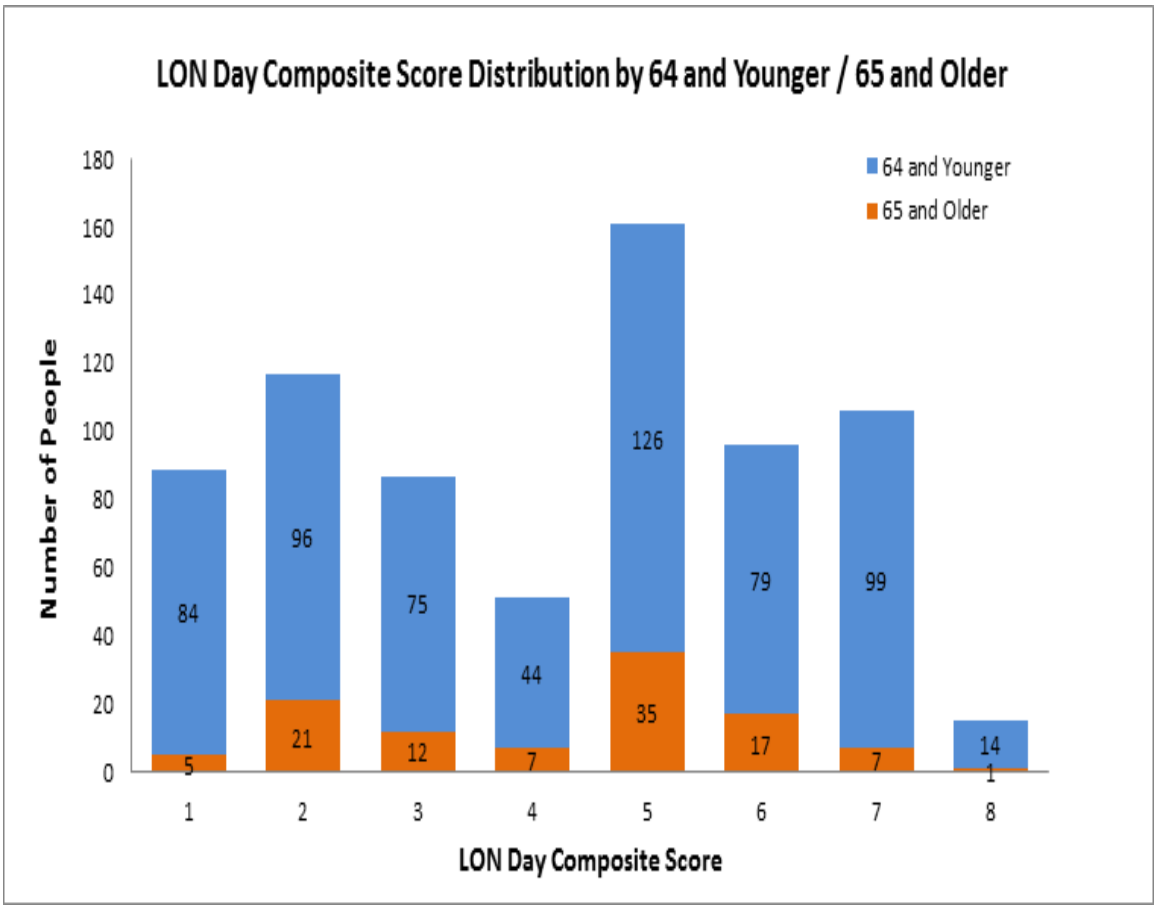
(1)Within one year from the waiver effective date, any person with a Level of Need Day Composite score of 1 or 2 would no longer be eligible for Day Habilitation services and services may no longer be authorized. Instead the person should be offered employment services, either through the waiver, the Rehabilitation Services Administration, or other community based options, subject to the exception described below. This would be implemented on a rolling basis over the course of the year, with the new service limitation discussed and choice of alternative options offered at the person's next ISP meeting. Exception: For people with an ISP meeting that is scheduled within 90 days of the first anniversary of the waiver effective date, DDS may authorize Day Habilitation services for up to 90 days following the ISP meeting to ensure a smooth transition.

(2) Within one year from the waiver effective date, regular Day Habilitation services may not be authorized for any waiver participant with a Day Composite Level of Need score above 2 for more than 24 hours per week, subject to the exceptions described below. Wrap around services are available, including Supported Employment, Individualized Day Supports, Employment Readiness and Companion in combination for up to forty hours per week. Exceptions: This limitation is not applicable to Small Group Day Habilitation services. Additionally, for people with an ISP meeting that is scheduled within 90 days of the first anniversary of the waiver effective date, DDS may authorize up to 40 hours of Day Habilitation services per week for up to 90 days following the ISP meeting to ensure a smooth transition.

(3) For any person who is currently receiving Day Habilitation services who will be subject to a reduction in authorized service hours due to the service limitations listed

above, DDS will provide timely and adequate due process notice of the change in services and the person's appeal rights.

The chart below indicates the current LON Day Composite Scores amongst people who are attending Day Habilitation programs.



You can learn more about the Level of Need Screening and Assessment Tool at: http://dds.dc.gov/book/i-intake-and-eligibility/level-need-assessment-and-screening-tool.

- **Size Limitations on Day Habilitation and Employment Readiness Settings**
  - **a.** Current Day Habilitation and Employment Readiness settings that have a daily census under fifty people in the setting for more than 20% of the day, may only receive authorizations for services for new participants up to a daily census of fifty people in the setting.

  - **b.** Current Day Habilitation settings that have a daily census of fifty people or more in the setting for more than 20% of the day will not be eligible for authorizations for services for new participants until their daily census is less than fifty people in

the setting. (There are no current Employment Readiness settings that have a daily census over 50 people in the setting.)

- **Employment Readiness: Time Limitation on Services**

For people who are not currently enrolled in Employment Readiness services, the service may only be authorized for up to one year, except that DDS may approve up to a one year extension if there is documentation that the person is making progress towards competitive integrated employment and would benefit from extended services.

For people who are currently enrolled in Employment Readiness services, the service may only be reauthorized for up to one year from the person's next ISP date, except that DDS may approve up to a one year extension if there is documentation that the person is making progress towards competitive integrated employment and would benefit from extended services.

If a person has exhausted Employment Readiness services and: (1) has had at least one year since the end of that service; (2) expresses an interest in employment; and (3) the support team has identified specific goals around building employment skills that are reflected in the ISP, then DDS may authorize Employment Readiness services one time, for up to one year. (Total of up to three years of Employment Readiness services.)

Exception: At any time that a person loses his or her job, or is employed and is seeking to learn new job skills, DDS may authorize Employment Readiness services for up to one year.

For any person who is currently receiving Employment Readiness services who will be subject to a reduction in authorized service hours due to the service limitations listed above, DDS will provide timely and adequate due process notice of the change in services and the person's appeal rights, using the process described in the DDS Person Centered Planning Process and Individual Support Plans policy and procedures, or the successor documents.

b. All regulations governing HCBS.

The regulations are available on the DDS website at: http://dds.dc.gov/page/hcbs-waiver-service-description or via the DC Regulations website at: http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=29-19.

Remediation: DDS and DHCF began the publishing the first round of regulation revisions in Spring 2015. However, the regulation implementation date was timed to the effective date of the waiver amendments, which did not occur until September 2015. Once it became apparent that the waiver would not be approved over the summer, DDS

and DHCF held off on publishing new regulations until we had a better sense of when the waiver would be approved. Regulatory revisions will continue, on an ongoing basis, as needed, to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019.

The bulk of the changes made are in the "General Provisions," which apply to all HCBS Settings. Please see, online: http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=29-19. First, we require via regulation that each waiver provider develop and adhere to policies which ensure that each person receiving services has the right to the following:

- Be treated with courtesy, dignity, and respect;
- Direct the person-centered planning of his or her supports and services;
- Be free from mental and physical abuse, neglect, and exploitation from staff providing services;
- Be assured that for purposes of record confidentiality, the disclosure of the contents of his or her personal records is subject to all the provisions of applicable District and federal laws and rules;
- Voice a complaint regarding treatment or care, lack of respect for personal property by staff providing services without fear of retaliation; and
- Be informed orally and in writing of the following:
  - Complaint and referral procedures including how to file an anonymous complaint;
  - The telephone number of the DDS customer complaint line;
  - How to report an allegation of abuse, neglect and exploitation;
  - For people receiving residential supports, the person's rights as a tenant, and information about how to relocate and request new housing.

We also added a new section, below, to the "General Provisions":

HOME AND COMMUNITY-BASED SETTING REQUIREMENTS

(1) All Supported Living, Supported Living with Transportation, Host Home, Respite Daily, Residential Habilitation, Day Habilitation, Small Group Day Habilitation, Individualized Day Supports, Supported Employment, Small Group Supported Employment and Employment Readiness settings must:

(a) Be chosen by the person from HCBS settings options including non-disability settings;

(b) Ensure people's right to privacy, dignity, and respect, and freedom from coercion and restraint;

(c) Be physically accessible to the person and allow the person access to all common areas;

(d) Support the person's community integration and inclusion, including relationship-building and maintenance, support for self-determination and self-advocacy;

(e) Provide opportunities for the person to seek employment and meaningful non-work activities in the community;

(f) Provide information on individual rights;

(g) Optimize the person's initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;

(h) Facilitate the person's choices regarding services and supports, and who provides them;

(i) Create individualized daily schedules for each person receiving supports, that includes activities that align with the person's goals, interests and preferences, as reflected in his or her ISP;

(j) Provide opportunities for the person to engage in community life;

(k) Provide opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS;

(l) Control over his or her personal funds and bank accounts; and

(m) Allow visitors at any time.

(2) All Supported Living, Supported Living with Transportation, Host Home, Residential Habilitation, and Respite Daily, settings must:

(a) Be integrated in the community and support access to the greater community;

(b) Allow full access to the greater community;

(c) Be leased in the names of the people who are being supported. If this is not possible, then the provider must ensure that each person has a legally enforceable residency agreement or other written agreement that, at a minimum, provides the same responsibilities and protections from eviction that tenants have under relevant landlord/tenant law. This applies equally to leased and provider owned properties.

(d) Develop and adhere to policies which ensure that each person receiving services has the right to the following:

(1) Privacy in his or her personal space, including entrances that are lockable by the person (with staff having keys as needed);

(2) Freedom to furnish and decorate his or her personal space (with the exception of Respite Daily);

(3) Privacy for telephone calls, texts and/or emails; or any other form of electronic communication, *e.g.* FaceTime or Skype; and

(4) Access to food at any time.

(3) All Day Habilitation, Small Group Day Habilitation, Individualized Day Supports, Supported Employment, Small Group Supported Employment and Employment Readiness settings must develop and adhere to policies which ensure that each person receiving services has the right to the following:

(a) Privacy for personal care, including when using the bathroom;

(b) Access to snacks at any time;

(c) Privacy for telephone calls, texts and/or emails; or any other form of electronic communication, *e.g.* FaceTime or Skype; and

(d) Meals at the time and place of a person's choosing.

Any deviations from the requirements in 1(l) and (m), 2(d) and 3 must be supported by a specific assessed need, justified in the person's person-centered Individualized Support Plan, and reviewed and approved as a restriction by the Provider's Human Rights Committee (HRC). There must be documentation that the Provider's HRC review included discussion of the following elements:

(a) What the person's specific individualized assessed need is that results in the restriction;

(b) What prior interventions and supports have been attempted, including less intrusive methods;

(c) Whether the proposed restriction is proportionate to the person's assessed needs;

(d) What the plan is for ongoing data collection to measure the effectiveness of the restriction;

(e) When the HRC or the person's support team will review the restriction again;

(f) Whether the person, or his or her substitute decision-maker, gives informed consent; and

(g) Whether the HRC has assurance that the proposed restriction or intervention will not cause harm.

Please note that the Provider HRC review is a pre-requisite to the ISP Support Team meeting. The ISP team must allow review and approve all deviations from the requirements and there must be documentation in the ISP of all the elements discussed above. DDS is currently piloting a new ISP process that incorporates this review. The new ISP process will begin for all waiver recipients no later than September 30, 2017 and will be implemented on a rolling basis throughout as each person has their next scheduled ISP meeting.

All of the above changes have been made through Emergency and Proposed Rulemakings and are in effect. The public comment period closed on June 13, 2016, without any public comments. A final rulemaking for "General Provisions" was published on August 12, 2016 (see attached). In addition to the changes described above, DC updated individual regulations for each of the HCBS Settings, detailed in the Statewide Assessment Reporting Charts, attached.

DDS recognizes that there is additional regulatory action to take, although much of the HCBS Settings Rule has already been adopted into DC regulations and requirements. Rather than make all of the changes at once, we decided to allow some time to give providers an opportunity to build capacity, train staff, and change their practices. DDS plans to continue to update the General Provisions, and, if needed, the Day Habilitation, and Employment Readiness regulations, to implement standards that meet the requirements of the HCBS Settings Rule for all settings. All regulations will be fully updated to ensure HCBS Settings compliance by September 2018, which leaves sufficient time for providers to come to compliance and DDS to move any people who are in settings we determine will not become compliant with the rule. Additionally, for both day and residential settings, DDS will continue to analyze the results of the site-by-site assessments and what we learn through Provider Performance Review to determine whether additional regulatory action is needed to address compliance with the HCBS Settings Rule.

c. DDS/DDA Provider Certification Review (PCR) process

DDS's PCR policy, procedure, guidance and tools are available on-line at: http://dds.dc.gov/book/vi-administrative-dda/provider-certification-review-policy-and-procedures.

Credentials and Training of the PCR staff
The development of the HCBS indicators was completed by the senior managers of the PCR team in partnership with DDS leadership. The senior managers on the PCR team

were responsible for training and ongoing management of quality measures to insure reliability of the PCR team's assessment of these indicators. The senior managers have had years of experience in waiver programs in several states, have received multiple trainings in person centered thinking and personal outcome measures from both state agencies and national leaders in these areas. Specifically, the Senior PCR managers trained the PCR staff members in the identification of the elements required to be present in order for any one HCBS indicator to be met.

More broadly, the PCR reviewers have been hired to review the provider's ability to meet all waiver requirements including HCBS designated indicators for services they offer. They perform these reviews each week as part of the PCR certification process. All PCR reviews come with at least one year of experience in an HCBS waiver setting. Many come with case management, quality management, or program management experience. On hire, each reviewer receives orientation to all indicators including HCBS indicators in the District's IDD waiver program. The tools contain written guidance on how to interpret if indicators are met, not met, or not applicable. A new reviewer is paired with a seasoned reviewer on average for the first three reviews which involves observing, then conducting a review with the guidance of the season reviewer, then co- reviewing a person in the sample- in which both reviewers complete an answer sheet, and inter rater reliability can be established. Senior managers complete an annual inter rater reliability session with each reviewer. All answer sheets for each review are reviewed by a senior manager before they are approved to determine that statements accurately fit the designation a reviewer has selected. Only approved answer sheets are submitted to the database to determine the results. There is often discussion between the senior review manager and the individual reviewer about how the reviewer arrived at their conclusions, and this assures the Manager that the reviewer's thinking is in line with the current guidelines.

Each of the HCBS indicators have a set of sub questions which help the reviewer determine the designation of the indicator. Sub questions have been selected based on CMS published guidance and the current DDS waiver rules. All sub questions of an indicator must be satisfied in order for the indicator to be marked as met. This configuration insures that all reviewers are looking at the same set of criteria, and forms the basis of a "not met" answer. Here are two examples to illustrate the indicator and the sub questions to that indicator:

> Indicator: Does the person have access to use a phone or computer privately, with or without support, based on the person's preferences?
> Subset questions:
> Is there a computer or phone available to the person in a private area?
> If not, is it due to a restriction based on an assessment?
> If there are limitations, is there documentation of the provider HRC review which meets the criteria outlined in the HCBS Waiver rule, Chapter 19 Section 1938?
>
> Indicator:
> Has the provider created a culture in which visitors are accepted and encouraged?

Subset questions:
Does the person express that they can have visitors whenever they want?
Does the family feel they can drop in whenever they want?
Are visitors treated the same as visitors would be in the greater community? If not, is it due to a restriction based on an assessment?
If there are limitations, is there documentation of the provider HRC review which meets the criteria outlined in the HCBS Waiver rule, Chapter 19 Section 1938?

Continuing education is ongoing. Each reviewer must attend the District's Person Centered Thinking Training. Bi Monthly educational sessions are offered by PCR Senior Managers to reviewers to insure changes to DDS policy, and Service Rules are understood and implemented. Specific HCBS indicators are selected to be highlighted in one of these sessions. Included in these sessions are discussions with and among reviewers of what they are collecting as evidence that indicators are being met to share "best practices" identified by the staff.

Remediation:
First, to assist providers in completing the Day and Vocational Provider Self-Assessment and the Residential Provider Self-Assessment the PCR team completed a crosswalk of the self-assessment indicators to the PCR indicators. This crosswalk was sent out to providers with the self-assessment.
When it was decided by DDS to use the PCR process as a way to collect information and validate the results of the self-assessment, a closer look was made to the self-assessment indicators and the associated CMS Recommended Assessment Questions. The PCR team determined that the PCR indicators might be too broad and might not be sufficient to successfully demonstrate whether they met the requirements of CMS. At that time, new indicators were written as part of the PCR tool that better matched the CMS assessment questions.

The PCR tool, as originally designed has a person centered component and an organizational component. The person centered tools consist of 8 domains:
1. Rights and dignity
2. Safety and Security
3. Health and Wellness
4. Decision Making
5. Community Inclusion
6. Relationships
7. Service Planning and Delivery
8. Satisfaction

Each indicator, within the tool is designated as either QA or QI. QA indicators are based on rules, policies and procedures and must be met. QI indicators are what would be considered best practice and are not required to be met. QA indicators have a weighted number assigned to them.

For purposes of completing the self-assessment validation, an addition domain 9 was added, which consisted of the newly created HCBS indicators. For the purpose of validation, the indicators were designated as QI, no weight was assigned to them and they do not currently impact a provider's score. As of July 1, 2016, all but the indicators having to do with leasing/tenant agreements will become Q/A indicators with weights assigned to these indicators. At that time, all the HCBS indicators will be placed in the appropriate domains as listed above.

The same process was completed for the organizational indicators. The organizational tool contains 6 outcomes. They are:

1. The provider has systems to protect individual rights.
2. The provider has a system to respond to emergencies and risk prevention.
3. The provider ensures that staffs possess the needed skills, competencies and qualifications to support individuals.
4. The provider has a system to improve Provider certification over time.
5. The provider ensures that each individual has the opportunity to develop and maintain skills in their home and community.
6. The provider will ensure individuals are safe and receive continuity of services when receiving respite services.

An additional outcome was added to the organizational tool for HCBS requirements at the organizational level.

Each outcome has individual indicators which must be met and have a weight assigned to them, as in the person centered tools. The indicators written for the HCBS validation process were given a QI status and assigned to Outcome 7.

It should be noted, that some of the items being measured in the self-assessment were already things DDS designated as QA indicators in the PCR such as privacy when completing personal care. In those instances, the original PCR indicator stayed in its domain and continued to have a weight assigned to it.

Domain 9 and Outcome 7 were added to the relevant tools in the PCR database. They were added to the following services:

(e) Day Habilitation
(f) Day Habilitation 1:1
(g) Employment Readiness
(h) Supported Living
(i) Supported Living Periodic
(j) Host Home
(k) Residential Habilitation
(l) Organizational tool (for all services)

Once the new indicators were written, research was done to better understand the CMS expectations. Documents such as the CMS exploratory questions were used. The CQL Toolkit for States prepared by Kerri Melda and Drew Smith was used to assist in developing exploratory questions. These documents were used to create guidance for the PCR reviewers. Guidance was suggested as to questions to ask, documents to review and observations to make. Once the guidance was written, PCR reviewers were trained. They were also given copies of all documents used to develop the guidance.

On October 1, 2015 the PCR team began completing the validation assessment questions as a part of the PCR process.

Meetings were held with the database support team to best determine how the information could be entered and reports generated. The database was set up to run a report by provider with the scores for each HCBS indicator. The database was also set up to run aggregate scores for all providers by service and for a defined time period.
After conducting reviews for about six (6) weeks, it became clear through meetings with the PCR reviewers additional guidance was needed for completing the assessments.
Each HCBS indicator was dissected and 2-4 subset questions were written for each indicator. The subset questions were designed, so that if one of them was marked no, then the indicator had to be marked no. However, if all of them were marked yes, it did not guarantee the indicator could be marked yes. This is based on the rationale that the reviewer would be forced to focus on 2-4 things per indicator, but would still have the flexibility to mark the indicator as "not met" if additional things were discovered during the course of the review. The subset questions were reviewed by the full PCR team and training was conducted. The subset questions were then added to the database.
When an indicator is designated as "not met", the reviewer must write an evidence statement identifying what they observed, read or heard to support the indicator being not met. The database allows DDS to see the individual statements.

The indicators are cross walked with the CMS assessment questions and starting in January 1.2016, each of the HCBS indicators have a CMS assessment designation making it possible for the database to be able to generate reports linking these together. Also with the subset questions now in the database, there will be the ability to report what caused the indicator to not be met due to how the subset questions were answered. This will assist the District in identifying causes for the not met indicators and make amelioration more accurate and timely.

For reviews beginning October 1, 2015, providers were sent an email at the time of the PCR announcement explaining the role PCR would have in supporting DDS to validate the results of the HCBS rule. They were sent the tools that would be used as part of the process.

To assist DDS in meeting required timelines, additional reviews of the day providers are being conducted outside of the usual PCR calendar. Providers were contacted by phone and sent the tools that would be used.

The tools were also uploaded to the DDS website. Information about the process was shared at the day provider meeting in November 2015, and again at the February 2016 meeting as well as at the Provider Leadership meeting in January 2016 and the February 2016 DDA Town Hall Meeting.

d. DOH licensing requirements and regulations.

These rules govern Residential Habilitation facilities and are in addition to the waiver rules. They are available on-line at: http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B35.

Remediation: These regulations, in addition to the waiver regulations, govern Residential Habilitation services. They were reviewed by the HCBS Settings group, which made recommendations for remediation to DDS in areas where the rule is either silent or in conflict with the HCBS Settings Rule. DDS has shared those recommendations with the Mayor's Inter-Agency Task Force on Coordination and Management of the Supports and Services Delivery System for Persons with Intellectual and Developmental Disabilities. The Task Force is charged with overseeing and coordinating those steps deemed necessary and appropriate with respect to improving the District government's supports and services delivery system for persons with intellectual and developmental disabilities. Membership includes the DDS Deputy Director for DDA, who is the Task Force Chairperson; the Senior Deputy Director, DHCF; and the Senior Deputy Director, DOH /Health Regulation and Licensing Administration. The Task Force was established by Mayoral Order, available on-line at: http://www.dcregs.dc.gov/Gateway/NoticeHome.aspx?NoticeID=388211.

The Task Force is working on revising the Residential Habilitation regulations to comply with the HCBS Settings Rule, and revised regulations are expected to be published by September 2018.

e. All relevant DDS/DDA policies, procedures, and protocols, including Quality Management practices and tools.

These items are available on-line at: http://dds.dc.gov/page/policies-and-procedures-dda.

Remediation: Based on the assessment, DDS has begun to revise policy and procedures and this will continue, on an ongoing basis, as needed, to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019. DC has established specific timelines and milestones for additional revisions needed to achieve compliance with the HCBS Settings Rule. In instances where a change in rule or policy requires a public comment period, time lines have been adjusted accordingly to accommodate time needed to

process and respond to public input and incorporate such comments into document revisions. The Statewide Assessment Reporting Charts, attached, detail the results of the systemic analysis of policies and procedures and projected timelines for completion of all revisions by September 2018.

Of note, DDS has made changes to its *Provider Performance Review* (PPR) policy and procedure (2015-DDS-QMD-POL001), available on-line at: http://dds.dc.gov/book/iv-quality-management/provider-performance-review-policy-and-procedure. As part of the FY2016 PPR process, starting in November 2015, the HCBS Setting Standards are discussed, the provider's Transition Plan is reviewed, and each provider has a "Continuous Improvement Plan" (CIP) area of improvement related to ensuring that their agencies policies, procedures, and protocols reflect the utilization of Person First Language, Person Centered Thinking outcomes, and compliance with HCBS Settings Standards across all service models. As part of the quarterly CIP follow up contacts the assigned Quality Resource (QRS) staff will review the provider's progress towards meeting each of their agency's areas of improvement, including benchmarks outlined in their transition plan developed to come into compliance with the HCBS Settings Rule.

HCBS performance related goals have been added to all CIP's since FY 16.
PPR will request updated Provider Transition Plans as part of the PPR provider profile starting in FY17. Additionally, HCBS compliance is monitored through PCR and through the updated Service Coordination Monitoring Tool (SCMT), the results of which will be added to the PPR process in FY 2017.

f. Provider training requirements.

DDA's Provider Staff training policy is available on-line at: http://dds.dc.gov/node/735312. In addition to the HCBS Settings Advisory Group, DDS engaged with stakeholders through our Training Curriculum Committee to review and revise training requirements. DDS Human Capital Administration led this effort.

Remediation: DDS has made changes to training for all levels of provider employees.

- Training for Direct Support Professionals: DDS has revised its Phase One training modules for all provider Direct Support Professionals (DSP) to emphasize person-centered thinking, the importance of self-direction, and key requirements of the HCBS Settings Rule, such as respect, dignity and privacy, the role of the DSP in supporting community integration and helping people build relationships, and Employment First.

- Training for Provider Executives, Qualified Intellectual and Developmental Disabilities Professionals, and Managers: All providers are required to attend training on Person-Centered Thinking and Supporting Community Integration through

Discovery. (see, DDA Provider Staff Training Policy at http://dds.dc.gov/node/735312).

Finally, DDS has changed the format of its Provider Leadership and Day/ Employment Leadership meetings to make them more of a forum for training, discussion, information sharing and problem solving. The HCBS Settings Rule is discussed at each of these monthly meetings. The Day and Employment providers meeting has become a Community of Practice, aimed at supporting compliance with the HCBS Settings Rule.

The HCBS related rules are discussed at every meeting with the provider. We will ensure that it is included on the agenda.

g. Human Care Agreements

A sample Human Care Agreement is attached for review.

Remediation: Based on the systemic assessment, in 2015 DDS made the following changes to the District's Master Human Care Agreements (HCA) for Residential Supports to support compliance with the HCBS Settings Rule, applicable to provider owned or operated HCBS Settings for Supported Living, Supported Living with Transportation, Residential Habilitation and Host Homes services. (Please note that the District's HCA's are funded solely with local funds and do not use any Medicaid funding.)

DDS updated the language in the Master HCA for Fiscal Year 2017 to require the following:

- The Provider's settings must support people's full access to the greater community.

- Leases shall be in the names of the people who are being supported. If this is not possible, then the Provider must ensure that each person has a legally enforceable residency agreement or other written agreement that, at a minimum, provides the same responsibilities and protections from eviction that tenants have under relevant landlord/tenant law. This applies equally to leased and provider owned properties.
- Each person receiving support, must have access to a telephone or other communication device, as appropriate, to use for personal communication in private at any time the person is at home, unless there is a restriction is based on the person's assessed need and that is justified in his or her person centered plan.
- All residences must offer the person privacy in his or her room (subject to the person having a roommate).

- The entrance to person's room must be lockable by the person, with only the person, his or her roommate, if applicable, and appropriate staff having a key. Any exception shall be based on the person's assessed need and justified in his or her person centered plan.
- People may choose any provider of services if new room and board funding is not concurrently requested.
- Clothing and furniture reflect the person's preferences.
- People receiving supports must have the freedom to furnish and decorate their room, subject to the lease or other residency agreement.
- People receiving supports must have access to food at any time in their home, unless there is a restriction is based on the person's assessed need and that is justified in his or her person centered plan.

- People receiving supports shall have the right to visitors of his or her choosing at any time, in their residence. Any exception shall be based on the person's assessed need and justified in his or her person centered plan.

- The homes must be physically accessible for the person and meet his or her support needs. Any obstructions that limit a person's mobility in the home must have environmental adaptations to ameliorate the obstruction.
- Adds a definition – "HCBS Settings Rule**:** refers to Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers, 79 Fed. Reg. 2948, 3030-31 (Jan. 16, 2014) (to be codified at 42 C.F.R. § 441.301I(4))."

- Requires the provider to have a detailed Provider Transition Plan, including benchmarks and milestones that describes how all settings in which waiver services are provided will fully comply with the federal HCBS Settings Rule by March 17, 2019.

Requires that all new settings must be fully compliant with all requirements of the HCBS Settings Rule at the time they are established

The HCA also requires that the provider follow all of the governing waiver regulations and DDS policies and procedures.

DDS staff and providers were trained on the new HCA Agreement on January 31, 2017, with a second training scheduled for February 21, 2017.

Also, please see the Statewide Assessment Reporting Charts, attached for a summary of the results of the systemic analysis of DDA's Master HCA for Residential Supports.

h. Rate methodologies

The Rate Model is available on-line at: http://dds.dc.gov/publication/year-4-rate-model-1387-dds-corrected-error12115.

Remediation: DDS held a number of rate forums during 2015 and received no comments that indicated additional changes were required to the rate methodology to support compliance with the HCBS Settings Rule. Additionally, DHCF and DDS are reviewing all rate methodologies as part of our waiver renewal, scheduled for November 2017. DHCF and DDS will provide several opportunities for public input on the proposed rate methodologies. The CMS regulations require that DC post notice of amendments and offer a 30 day public comment period via the DDS website and the DC Register. It is our practice to exceed these requirements and offer a robust public comment period. DDS typically offers a series of opportunities for public comment, including at least two public meetings. Also, DDS holds a public meeting specifically about rates and participates in meetings with stakeholder groups to discuss the proposed waiver changes. At each meeting, DDS records the oral public comments and enters them into the public record for consideration. This process offers ample opportunity for stakeholders to discuss any concerns they may have and to provide their recommendations for potential changes to the rate methodology.

Finally, DDS is open to receiving input on the rates and meets regularly with the DC Coalition of Disability Services Providers.

i. Information systems, specifically, MCIS, DDA's central database

More information about MCIS is available at: http://dds.dc.gov/page/provider-access-dds-databases.

Remediation: DDS's IT system, MCIS, has already been modified to include the personal experience tool and link that to the Issues system. Updates to the Service Coordination Monitoring Tool will be completed by March 2017, including link to the Issues system and Provider Performance Review. MCIS has also been modified to include results of the provider self-assessment and to include a place for providers to upload their Transition Plans. Results from the HCBS assessment tools are cross-walked to the HCBS Settings Rule and each other and are part of the information that is automatically pulled for Provider Performance Review. Additionally, MCIS was updated in November 2016 so that all PCT tools could be entered electronically. Previously, they were done by hand and then scanned into the system.

No other changes are identified as being needed at this time. DDS maintains in house capacity to make any additional changes that may be needed.

2. HCBS Settings for People who have Physical Disabilities

1. DHCF invited representatives of the groups below to participate in the review group and invited and consulted with others, including the Department of Health (DOH) and Department of Behavioral Health (DBH), as needed. DHCF posted the meeting dates on its website and members of the public were welcome to attend and participate. Although the state level self-assessment process has been completed, meetings will continue, as needed, through the remediation process.

   Although meetings are open, invited members of the review group included:

   a) DHCF;
   b) DOH;
   c) DBH;
   d) DDS;
   e) DC Office of Disability Rights;
   f) ADAPT/Direct Action;
   g) DC Long Term Care Coalition;
   h) DC Long Term Care Ombudsman;
   i) DC Health Care Association;
   j) DC Home Health Provider Association;
   k) DC Center for Independent Living.

2. The state level assessment was completed by June 30, 2016 and has resulted in DC having a list of required changes needed to the waiver itself, implementing regulations, and policies, procedures and practices. The self-assessment included a review and analysis of:

a. All HCBS waiver service definitions and provider requirements (including assisted living and adult day health services). The HCBS waiver is available on-line at:
http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Home%20and%20Community%20Based%20Services%20Waiver%20for%20Persons%20who%20are%20Elderly%20and%20Individuals%20with%20Physical%20Disabilities%20%28EPD%29%20Notice%20of%20Emergency%20and%20Proposed%20Rulemaking.pdf

Remediation: DHCF submitted a Waiver Amendment to CMS on July 20th, 2015 and it was approved on October 23rd, 2015. The changes were as follows: The Waiver Amendment adds new services, amends existing service descriptions and reimbursement methodologies, adds new provider types and qualification standards and includes requirements to conform with the new Home and

Community-Based Services (HCBS) requirements under 42 CFR 441.301 of the federal rulemakings by proposing new conflict-free requirements for case management and person-centered planning to comply with these regulations. It also includes a CMS required HCBS settings Transition Plan to explain how the District's assisted living facilities enrolled under the Waiver will comply with the setting requirements under 42 CFR 441.301..

- **Provider Qualifications for All HCBS Settings**:

  Modify language in provider qualifications for Assisted Living Facilities and Adult Day Health to require that any new settings must meet all requirements of the HCBS Settings Rule.

b. All regulations governing HCBS. The regulations are available on the DHCF website at:

EPD Waiver:
http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Home%20and%20Community%20Based%20Services%20Waiver%20for%20Persons%20who%20are%20Elderly%20and%20Individuals%20with%20Physical%20Disabilities%20%28EPD%29%20Notice%20of%20Emergency%20and%20Proposed%20Rulemaking.pdf#page=5&zoom=auto,-150,613.

Non-Medicaid Mental Health Community Residence Factilities:
http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B38

EPD & Non-Medicaid Assisted Living Facilities Licensed under the Department of Health:
https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/AssistedLivingLaw.PDF

See the attached Statewide Assessments charts for a detailed analysis of DHCF, DOH, and DBH regulations relative to compliance with the federal HCBS Settings rule.

A high level summary of DHCF's legal analysis is set forth in the table below.

Legal Analysis of HCBS Settings Regulations compared to DC Regulations

CMS HCBS Setting Requirements	Do DC Regulations Meet Federal HCBS Standards?		
	Assisted Living Facilities-EPD	Assisted Living Residence-DOH-Non-Medicaid	Mental Health Community Residence Facilities-Non-Medicaid
The setting is integrated in and supports full access to the greater community	Yes	Yes	No
Is selected by the individual from among setting options	Yes	Yes	Yes
Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Yes	Yes	No
Optimizes autonomy and independence in making life choices	No	Yes	No
Facilitates choice regarding services and who provides them	No	No	No
The individual has a lease or other legally enforceable agreement providing similar Protections	Yes	Yes	Yes
The individual controls his/her own schedule including access to food at any time	No	No	No
The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit	No	No	No
The individual can have visitors at any	No	No	No

time			
The setting is physically accessible	Yes	Yes	Yes

Remediation: Regulatory revisions will continue, on an ongoing basis, as needed, to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019. An analysis, remediation and timeline consistent with the crosswalk referenced in Section II. is attached for each setting type listed above.

1. The District made significant changes to the proposed EPD Waiver Regulations to ensure compliance with CMS' settings requirements. These include the following:

Consistent with federal requirements, all EPD waiver service settings that are not an individual's natural home, including an assisting living facility and an adult day health program must meet the Home and Community-Based Setting Requirements pursuant to 42 CFR 441.301(c) (4):

(a) Be chosen by the person receiving EPD Waiver services;
(b) Ensure people's right to privacy, dignity, and respect, and freedom from coercion and restraint;
(c) Be physically accessible to the person and allow the person access to all common areas;
(d) Support the person's community integration and inclusion, including relationship-building and maintenance, support for self-determination and self-advocacy, and opportunities for employment and meaningful non-work activities in the community;
(e) Provide information on individual rights; and
(f) Allow visitors at any time, with any exception based on the person's assessed need to be justified in his or her person-centered plan.

Additionally, the following requirements were added for all residential EPD settings that are not the individual's natural home must:

(a) Be integrated in the community and support access to the greater community;
(b) Provide opportunities for the person to engage in community life;
(c) Allow full access to the greater community;
(d) Be leased in the names of the people who are being supported. If this is not possible, then the provider must ensure that each person has a legally enforceable residency agreement or other written agreement that, at a minimum, provides the same responsibilities and protections from eviction that tenants have under relevant landlord/tenant law. This applies equally to leased and provider owned properties;
(e) Develop and adhere to policies which ensure that each person receiving services has the right to the following:

(1) Privacy in his or her personal space, including entrances that are lockable by the person (with staff having keys as needed);
(2) Freedom to furnish and decorate his or her personal space (with the exception of Respite Daily);
(3) Control over his or her personal funds and bank accounts;
(4) Privacy for telephone calls, texts and/or emails; and
(5) Access to food at any time.

2. DHCF is in discussions with the Department of Behavioral Health regarding revising regulations for community residence facilities for mentally ill persons to comply with the Rule.

Beginning in July through October 2015, DHCF had meetings with the DBH to revise the Mental Health Community Residence Facility regulations. These regulations provide for the health, safety, and welfare of individuals with mental illness residing in mental health community residence facilities (MHCRFs). The revisions ensure that our Waiver beneficiaries reside in settings that are compliant with the HCBS rules, but also help us to ensure that any Medicaid beneficiary that attends non-residential services such as Adult Day Health must reside only in settings (Mental Health CRFs , and other CRFs) that also meet all of the requirements of the federal rules.

c. DHCF Provider Requirements. DHCF's provider policies, procedures, guidance and tools are available on-line at: https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/14944 and www.dc-medicaid.com

Remediation:
As mentioned above, DHCF's Long Term Care Administration (LTCA) is currently revising its EPD Waiver provider requirements and the application process in order to ensure organizations providing EPD services to DC residents are supporting and facilitating greater individualized community exploration and integration.

In addition to reengineering the internal mechanism for processing provider applications, the LTCA is adopting a new Long Term Care Provider Review Checklist that applicants must use when submitting their application materials. The Checklist will include HCBS Setting requirements and will be posted on DHCF's provider site (www.dc-medicaid.com) in FY2017 As this checklist is being refined, a section will be added that reflects the HCBS settings rule, where applicants, when appropriate, must attest to complying with the rules and submit their policies and procedures, as appropriate. DHCF will use CMS' "Exploratory Questions to Assist States in Assessment of Residential Settings" to amend the checklist. Only applicants with approved policies and procedures will be referred to DHCF's Division of Public and Private Provider Services for enrollment as EPD waiver and 1915(i) providers. As mentioned earlier, provider readiness and enrollment processes for the District's new 1915(i) providers included on-site review of compliance with the HCBS Settings requirements. Additionally, DHCF has

developed an addendum to the conflict-free assessment tool with the HCBS Setting rule requirements for prospective 1915(i) applicants. Data collection began in FY15. Preliminary data is under review.

d. DOH licensing requirements and regulations. These rules govern Assisted Living facilities and are in addition to the waiver rules. They are available on-line at: http://doh.dc.gov/service/health-care-facilities and https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/AssistedLivingLaw.PDF .

Remediation: DHCF is working with DOH/HRLA's Intermediate Care Facilities Division (ICFD) which licenses group homes for persons with intellectual, developmental and physical disabilities residing in the District of Columbia. The ICFD also licenses Home Care Agencies, Community Residence Facilities, and Assisted Living Residences to ensure their compliance with local licensure requirements. In this role, HRLA staff inspects licensed health care facilities and providers who participate in the Medicare and Medicaid programs, responds to consumer and self-reported facility incidents and/or complaints, and conducts investigations. When necessary, HRLA takes enforcement actions to compel facilities and providers to come into compliance with District and Federal law. DHCF and DDS are working with HRLA to revise the regulations for community residential facilities which incorporate both licensed small group homes known as community residence facilities and assisted living residences. The revisions specific to the community residence facility regulations will be promulgated with a formal opportunity for public comment. Final publication is anticipated in FY 2017. In FY 2018, DOH will draft regulations relative to Assisted Living Residences that support compliance with the HCBS settings rule.

As a result of the revised regulations which are under development in FY17, DOH will account for the added requirements relative to HCBS settings during its monitoring process of ALRs and CRFs. At present, providers must have their DOH license renewed annually (within 90 days of license expiration). The renewal requires that a surveyor or team of surveyors (depending on the type/size of provider) make an unannounced site visit which includes three stages. First, the surveyors will observe staff interaction with individuals receiving HCBS services, assess whether the environment is in compliance with the regulations, and interview staff and clients. Then, the surveyors begin record verification, with includes reviewing medication administration, employment records, and policies and procedures. From this information, the surveyors make a compliance decision to determine if there are any deficient practices, which will be shared with the provide during the site visit exit interview. A written report detailing results of the site visit and the observed deficiencies is shared with the provider within ten days of the exit interview, and the provider then has ten days to respond with a corrective action plan. Upon receipt and approval of the plan, DOH may conduct an unannounced follow up site visit to ensure that the corrective action plan is being adhered to. This monitoring process will account for compliance with the HCBS settings rule and associated policies

and procedures of the provider/licensee. Please note that DHCF will work with DOH to train staff on the new HCBS settings rules within three (3) months of the rules being promulgated.

Per DHCF's original submission to CMS, we committed to co-host at least 3 trainings for providers upon publication of the revised existing DOH standards and completion of the revised EPD Waiver provider requirements. As mentioned, DOH is still in the process of finalizing regulations, and the EPD waiver rules are due for publication in summer 2016. DHCF coordinated monthly meetings with case managers to provide training and technical assistance on LTCA-related issues, including the forthcoming EPD waiver rules. Formal training will be scheduled upon the actual publication. We anticipate these trainings will begin in the Summer of 2017 and will be publicized via the DHCF website and provider listserv.

e. **All relevant DHCF policies, procedures, and protocols.** While final policies and procedures for the EPD Waiver are anticipated in the fourth quarter of 2017, the Person-Centered Individualized Service Plan Guide is currently available l on-line at: http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/PCP%20Template_04-12-2016_Savable.pdf

Remediation: DHCF's EPD Monitoring Team has amended its comprehensive monitoring tool for all EPD waiver services to reflect the HCBS settings requirements. The EPD Monitoring Team also uses the aforementioned Readiness Checklist for renewals of assisted living providers' status as EPD Waiver providers.

Beyond DHCF's efforts to monitor enrolled Medicaid providers for compliance with the HCBS settings requirements, the LTCA also administers an individual face-to-face, conflict-free assessment to establish the level of need for beneficiaries who receive long term care services and supports, as mentioned above. Using 'MS' Exploratory Questions to Assist States in Assessment of Residential Settings, DHCF developed an Addendum to the LTC conflict-free assessment tool. Nurses conducting the assessment tool were trained on this new Addendum on April 15, 2015 and have been using this tool to conduct individual assessments of settings when an EPD waiver beneficiary does not live in their natural home.[1]

As mentioned under Training and Capacity Building, the 2nd Proposed Rulemaking was published March 18, 2016 (http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Long%20Term%20Care%20Services%20and%20Supports%20Assessment%20Process%20Notice%20of%20Second%20Proposed%20Rulemaking.pdf).

[1] The District's process for conducting individualized settings assessments for EPD Waiver enrollees was reviewed and given approval by Ralph Loller before submission of the Statewide Transition Plan in 2015.

On April 15th, DHCF participated in training for all EPD Waiver Providers to ensure that they understood the setting options. The training materials communicated the various setting requirements including a person's right to privacy, dignity, and respect, and the other principles incorporated in the HCBS final rule.

EPD assisted-living service providers deemed noncompliant with the HCBS settings rule will be notified of areas of deficiency and given 30 days to submit a corrective action plan to DHCF. DHCF will utilize this corrective action plan as a component of ongoing monitoring processes. If the provider continues to be non-compliant, DHCF will evaluate the appropriateness of various sanctions as established by DHCF's amended rules. In the event that people must be transitioned from one provider to another because the provider setting does not comply with the HCBS Settings Rule, DHCF will coordinate transitions and ensure continuity of services in accordance with DHCF's Transition policy and procedure. Enforcement of compliance rules was launched in April 2016 subsequent to implementation of monitoring efforts that incorporate HCBS Settings requirements.

In addition, policies and procedures for EPD Waiver case managers are inclusive of the settings requirements. The Person-Centered Individualized Service Plan Guide and tool specifically requests that case managers assess if an individual's residence was chosen by the person, and is integrated in and supports full access to the greater community. It further defines access as "access to opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS." This language is consistent with the HCBS settings requirements. EPD Case Management, Assisted Living, and Adult Day Health policies and procedures under development and expected in the fourth quarter of 2017 will incorporate the settings requirements, as well.

f. Provider training requirements. DHCF's provider training policy is available on-line at: www.dc-medicaid.com and http://doh.dc.gov/service/health-care-facilities.

Remediation: Upon publication of the revised existing DOH standards and completion of the revised EPD Waiver provider requirements, DHCF will work with DOH and DCOA's ADRC to co-host no less than three trainings for providers on both the DOH standards and the new EPD provider requirements. DHCF and the ADRC will also co-host training for stakeholders on the DOH standards and the new EPD provider requirements. We anticipate these trainings will begin in the FY18 and will be publicized via the DHCF website and provider listserv.

C. **Provider Systemic Self-Assessment and Remediation**

HCBS IDD Waiver Providers

1. DDS, with support from Support Development Associates, and input from the HCBS Settings Rule Advisory Group and Project ACTION!, drafted an electronic provider self-assessment tool to guide a critical self- review of provider policies, procedures, protocols, and practices (including, but not limited to, access to food, keys, visitors, choice of community activities, etc.). The assessment was required by provider service-type and was intended to have providers conduct a systemic self-assessment of their policies, procedures and practices, similar to the process the District has undertaken. For example, a provider would have been required to prepare one assessment for its day habilitation program, a second for its supported living service, and a third for its host home program.

2. The provider self-assessment tools ask a series of questions adapted from CMS Exploratory Questions to Assist States in Assessment of Residential Settings and CMS Exploratory Questions to Assist States in Assessment of Non-Residential Settings. As an example, to determine compliance with the HCBS Settings Requirement that the setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint, we asked residential, day and vocational program providers to rate their programs on the following indicators:

> People are provided personal care assistance in private, as appropriate.
> Information is provided to people on how to make an anonymous complaint.
> People's health and other personal information (e.g., mealtime protocols, therapy schedules) are kept private.
> Staff do not talk about people's private information front of other people.
> Staff address people by their names or preferred nicknames.

3. The assessments are cross-walked with: (1) DDS Provider Certification Review; (2) the CMS HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0; (3) the Personal Experience Assessments; and (4) the revised Service Coordination Monitoring Tool, which DDS began using on July 1, 2016.

4. The tool was finalized, as projected, by April 15, 2015 and posted on the DDS website at:

- Residential: http://dds.dc.gov/publication/provider-assessment-residential-4-13-2015; and

- Day and Vocational: http://dds.dc.gov/publication/provider-assessment-day-voc.

5. DDS IT made this an electronic tool, available in MCIS, so that providers could enter the results of their assessment into our central database.

6. DDS conducted provider education and training sessions on the requirements of the HCBS Settings Rule and how to complete the provider self-assessment tool within the projected timeline of May 15, 2015. The initial training took place at DDS on April 23, 2015. The PowerPoint for that presentation is available on-line at: http://dds.dc.gov/publication/provider-self-assess-reg-changes-4-23-2015 and is titled "Provider Self-Assess + Reg Changes 4-23-2015."

HCBS IDD Waiver Transition Plan PowerPoint

DDS also met with the Provider Coalition Residential Committee and Day/ Vocation Committee to provide training and answer questions on how to complete the tool. Finally, we discussed this and responded to questions at Provider Leadership meetings throughout the summer.

7. Providers received the self-assessment tool along with instructions and timelines for completion on May 4, 2015. The memo to providers is available on-line at: http://dds.dc.gov/publication/provider-self-assessments-5-4-2015.

8. Providers were required to assemble assessment teams that included a cross section of their organization, including at least one executive, middle manager, and direct support professional, in addition to people supported and their family members. Providers were also encouraged to include advocates and other stakeholder in their self-assessment process.

9. Providers were required to include in their self-assessment a description of their self-assessment process, including participation of the aforementioned persons.

10. Providers were asked to submit their self-assessment, along with specific evidence of compliance, for further review by DDS by the projected timeline of July 1, 2015. Due to an IT glitch, DDS extended the deadline for submission to July 15, 2015.

11. While the majority of providers submitted their provider self-assessments on time, we did not initially receive responses from all providers. On August 11, 2015, DDS sent a memo to all providers reminding them that DDS's Transition Plan and our corresponding HCBS Settings Rule Compliance policy require that: "All active HCBS residential, day and vocational services providers shall conduct a critical and honest self-assessment in accordance with the process and timelines set out by DDS; cooperate fully with the assessment and transition process; and demonstrate on-going efforts, cooperation and progress towards compliance with the HCBS Settings Rule." Please see: http://dds.dc.gov/publication/hcbs-settings-rule-compliance-policy. We informed providers that if they fail to conduct self-assessments and enter them into MCIS they will be subject to sanctions in accordance with the *DDS Imposition of Sanctions* (2012-DDS-QMD-POL22) policy and procedure, available on-line at: http://dds.dc.gov/book/vi-administrative-dda/imposition-sanctions. This memo is available on-line at: http://dds.dc.gov/publication/provider-self-assessments-transition-plans-8-12-2015.

DDS entered Issues for all providers with outstanding self-assessments with a resolution date of August 21, 2015. Designated liaisons from the DDS Provider Resource Management Unit were assigned to follow-up with each overdue provider. All self-assessments were received by August 21, 2015 and DDS did not have to use sanctions. (Please note that we have one provider who operates primarily in Maryland. DDS gave that provider permission to use the Maryland tool and follow the timeline associated with the Maryland Transition Plan.)

l. Results of Provider Self Assessments: For each indicator in the assessment tool, DDS asked providers to select from the following choices the statement which most closely represents their agency's current status with respect to compliance with the requirements of the HCBS Settings Rule:

1. Our policy or practices restrict or impede the opportunity for this to occur.
2. Our policy or practices do not prevent this, but in practice may limit this, therefore this statement is true only for a few of the people we support.
3. This is true for approximately half of the people we support, at least some of the time.

4. Our policy neither supports nor hinders this, but, in practice encourages this indicator, therefore, this indicator is true for many of the people we support.
5. Our policy supports this and yes for many of the people we support.
6. N/A = not applicable. (For example, the question asks about choice of meals and no meals are provided in this setting.)

DDS also asked providers to include specific evidence, where available, about how their policies, procedures, trainings, practices, etc., support or create a barrier for each question and to include the policy name and a hyperlink, if possible. Where there is no documentary evidence available, providers were asked to indicate that as well.

Residential Supports

The first table shows the results aggregated for all Residential Providers (but note that it includes results for some providers who were not required to submit self-assessments, for example, Intermediate Care Facilities who operate wholly outside of the waiver program):

Aggregated Provider Self-Assessment Results for All HCBS IDD Waiver Residential Providers	
Question Category	Average Score
(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.508
(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.	4.349
(c) The home facilitates individual choice regarding services and supports, and who provides them.	4.294
(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	4.138
(e) The home is integrated and supports access to the greater community.	4.089
(f) The home provides opportunities to engage in community life.	4.402
(g) The home provides opportunities to control personal resources.	3.876
(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.534

(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.	3.732
(j) If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.	3.964
(k) If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.	3.833
(l) If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	3.949
(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.	4.534
(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	4.450
(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.	3.983
(p) If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.	4.328
(q) If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.	4.222
(r) If provider-owned or controlled, the home allows people to have visitors at any time.	4.347
(s) If provider-owned or controlled, the home is physically accessible to the person.	4.609

Supported Living and Supported Living with Transportation

Supported Living Service is provided by an agency in a home serving one to three persons. Supported Living is a blended service that covers habilitation, personal care, nursing, and other residential supports. Supported Living services can be provided either with or without transportation. A provider choosing to provide Supported Living services with transportation, must ensure the provision of transportation services are used to gain access to Waiver and other community services and activities for all persons living in the home. This table shows aggregated results for all Supported Living providers:

Aggregated Provider Self-Assessment Results for Supported Living Providers	
Question Category	Average Score
(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.473
(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.	4.422
(c) The home facilitates individual choice regarding services and supports, and who provides them.	4.377
(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	4.238
(e) The home is integrated and supports access to the greater community.	4.122
(f) The home provides opportunities to engage in community life.	4.454
(g) The home provides opportunities to control personal resources.	3.933
(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.488
(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.	3.75
(j) If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.	4.051
(k) If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.	3.925
(l) If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under	4.05

the jurisdiction's landlord tenant law.	
(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.	4.522
(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	4.441
(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.	4
(p) If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.	4.333
(q) If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.	4.238
(r) If provider-owned or controlled, the home allows people to have visitors at any time.	4.340
(s) If provider-owned or controlled, the home is physically accessible to the person.	4.6

Host Home

Host Home providers enable people to live in the community in a family-type setting that will support them to achieve their goals, participate in community life and activities, maintain their health, and retain or improve skills that are important to them, which may include activities of daily living, money management, travel, recreation, cooking, shopping, use of community resources, community safety, and other adaptive skills they identify that are needed to live in the community. This table shows aggregated results for all Host Home providers.

Aggregated Provider Self-Assessment Results for Host Home Providers	
Question Category	Average Score
(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.6
(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.	4.562
(c) The home facilitates individual choice regarding services and supports, and who provides them.	4.25
(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	4.375
(e) The home is integrated and supports access to the greater community.	4.187

(f) The home provides opportunities to engage in community life.	4.25
(g) The home provides opportunities to control personal resources.	3.75
(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.5
(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.	3.642
(j) If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.	4.8
(k) If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.	4.6
(l) If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	4.8
(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.	4.812
(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	4.625
(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.	4
(p) If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.	3.875
(q) If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.	4.062
(r) If provider-owned or controlled, the home allows people to have visitors at any time.	4.125
(s) If provider-owned or controlled, the home is physically accessible to the person.	4.625

Residential Habilitation

Residential Habilitation Service is provided by an agency in a licensed home serving four to six persons that is owned or leased and operated by the agency. Residential Habilitation is a blended service that provides habilitation, personal care, nursing, other residential supports, and transportation to the persons living in the home. This table shows aggregated results for all Residential Habilitation providers:

Aggregated Provider Self-Assessment Results for Residential Habilitation Providers	
Question Category	Average Score
(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.512
(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.	4.125
(c) The home facilitates individual choice regarding services and supports, and who provides them.	4.093
(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	3.875
(e) The home is integrated and supports access to the greater community.	3.906
(f) The home provides opportunities to engage in community life.	4.375
(g) The home provides opportunities to control personal resources.	3.812
(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.625
(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.	3.718
(j) If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.	3.2

(k) If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.	3.166
(l) If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	3.181
(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.	4.375
(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	4.312
(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.	4
(p) If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.	4.437
(q) If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.	4.140
(r) If provider-owned or controlled, the home allows people to have visitors at any time.	4.562
(s) If provider-owned or controlled, the home is physically accessible to the person.	4.593

Day and Vocational Providers

This table shows the results aggregated for all Day and Vocational Providers :

Aggregated Provider Self-Assessment Results for All HCBS IDD Waiver Day and Vocational Providers	
Question Category	Average Score
(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.29
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.	4.14
(c) The setting facilitates individual choice regarding services and supports, and who provides them.	3.88
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	3.95
(e) The setting is integrated and supports access to the greater community.	4.15
(f) The setting provides opportunities to engage in community life.	3.89
(g) The setting provides opportunities to control personal resources.	4.11
(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.37
(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.	4.21
(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.	4.20
(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	3.76
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.	3.93
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.	4.70
(s) If provider-owned or controlled, the setting is physically accessible to the person.	4.60

Day Habilitation

Day habilitation services are aimed at developing activities and skills acquisition to support or further integrate community opportunities outside of a person's home and assist the person in

developing a full life within the community. Day habilitation services are aimed at developing meaningful adult activities and skills acquisition to: support or further community integration, inclusion, and exploration, improve communication skills; improve or maintain physical, occupational and/or speech and language functional skills; foster independence, self-determination and self-advocacy and autonomy; support people to build and maintain relationships; facilitate the exploration of employment and/or integrated retirement opportunities; help a person achieve valued social roles; and to foster and encourage people on their pathway to community integration, employment and the development of a full life in the person's community. Day habilitation can be provided as a one-to-one service to persons with intense medical/ behavioral supports who require a behavioral support plan or require intensive staffing and supports. Day habilitation services may also be delivered in small group settings at a ratio of one-to-three for people with higher intensity support needs. Small group day habilitation settings must include integrated skills building in the community and support access to the greater community. This table shows results for regular (not small group) Day Habilitation providers only:

Aggregated Provider Self-Assessment Results for Day Habilitation Providers	
Question Category	Average Score
(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.	3.25
(c) The setting facilitates individual choice regarding services and supports, and who provides them.	3.75
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	4
(e) The setting is integrated and supports access to the greater community.	4.375
(f) The setting provides opportunities to engage in community life.	3
(g) The setting provides opportunities to control personal resources.	2.67
(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.25
(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.	3.25
(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.	3.625

(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	2.75
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.	3.875
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.	3.75
(s) If provider-owned or controlled, the setting is physically accessible to the person.	4.875

Employment Readiness

Employment Readiness (also known as Prevocational supports) services are designed with the intent to assist persons to learn basic work-related skills necessary to acquire and retain competitive employment based on the person's vocational preferences and abilities. Services include teaching concepts such as following and interpreting instructions; interpersonal skills, including building and maintaining relationships; Communication skills for communicating with supervisors, co-workers, and customers; travel skills; respecting the rights of others and understanding personal rights and responsibilities; decision-making skills and strategies; support for self-determination and self-advocacy; and budgeting and money management. Developing work skills which include, at a minimum, teaching the person the appropriate workplace attire, attitude, and conduct; work ethics; attendance and punctuality; task completion; job safety; attending to personal needs, such as personal hygiene or medication management; and interviewing skills. Services are expected to specifically involve strategies that enhance a person's employability in integrated community settings. Competitive employment or supported employments are considered successful outcomes of Employment Readiness services. This table shows results for Employment Readiness providers only:

Aggregated Provider Self-Assessment Results for Employment Readiness Providers	
Question Category	Average Score
(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.385
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.	4.25
(c) The setting facilitates individual choice regarding services and supports, and who provides them.	3.821
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	4.153
(e) The setting is integrated and supports access to the greater community.	4

(f) The setting provides opportunities to engage in community life.	3.75
(g) The setting provides opportunities to control personal resources.	4.4
(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.416
(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.	4.285
(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.	4.392
(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	4
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.	3.964
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.	4.928
(s) If provider-owned or controlled, the setting is physically accessible to the person.	4.607

12. Aggregate results of the provider self-assessments are posted on our website at: http://dds.dc.gov/publication/aggregate-results-provider-self-assessments.

13. DDS QMD developed a process to conduct a validity check for the provider self-assessments, in September 2015. Specifically, QMD determined that many Provider responses to the questions in the Day and Residential Self-Assessments can be validated through the findings from the Provider's most recent initial Provider Certification Review (PCR). The PCR Managers reviewed both Assessments and determined which PCR indicators best represented the questions from the Residential and Day Self-Assessment tool. Out of 33 questions in the Residential Self-Assessment, up to 30 could be matched with PCR indicators. Out of 27 questions in the Day Self-Assessment, up to 20 could be matched. Mirroring the rating system used for the Self Assessments, QMD developed a rating system between 1 and 5 based on calculating the percentage or average percent of compliance achieved in the applicable PCR indicator(s).

14. Findings of Validation: The sampled provider average response for the Day Self-Assessment was an average of 4.9 with a range of 4.7 to 5.0. The PCR average for the sampled Day providers was 4.8 with a range of 4.4 to 5.0. The Self-Assessment for the sampled Residential providers, was an average of 4.4 with a range of 3.7 to 5.0. The PCR average for sampled Residential providers are based on the findings of the most recent initial PCR Reviews was 4.9 with a range of 4.7 to 5.0. The small variation between the Self-Assessments and the PCR scores supports the notion that they are correlated. Furthermore, the high average scores indicate that sampled providers are both compliant with current DDA policy and the new HCBS Settings Rule issued by CMS.

15. Through Provider Performance Review, DDS will review the results of the provider's self-assessment, the aggregate scores for the personal assessment tools for the provider, and PCR results, as they become available.

16. In the District's Initial Statewide Transition Plan, DDS said that it would require providers who self-reported that they are non-compliant or whom the validation process assessed to be non-compliant with the HCBS Settings Rule to submit a Provider Transition Plan identifying the areas of non-compliance and describing their proposed plan for coming into compliance along with associated timelines that ensure compliance with all aspects of the HCBS Settings Rule no later than March 17, 2019.

DDS modified this slightly to require that all providers with HCBS Settings engage in strategic planning on how the provider will make organizational changes to reach full compliance with the HCBS Settings Rule within the next two and half years (by March 19, 2018) and submit a Provider Transition Plan that was detailed and specific to include all issues identified in the self-assessment, including specific tasks and projected timelines for completion. DDS asked that providers: (1) tell us which service type this affects (*e.g.,* residential habilitation) and how many site you have for that service type; (2) identify the issue; (3) tell us what you plan to do to correct it; (4) give us a projected timeline for completion; and (5) describe your plan for monitoring so that you will ensure ongoing compliance.

We offered providers the following optional template (and example) for reporting, based upon the CMS example of a Statewide Transition Plan chart for completed systemic assessment:

Provider Name: _____

Type of Setting	Issue	# of Sites	Remedial Strategy	Lead Unit	Target Date	Ongoing Monitoring
Residential Habilitation	Access to Visitors	10	Issue policy	Operations	11/1/2015	Quarterly review of visitor logs and interviews with people who receive supports.
			Train staff	Training	12/1/2015	
			Inform and educate people we support and their families	Operations	12/1/2015	

Provider Transition Plans were required to be uploaded into our IT system by September 21, 2015 and are individually followed-up upon through our Provider Performance Review process, as described below.

17. Based upon our review of Provider Self-Assessments, we noted that some providers have rated themselves as fully compliant with the HCBS Settings rule. Therefore, DDS required that all providers, even those that rated themselves as fully compliant, engage in strategic planning and submit a Provider Transition Plan aimed at continuous quality improvement to advance rights and choice; support people to build and maintain relationships with and without people with disabilities; fully engage in self-determination and supported decision-making; work in competitive, integrated employment or engage in community-based, integrated retirement activities; participate in a variety of community activities based upon their interests; etc. Those were also required to be uploaded into our IT system by September 21, 2015.

18. Based upon recommendations by providers during the public comment period for the initial Statewide Transition Plan, DDS agreed to modify our process for Provider Performance Review (PPR) and the requirement of Continuing Improvement Plans (CIP) to incorporate Provider Transition Plans. We drafted a revised version of PPR policy and procedure and discussed that with our HCBS Settings Advisory Group on August 25, 2015. We published a revised policy and procedure in December 2015, on-line at: http://dds.dc.gov/book/iv-quality-management/provider-performance-review-policy-and-procedure. In the amended PPR policy and procedure, Provider Transition Plans are a required element of the CIP and the provider's progress in

achieving and sustaining compliance with the HCBS Settings Rule is reviewed on a quarterly basis. The policy states:

For HCBS waiver providers with a setting, CIPS shall also include the providers Transition Plan for compliance with the HCBS Settings Rule. The Transition Plan must include milestones and timelines that ensure providers compliance with the HCBS Setting Rule by September 30, 2018.

19. All Provider Transition Plans are reviewed and approved by DDS through the PPR process, which also monitors implementation through the quarterly reviews. Reviews of Provider Transition Plans began through PPR in November 2015 and will continue on-going. Additionally, performance measures regarding compliance with the HCBS Settings rules from the various assessment tools (PCR and the Service Coordination Monitoring Tool) will be fully incorporated into the annual PPR review by October 1, 2016 to ensure ongoing sustainability.

20. Providers needing assistance to achieve compliance may request such assistance from DDS, another compliant provider of the same service type, and/or people they support and their families and advocates.

21. It is DDS's expectation that providers cooperate fully with the transition process and demonstrate on-going efforts, cooperation and progress towards compliance with the HCBS Settings Rule. Providers determined by DDS to be unwilling or unable to come into compliance will be required to cooperate with transition assistance to ensure all people who receive supports are transitioned to another provider, maintaining continuity of services, in accordance with DDS's Transition policy and procedure and the HCBS Settings compliance policy and procedure . The Transition policy and procedure is available on-line at: http://dds.dc.gov/book/ii-service-planning/transition-policy-and-procedures. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes.

22. In the event that people must be transitioned from one provider to another for failure to comply with the HCBS Settings Rule, DDS will ensure reasonable notice and due process, including a minimum of ninety (90) notice is given to all people needing to transition between providers. DDS service coordinators will conduct face-to-face visits as soon as possible to discuss the transition process and ensure that each person and their family, where appropriate, understand any applicable due process rights. The service coordinators shall, using the person-centered planning process, ensure that each person is given the opportunity, the information, and the support needed to make an informed choice of an alternate setting that aligns, or will align

with the regulation, and that crucial services and supports are in place in advance of the person's transition.

23. Provider self-assessments were a point-in-time activity to kick off awareness and an initial assessment of system-wide HCBS compliance. After the initial request, DDS pivoted to focus on building capacity through our ongoing quality management system to assess, build capacity, and ultimately enforce compliance with the HCBS Settings Rule. For example, the changes we have made to Provider Certification Review, Provider Performance Review and Service Coordination monitoring all offer ongoing opportunities for assessment and remediation. Once these systems were put in place. DDS has been using them rather than continuing to use a provider self-assessment format.

NOTE: At the time DDS required provider self-assessments, DDS had interpreted HCBS Settings to mean a physical location – that is; we required self-assessments only of providers that had a building (apartment, house, day program in a building, etc.). In October 2016, DC received guidance from CMS stating that: "If the state is providing any community-based group day programming or group supported employment under the IDD waiver, these settings must also be included in the state's assessment, validation and remediation process. CMS reminds the District that any setting in which people are clustered or grouped together for the purposes of receiving HCBS must be included in the state's HCBS implementation activities." Given that by October 2016 DDS had already built up our quality management system's capacity to evaluate and remediate compliance with the HCBS Settings Rule, DDS decided not to require self-assessments from the remainder of the HCBS providers. Instead, DDS itself did assessments through Provider Certification Review.

EPD HCBS Providers

DHCF developed a settings self-assessment tool for use by HCBS providers (attached) and used CMS' "Exploratory Questions to Assisted States in Assessment of Residential Settings" as a guide in developing this self-assessment. The criteria/scoring process, implementation approach, and associated remedial actions were developed and implemented in FY16 and 17. Baseline self-assessments were completed by the three EPD HCBS assisted living facilities, and two of the three non-Medicaid residential settings. The third self-assessment is pending completion. Moving forward, operators that participate in Medicaid will be expected to conduct this self-assessment either as part of their initial application process to become DC Medicaid Providers, or as part of their re-enrollment process (whichever comes first). DHCF worked with its HCBS Stakeholders Subgroup: Transition Plan to develop the tool. During implementation, DHCF will continue to provide on-going technical assistance to providers on both the specific criteria included in the tool, and its completion.

Results of the baseline self-assessments are as follows:

EPD Waiver Assisted Living Facilities

Provider	Overall Compliance Percentage
Marigold	82
Joye	80
Lisner-Louise-Dickson-Hurt	98

Non-Medicaid Residential Facilities

Provider	Overall Compliance Percentage
Washington House	Pending completion
ETIS Corporation	88
Angel Wings	65

D. Site-Based Assessments

HCBS IDD Waiver Settings

Day and Vocational Settings Assessments

1. As discussed above, we have modified the PCR tool to include an assessment of each provider's compliance with the HCBS Settings Requirements and through the certification and review process, conducted an onsite assessment of all Day Habilitation and Employment Readiness settings. Specific results are described in the Estimate of Compliance. Aggregate results are listed below.

PCR Table E: Overall Results HCBS IDD for Day Settings Based on PCR Person Centered Indicators

PCR Table E provides a breakdown per service setting of how a specific provider did in regards to meeting CMS requirements in each of their facility based Day services. The PCR Table also identifies if the provider had no facility based program in the service setting that was measured. The providers have been placed in the chart with the most CMS measures not met placed at the top of the chart and the providers with the most CMS measure met at the bottom of the chart. What emerges is a picture of four providers who were not able to meet CMS requirements at significant rates (18-24%) for at least one of their service settings – Art and Drama (no longer a waiver provider), Grafton, Progressive Habilitative I and II, Metro Day, Crystal Springs, and MBA -1. The group of providers has furthest to go to reach full compliance with the HCBS Settings Rule by March 17, 2019.

PCR Table E: Number of CMS requirements missed by facility based Day providers

Provider	Day Habilitation CMS Requirements missed	%	Day Habilitation 1:1 CMS requirements missed	%	Employment Readiness CMS requirements missed	%
Art and Drama Therapy Inst	38 of 145	26	3 of 16	19	3 of 32	9
GRAFTON SCHOOL, INC.	8 of 33	24	No Service		No Service	
Progressive Habilitive Services Inc.-II	8 of 33	24	4 of 16	25	No Service	
Progressive Habilitive Services Inc.I	11 of 51	22	No Service		No Service	
Metro Day Program	6 of 32	19	6 of 33	18	No Service	
Crystal Springs	6 of 33	18	No Service		No Service	
Project Redirect Inc.	13 of 125	10	7 of 50	14	17 of 113	12
Bridges Center	4 of 32	13	2 of 32	6	4 of 33	12
HELPING HANDS Adult Day-1	2 of 17	12	No Service		No Service	
HELPING HANDS Adult Day-11	2 of 17	12	2 of 17	12	No Service	
ResCare WV	8 of 66	12	0 of 16	0	No Service	
Project Redirect Inc.	13 of 125	10	7 of 50	14	17 of 113	15
MBA Nonprofit Solutions, LLC I	No Service		No Service		3 of 16	18
Brookland Senior Day Care Center, Inc.	6 of 67	9	1 of 17	6	No Service	

PSI Family Services, Inc.	8 of 115	7	6 of 64	9	5 of 80	6
Choices Unlimited, LLC	8 of 100	8	3 of 50	6	6 of 67	9
National Children's Center	8 of 114	7	3 of 64	5	4 of 128	3
Kennedy Institute	No Service		No Service		3 of 96	3
Wholistic Habilitative Services	5 of 165	3	3 of 65	5	No Service	
ST COLETTA DAY SUPPORT PROGRAM-II	0 of 16	0	No Service		1 of 32	3
Vested Optimum Community Services, Inc.	1 of 68	1	0 of 51	0	1 of 65	2
Capital Care Inc-1	1 of 67	1	0 of 32	0	No Service	
Capital Care Inc-II	No Service		No Service		0 of 81	0
Headstart to Life	No Service		No Service		6 of 48	13
The Arc Tampa Bay	No Service		0 of 16	0	No Service	
MBA Nonprofit Solutions, LLC-II	No Service		No Service		1 of 48	2
Contemporary Family Services	0 of 32	0	No Service		No Service	
I.A.M (I Aspire to be Me), LLC.	2 of 32	6	No Service		2 of 32	6
DEAF REACH-1	0 of 16	0	0 of 17	0	0 of 16	0
DEAF REACH-II	0 of 48	0	0 of 50	0	0 of 48	0
Phase II Academy	0 of 32	0	0 of 16	0	0 of 48	0

Benedictine School for Exceptional Children	0 of 16	0	No Service		No Service	
ST COLETTA DAY SUPPORT PROGRAM-I	0 of 64	0	No Service		0 of 48	0
United Cerebral Palsy	0 of 16	0	No Service		No Service	

PCR Table F: Overall Results HCBS IDD for Day Setting Based on PCR Organizational Indicators.

This PCR Table shows the degree to which the providers of Facility based day services meet CMS requirements for (a), (c), (e), (f), (i) and (r). As stated earlier, each CMS requirement can have more than one PCR question to determine if the providers have met the requirement. Also the organizational indicators are at this point tied only to the provider, not to the service or the individuals in the service. Further discussion of this issue may need to occur, if changes in the way the data is presented are desired. The results show that providers will need to improve in the four areas identified by a significant amount as the results show that for CMS (c) *The program facilitates individual choice regarding services and supports, and who provides them*- 4 out of 37 answers were "No" for 11% noncompliance rate, for (e) *The program is integrated and supports access to the greater community*- 6 out of 42 answers were "No" for 14% noncompliance rate, for (i) *The program is selected by the person from among options including non-disability specific settings*- 4 out of 39 answers were "No" for a 18% noncompliance rate, and for (r) *If provider-owned or controlled, the program allows people to have visitors at any time* -11 out of 12 answers were "No" for an 15% noncompliance rate.

PCR Table F: Organizational HCBS indicators

Services	CMS ID	Requirement	# Providers "yes" to requirement	# Providers "no" to requirement	% Providers= Yes
All Day Services	a	The program ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	27	0	100%
All Day Services	c	The program facilitates individual choice regarding services and supports, and who provides them.	33	4	89%
All Day Services	e	The program is integrated and supports access to the greater community.	36	6	86%
All Day Services	f	The program provides opportunities to engage in community life.	39	1	98%

All Day Services	i	The program is selected by the person from among options including non-disability specific settings.	32	7	82%
All Day Services	r	If provider-owned or controlled, the program allows people to have visitors at any time	11	2	85%

Data from PCR indicates that Day Habilitation providers are experiencing greater challenges than Employment Readiness providers with compliance with the HCBS Settings requirements. Please see the charts below which detail HCBS Settings Rule indicators that were not met at rates greater the 10%. We will continue to analyze the data and work with providers, individually and as a group, to build their capacity in these areas.

Key:
DH: Day Habilitation
DH1:1: Day Habilitation 1:1
ER: Employment Readiness

	Seen in two services
	Seen in three services

HCBS Day Services indicators above 10% not met

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Day Hab,DH1:1	CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	87	15	3	102	15%
Day Hab. DH1:1	H.DS.5	n	Does the person have a secure place to store their belongings during the day?	72	38	4	110	35%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Day Hab,DH1:1	T.CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	52	13	1	65	20%
Day Hab, DH1:1	H.CQ.44	e	Are there strategies in place to assist the person in developing transportation skills?	84	37	13	121	31%
Day Hab, DH1:1	H.CQ.50.DS	d	Does the person engage in meaningful, non-work activities in the community?	104	23	1	127	18%
Day Hab, DH1:1	H.CQ.47.DS	q	Is there flexibility in the schedule, which supports the person in choosing when and where they eat their meals?	41	16	0	57	28%
Day Hab	H.CQ.48.DS	q	Unless the person has documented health conditions, which would prohibit snacking, are snacks available and accessible at any time for the person?	36	5	0	41	12%
Day Hab	H.CQ.51	h	Is the person using community resources such as parks, recreational centers and community health clinics?	37	8	0	45	18%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Day Hab, DH1:1	T.CQ.16.DS	q	Using an individual schedule, is the person engaged in productive, outcome oriented activities which focus on their needs and desires and offer an opportunity for growth?	44	13	0	57	23%
DH 1:1	H.CQ.40.DS	g	Is the person able to access their money when they want to, and without advanced notice?	13	2	1	15	13%
DH 1:1	H.CQ.43	d	If the person has a desire to work, are they supported to pursue work in the community?	5	2	11	7	29%
ER	CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	41	6	0	47	13%
ER	H.CQ.44	e	Are there strategies in place to assist the person in developing transportation skills?	24	8	0	32	25%

Service	Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
ER	H.CQ.R.1	s	If the person has access needs and/or functional needs which may require supports and/or modifications to the environment, have they been provided, resulting in free access to common areas?	1	1	0	2	50%
ER	H.DS.5	n	Does the person have a secure place to store their belongings during the day?	12	16	4	28	57%
ER	T.CQ.3	a	Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?	24	8	0	32	25%
ER	T.CQ.16.DS	q	Using an individual schedule, is the person engaged in productive, outcome oriented activities which focus on their needs and desires and offer an opportunity for growth?	22	8	0	30	27%

Additionally, the following are organizational indicators that apply across service types that were not met at rates 10% or greater:

Identifier	CMS Assessment Question	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
H.OO.DS.1	e	Is the program located among local shops, businesses and recreational areas?	23	3	2	26	12%
H.OO.CQ.40	r	Has the provider created a culture in which visitors are accepted and encouraged?	26	3	0	29	10%
H.OO.CQ.41.DS	c	Does the program facilitate individual choice regarding services and supports and who provides them?	17	4	12	21	19%
H.OO.DS.1	e	Is the program located among local shops, businesses and recreational areas?	21	3	2	24	13%
H.OO.DS.2	i	Does the provider have information available to people regarding how to choose services or change day providers?	17	6	1	23	26%

2. DDS will provide annual updates on day and employment provider compliance in an update to the Statewide Transition Plan, with the next update in September 2017.

<u>Residential: Assessments by People who Receive Waiver Supports and their Families</u>

1. DDS, with support from Support Development Associates, and input from the HCBS Settings Rule Advisory Group and Project ACTION!, drafted an electronic personal self-assessment tool that people with intellectual disabilities who receive waiver supports, their families, and their advocates can use to assess their services. The assessments would take place in people's residential, day and vocational settings, using a combination of personal interviews, observation, and document review. Although we initially conceived that this tool would be incorporated into the pre-existing service coordination day and residential monitoring tools, due to length, we kept it as a standalone tool that is used once per year for all people who receive Supported Living, Supported Living with Transportation, Host Home and Residential Habilitation services.

2. The personal assessment tools ask a series of questions adapted from CMS Exploratory Questions to Assist States in Assessment of Residential Settings and CMS Exploratory Questions to Assist States in Assessment of Non-Residential Settings. As an example, to determine compliance with the HCBS Settings Requirement that the setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint, we asked people to rate their providers on the following indicators:

   - People help you in private, when appropriate.
   - You know how to file an anonymous complaint (without telling your name).
   - Your health information or other personal information (mealtime protocols, therapy schedules) is kept private.
   - Staff does not talk about your private information in front of other people.
   - Staff in your home call you by your name or a nickname that you like.

   For each question, we asked the person to rank how important this is to him or her, with 1 being not important and 5 being very important. We also asked the person to rank how often he or she gets to experience this, with 1 being never or rarely, and 5 being whenever he or she would like.

3. The assessments are cross-walked with: (1) DDS Provider Certification Review; (2) the CMS HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0; (3) the Provider Self-Assessments; and (4) the updated Service Coordination Monitoring Tool, using the Crosswalk described in Section II, above.

4. The tool was finalized, as projected, by April 15, 2015 and posted on the DDS website at:

   - Residential: http://dds.dc.gov/publication/personal-assessment-residential-4-13-2015.
   - Day and Vocational: http://dds.dc.gov/publication/personal-assessment-day-and-voc-4-13-2015.

5. DDS IT made this an electronic tool, available in MCIS. Additionally, the tool is posted on-line to give people who receive supports the opportunity to fill out the survey on their own, or with support from family, friends, and/ or advocates. Please see http://dds.dc.gov/page/your-feedback. Hard copies have also been distributed at community forums and with the DC Supporting Families Community of Practice.

6. DDS conducted mandatory education and training sessions for service coordination staff on the HCBS Settings Rule, the changes to the monitoring tools to incorporate the new questions, and the web-based version of the tool for families. These trainings used the typical process for training staff on updates to the monitoring tools, and will continue, as needed.

7. Although DDS designed both a residential personal assessment tool and a day and vocational personal assessment tool, upon reflection we decided to go forward with the residential tool only, since we were able to complete the site assessment of all day and vocational programs using the PCR process, which includes interviews of a sample of people receiving supports from each setting.

8. Assessments were scheduled to begin June 1, 2015, during the regular service coordination monitor schedule, as set out in the DDS Service Coordination Monitoring policy and procedure, available on-line at: http://dds.dc.gov/book/ii-service-planning/service-coordination-monitoring-policy-and-procedures or see, Attachment and continue for one year to allow each service coordinator the opportunity to conduct the assessment tool with the person at their residential and day location while completing scheduled monitoring reviews. However, our timeframe shifted due to two main factors: (1) the determination to keep this as a standalone review versus incorporating it into the current service coordination monitoring tool; and (2) as described above in Section IV, in our description of efforts to build capacity for Community Integration in Day Program, in the fourth quarter of CY 2015, DDS identified twelve day habilitation and employment readiness providers as requiring technical assistance to improve the quality of services and, ultimately, compliance with the HCBS Settings Rule. We redirected our efforts from the personal assessment and DDA Service Coordination Planning Division and Quality Management Division launched an intensive monitoring and technical assistance effort, completing 469 visits and providing each provider with a breakdown of issues identified through monitoring, and focused the technical assistance on those areas.

9. DDS completed a 100% site-by-site assessment of residential settings, using the personal assessments for residential settings by July 31, 2016.

   Here is aggregate data from the personal experience assessments, cross-walked with the HCBS Settings Rule. Note that the assessments were completed by July 31, 2016 and represent that point in time. Therefore, the number of settings will vary slightly from the updated total DC provides in the Estimate of Compliance above. This will be updated annually in an update to the Statewide Transition Plan.

Key to Score: We asked the person to rank how often he or she gets to experience this, with 1 being never or rarely, and 5 being whenever he or she would like.

HCBS Compliance Indicator	Supported Living	Host Homes	Residential Habilitation
(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	157/313 (33%)	17/43 (28%)	10/28 (26%)
(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.	204/265 (43%)	19/40 (32%)	8/30 (21%)
(c) The setting facilitates individual choice regarding services and supports, and who provides them.	273/197 (58%)	37/22 (63%)	17/21 (45%)
(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	281/188 (60%)	32/28 (53%)	17/21 (45%)
(e) The setting is integrated and supports access to the greater community.	252/213 (54%)	33/27 (55%)	10/28 (26%)
(f) The setting provides opportunities to engage in community life.	380/86 (82%)	53/7 (88%)	27/11 (71%)
(g) The setting provides opportunities to control personal resources.	306/150 (67%)	47/12 (80%)	23/15 (61%)
(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	371/87 (81%)	54/6 (90%)	27/11 (71%)

(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.	264/200 (57%)	37/21 (64%)	15/23 (39%)
(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.	327/143 (70%)	38/21 (64%)	14/24 (37%)
(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	315/142 (69%)	37/18 (67%)	15/21 (42%)
(q) If provider-owned or controlled, the setting provides people with the freedom and support to control their schedules and activities and have access to food any time.	250/219 (53%)	28/31 (47%)	12/26 (32%)
(r) If provider-owned or controlled, the setting allows people to have visitors at any time.	349/116 (75%)	43/12 (78%)	19/19 (50%)
(s) If provider-owned or controlled, the setting is physically accessible to the person.	360/103 (78%)	49/12 (80%)	26/12 (68%)
Compliant in All Categories	54/472 (11%)	6/62 (10%)	2/38 (5%)

Combined Total of Compliant in All Categories	62/572 (11%)

10. DDS will crosswalk the results of the personal assessments with the provider self-assessment tools and begin to share the information with the providers as part of their quarterly check in with Provider Resource Management Unit to further inform their Provider Transition Plans starting on October 1, 2016. DDS will discuss the results with the providers and any amendments to their Transition Plans through the PPR process.

11. To ensure consistency with assessing compliance across settings, DDS decided to change the personal experience assessment tool questions so that they would be the same as the questions asked through PCR, including using the same training and same interpretive guidance. The PCR HCBS Indicators for Day Settings compliance with the HCBS Settings Rule have been added to the Service Coordinator Monitoring Tool. DDS IT is implementing the changes in the electronic version of the tool and linking it to the Issues System, so that any finding of non-compliance automatically generates an Issue for the provider, which is assigned to a DDS staff member for follow-up through to resolution. This will be completed by March 2017. The PCR leadership team trained all DDS Service Coordinators on the new questions in the Service Coordination Monitoring Tool, as well as the interpretive guidance. DDS is using this tool, instead of the Personal Experience Assessment, on July 1, 2016. This will allow us to do at least an annual site-by-site assessment of all residential HCBS Settings as part of our regular service coordination monitoring and will ensure ongoing sustainability of monitoring for compliance with the HCBS Settings Rule.

EPD HCBS Sites

1. DHCF developed an assessment tool for utilization in monitoring activities. The overall compliance scores for the District's three EPD Waiver Assisted Living Facilities included in this plan were derived from the completed tool for each.

2. DHCF EPD Waiver monitoring staff completed on-site assessments of all three Medicaid-enrolled Assisted Living Facilities in April 2016. All settings were compliant with modifications.

3. The District's Long Term Services and Supports contractor completed the HCBS Settings addendum of the Personal Care Aide assessment in both of the two non-Medicaid District-licensed facilities providing services to EPD Waiver beneficiaries. The settings were compliant with modifications. The addendum will be conducted at the third setting by April 28, 2017.

4. DHCF will review the settings requirements and performance on each indicator in one-on-one meetings with key staff from each site. A dialogue about site-specific remediation will begin in those meetings. A comparable self-assessment tool will also be presented to providers during the meeting for completion with the initial remediation plan.

5. DHCF will administer individual experience assessments of a sample of ALF residents to validate findings of the on-site assessments by DHCF and the provide self-assessments.

6. During FY15, the HCBS settings provisions were incorporated in the provider readiness process for the 1915(i) Adult Day Health Program. Using the general requirements as a guide, questions were incorporated into the tool for provider readiness review at enrollment. As of March 2017, seven providers enrolled, and all met the general requirements as determined in on-site assessments by DHCF.

E. Review of National Core Indicators data and data from DDS's external monitors of IDD HCBS Settings

In addition to ongoing review of reports from the *Evans* Court Monitor and the Quality Trust for Individuals with Disabilities, DDS Performance Management Unit conducted a review an analysis of National Core Indicator (NCI) data to assess where indicators suggest systemic evidence of compliance or need for remediation with the HCBS Settings Rule. We used as a guide the *NCI Performance Indicators: Evidence for New HCBS Requirements and Revised HCBS Assurance – Practical Tools for States*, available on-line at: http://www.nationalcoreindicators.org/upload/files/HCBS_Reqmts_and_CMS_Assurances_Crosswalk_with_NCI_May_2014_FINAL.pdf.

We have been able to use the results of this analysis to target technical assistance. For example, we included the following data in our recent training on Control of Personal Resources:

National Core Indicators: Evidence for New HCBS Requirements and Revised HCBS Assurance – Practical Tools for States

This initial analysis was completed as projected by September 1, 2015 and is available on-line at: http://dds.dc.gov/publication/nci-analysis-hcbs-settings-systemic-compliance-2103-2014.

Upon release of 2015 NCI data, DDS Performance Management updated this analysis to reflect NCI years 2013-2015. The updated data analysis is available on-line at: http://dds.dc.gov/publication/nci-analysis-hcbs-settings-systemic-compliance-2013-2015. DDS shared this analysis and discussed it with our Quality Improvement Committee on July 5, 2016.
Note: The Quality Improvement Committee agendas and meeting minutes are available upon request.

DC's NCI reports, which include all the data used in our analysis, are available at: http://www.nationalcoreindicators.org/states/DC/.

Section VI: Achieving Compliance, Sustaining Ongoing Compliance, and Amendments to the DC HCBS Waivers Transition Plan

Activities related to the Statewide Transition Plan are done in partnership with sister District agencies, as appropriate, in particular the Department of Disability Services (DDS), the Department of Health (DOH), the Department of Behavioral Health (DBH), the Deputy Mayor of Health and Human Services (DMHHS), and the Office on Aging (DCOA). The DMHHS oversees the interagency activities, receives and reviews updated work plans, and convenes interagency meetings, as needed, to check-in with each agency, discuss progress and any challenges, and to ensure each agency is capably handling their components of the Statewide Transition Plan.

This STP will be submitted to CMS by April28, 2017, after public comments, and will be updated by April 30, 2018, or upon request by CMS.

A. As a result of the assessments, DDS has begun issuing revisions to policies and procedures as needed, continuing on an ongoing basis, as needed, to ensure full compliance by March 17, 2019. All revised policies will be distributed to agency staff and providers, posted on the DDS website at http://dds.dc.gov/page/policies-and-procedures-dda, and will be discussed at meetings with provider leadership. All policy and procedure updates will be completed by September 2018.

B. As results of the assessments, DDS and DHCF have begun promulgate revised regulations for the HCBS waiver, on an on-going basis, continuing on an ongoing basis, as needed, to ensure full compliance by March 17, 2019. All regulations are posted on the DDS website and online at the DC Register, http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=29-41 . All remaining regulatory updates will be completed by September 2018.

C. For providers needing assistance to come into compliance, the state has facilitated a Day and Employment Community of Practice, comprised of both non-compliant and compliant providers who can talk through provider-specific issues and problem-solve how to achieve compliance together. DDS also provides one-to-one technical assistance, as well as uses the monthly Provider Leadership meeting, so that there is support for all providers.

D. As compliance with the HCBS Settings Rule is achieved, strategies to assure on-going compliance include:

1. Incorporating the assessment by the person into ongoing service coordination monitoring activities.

   Update: The design and staff training has been completed. IT will complete their work by March 2017. Service Coordinators will complete the 100% site-by-site assessment by the end of July 2017.

2. Quality assurance methodologies incorporate monitoring performance measures that ensure compliance with the HCBS Settings Rule.

   Update: The requirements have been incorporated into Provider Performance Review via a plan of correction for use by providers to come into compliance with the HCBS Settings Rule. As of October 1, 2016, PPR will incorporate site-by-site data into the PPR process for more detailed and specific support for compliance by setting.

As of March 2017 any findings of non-compliance through Service Coordination monitoring generates a provider Issue, which is followed by assigned DDS staff through to remediation.

Additionally, the DDS Quality Improvement Committee regularly reviews compliance data. Sample QIC Agendas and meeting minutes are available upon request.

3. Provider certification and licensing requirements will incorporate requirements that reflect compliance with the HCBS Settings Rule.

   Update: New indicators have been added to the PCR process and these are used with all providers subject to the HCBS Settings Rule. As of July 1, 2016 any findings of non-compliance require a Plan of Correction.

4. Continued review of NCI data and external monitoring data to support its ongoing compliance monitoring efforts.

   Update: This was completed and continues to be updated as NCI data is released. Data is shared with the public on the DDS website and with the DDS Quality Improvement Committee (QIC). Updated NCI data was reviewed most recently by the QIC on July 5, 2016. QIC meeting minutes are posted on-line at: http://dds.dc.gov/publication/quality-improvement-committee-qic.

E. DDS's Deputy Director for DDA is responsible for monitoring and ensuring DDS's compliance with this Transition Plan. DDS has created a work plan to track each item in this transition plan and ensure timely completion. This is reviewed with responsible staff, on an ongoing and periodic basis, as needed to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019. Please see the work plan for the initial Statewide Transition Plan which indicates that DDS has met almost all timelines and milestones from the initial Statewide Transition Plan, with the exception being completion of the site-by-site assessment of residential settings, as discussed above. This is available on-line at: http://dds.dc.gov/publication/transition-work-plan-website-version-2-9-2016. An updated version of the work plan that incorporates all benchmarks and milestones related to the HCBS IDD waiver in this Updated Statewide Transition Plan will be created by DDS Performance Management Unit, to continue to track progress. This will be completed by November 30, 2016 and posted on-line by DDS IT by December 31, 2016.

A. DHCF will begin issuing revisions to policies and procedures as needed, continuing on an ongoing basis, as needed, to ensure full compliance by March 17, 2019. All revised policies will be distributed to agency staff and providers, posted on the DHCF website at http://dhcf.dc.gov/page/dhcf-medicaid-regulations and will be discussed at monthly meetings with providers .

B. As a result of the systemic assessment, DHCF is revising regulations for the HCBS waiver, as needed, to ensure full compliance by March 17, 2019. All regulations are posted on the DHCF website and online at the DC Register, http://www.dcregs.dc.gov/Default.aspx.

C. Upon completion of the full systemic assessment and review of the site-based residential assessments, the District will submit an update to the Statewide Transition Plan. This will be completed by April 28, 2017.

D. For providers needing assistance to come into compliance, DHCF will provide one-to-one technical assistance.

E. As compliance with the HCBS Settings Rule is achieved, strategies to assure on-going compliance include:

1. Incorporating the assessment by the person into ongoing service coordination monitoring activities.

   Update: Ongoing, although currently this operates as a standalone tool.

2. EPD Waiver Monitoring methodologies incorporate monitoring performance measures that ensure compliance with the HCBS Settings Rule.

   Update: Ongoing. The requirements have been incorporated into EPD Waiver monitoring activities.

3. Provider certification and licensing requirements will incorporate requirements that reflect compliance with the HCBS Settings Rule.

4. A Long Term Care Provider Review Checklist has been added to the provider certification process, and this is used with all new providers subject to the HCBS Settings Rule.

F. DHCF's Long Term Care Administration is responsible for monitoring and ensuring DHCF's compliance with this Transition Plan. DHCF has created a work plan to track each item in this transition plan and ensure timely completion. This is reviewed with responsible staff, on an ongoing and periodic basis, as needed to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019. A new version of the work plan will be created by DHCF and DDS, to continue to track progress. This will be developed by the DDS Performance Management Unit and DHCF staff by May 2017 and will be posted on the DDS website on the Waiver Amendment Information page by DDS IT, and on the DHCF website by the Office of the Chief Technology Officer by June 2017.

Section VII. Public Comments Received on the Draft Updated DC Statewide Transition Plan (Published February 19, 2016 and March 17, 2017)

DC has engaged in substantial stakeholder engagement and communication to ensure public input into the Statewide Transition Plan. In addition to the public comments detailed below, on the draft Updated DC Statewide Transition plan, DC has been sharing versions of the plan and accepting and responding to public comments, beginning in early 2014, shortly after CMS released the HCBS Settings Rule.

Public comments received on the Initial Statewide Transition Plan are available on-line at: http://dds.dc.gov/publication/dhcf-hcbs-transition-plan-comment-chart-3-17-15. Public comments received on the HCBS IDD Waiver Initial Transition Plan are available on-line at: http://dds.dc.gov/publication/public-comments-transition-plan-2-26-2015. A summary of comments from the HCBS Settings Advisory Group on the draft version of this Plan are on-line at: http://dds.dc.gov/publication/hcbs-settings-advisory-group-summary-comments-draft-transition-plan-october-21-2014. Public comments to an earlier draft of the HCBS IDD Waiver Initial Transition Plan are on-line at: http://dds.dc.gov/publication/public-comments-june-30-2014.

April 11, 2017 - Provider Coalition Meeting at My Own Place

Comment: How many people who use day habilitation will be impacted by the limitations on services?
Response: There are approximately 180 people with a Level of Need day composite score of 1 or 2, who currently attend day habilitation programs and would no longer be eligible, based upon our proposed waiver amendments.
Comment: Have we defined extenuating circumstances that would allow a person to use the program?
Response: Not yet, however we have said it would have to be something that could be resolved within 6 months and that the ISP must include a goal to address it.
Comment: Will we have clear guidelines to ensure consistency across the board?
Response: Yes. We will develop this more fully in our regulations. We will be revising the regulations, in coordination with our HCBS Settings Advisory Group. As you know, those are open meetings and you are welcome to attend.

Comment: Will these slides be available to audience?
Response: This Power Point is available on-line at: https://dds.dc.gov/node/1226211 and is linked from our April 2017 Statewide Transition Plan page.
Comment: The roll out for all of these changes will be at the annual ISP?
Response: Yes, so that the person has the benefit of his or her support team to make decisions, and so that we are making these changes over the course of a year.
Comment: The limitations do not apply to small group day?
Response: Small group day habilitation is a program for people with higher levels of need. A person can attend up to 40 hours per week. We are not proposing applying the 24 hour per week limitation to this service.
Comment: Where did we land on the Employment Readiness? Was there a lifetime cap?
Response: Yes, we are proposing a 3 year cap.
Comment: Would the Employment Readiness cap preclude a person from going through some other program?
Response: No. DDS offers a variety of day options, including Individualized Day Support, Employment Readiness, Supported Employment and Companion, up to 40 hours per week. Plus, a person can use non-waiver services like vocational rehabilitation services, as well as generic community supports.
Comment: Will there be an opportunity for providers to provide feedback?
Response: Yes, there will be a full public comment period on the proposed waiver amendments, in addition to the chance to comment now. We also will work with our open HCBS Advisory Group on the regulations.
Comment: The service coordination tool does not have an N/A option and it is generating issues.
Response: This appears to be an issue with the physical tool that we will change. We have done training and will reiterate that with staff. We encourage you to raise these issues with DDS as soon as you see them, so that we can address them in real time.
Comment: Is there a curriculum or something used to the train the staff on the tool?
Response: Yes, we are using the same curriculum as PCR for the HCBS Settings Indicators. We've held that training in the summer.
Comment: Are the interpretive guidelines for PCR on the website?
Response: Yes, please see: https://dds.dc.gov/page/pcr-tools. (Last visited April 13, 2017.)
Comment: Are the PCR sub-questions on line?
Response: Yes, please see: https://dds.dc.gov/page/pcr-tools. (Last visited April 13, 2017.)
Comment: If you failed 2 indicators on the PCR and do well on everything else are you placed on Heightened Scrutiny?
Response: DDS plans to submit to CMS for heightened scrutiny review facility-based day settings which, at their next Provider Certification Review (PCR), (1) fail two of more of the designated HCBS Settings indicators; and (2) successfully complete their Corrective Action Plan, remediating any identified deficiencies. Providers still have the opportunity to dispute any PCR findings, using the appeals process set forth in the PCR procedure. DDS would consider terminating a setting from the waiver program in the instance that a provider is not making adequate progress towards remediation.
Comment: Is there empirical data to get the percentage of how many providers succeed with getting the decision overturned?
Response: Yes, we collect data on how many disputes and how many were overturned.

Comment: Two or more indicators place you on heightened scrutiny. How did you come up with this?
Response: We looked to indicators that we believe a non-compliance finding might indicate that a person might be isolated from the greater community – that's the third prong of the heightened scrutiny rule. We chose to do this through PCR, because it is very transparent. Providers already have had at least one experience with the PCR HCBS Settings questions and know how they scored in each area and where they might need improvement. The questions are public, so you can begin preparing now, which is our hope, so that you will pass each indicator and not be subjected to heightened scrutiny review at all. The scores are also public, so a person and his or her family can see how each provider is doing in terms of compliance with the HCBS Settings Rule.
Comment: Why not use three indicators vs. two on the PCR?
Response: The final rule ultimately requires compliance with each and every HCBS indicator on the PCR.
Comment: What data is DDS submitting to CMS this summer?
Response: The results of the second round of residential settings review. It will include 100% sample of our residential settings.
Comment: What is the cut-off date for that data?
Response: The data will be from June 30, 2016 – July 1, 2017.
Comment: What tool is being used to capture this data?
Response: This is the service coordination monitoring tool HCBS Settings Indicator that mirror PCR. We will ensure that there is a N/A option reflected in the data.
Comment: When monitoring occurs are we getting these reports?
Response: You do not get a special report, but as with all service coordination monitoring, you will see issues on your dashboard if there are findings of noncompliance, and if you disagree there is an option for appeal.
Comment: If people don't know where to find things it generate a lot of other issues and we do not always get notice.
Response: By the terms of the service coordination monitoring policy and procedure, advance notification is not required.
Comment: What will happen when there is a Residential Habilitation provider with more than 4 people and those people want to move to a new setting as a group?
Response: It makes sense to apply the grandfathering to the person, to that they could choose to move together and continue to live with their friends.

April 10, 2017 - Written Question from Provider Staff SH

Comment: I am reading proposed amendments on line and want to make sure I am not confused. The ratio for an ICF house, is it two-to-one? Meaning two individuals and one staff. I work for a company in DC and I want to make sure I am accurate. I am referring to "Proposed amendments to the home and community based services waiver for people with intellectual and developmental disabilities." I just need to check on the ratio of workers verses clients served.
Response: The Statewide Transition Plan refers only to waiver services, not ICFs, so this wouldn't have an impact on ICF residential services.

April 7, 2017 Meeting with Provider Coalition Representatives

Comment: Who would be designated for heightened scrutiny review instead of termination from the program? Will this be situational decision-making?
Response: DDS plans to submit to CMS for heightened scrutiny review facility-based day settings which, at their next Provider Certification Review (PCR), (1) fail two of more of the designated HCBS Settings indicators; and (2) successfully complete their Corrective Action Plan, remediating any identified deficiencies. DDS would consider terminating a setting from the waiver program in the instance that a provider is not making adequate progress towards remediation.
Comment: What happens if that occurs?
Response: As part of the PCR process, providers receive technical assistance and are required to create Corrective Action Plans (CAP) for any failed criteria. The same would happen here. Failed indicators lead to an Issue entered and the requirement for a CAP. DDS QMD follows that through to remediation. Once a CAP is completed to DDS's satisfaction, DDS would work with the provider to create an evidentiary packet to submit to CMS for heightened scrutiny review.
Comment: What is the appeals process?
Response: Appeals of PCR decisions are governed by the PCR policy and procedure, which are posted on the DDS website at: https://dds.dc.gov/book/vi-administrative-dda/provider-certification-review-policy-and-procedures. Provider due process rights apply in the event that DDS and DHCF move to terminate a provider from the program.
Comment: What is basis of the criteria that would suggest a provider would be in heightened scrutiny?
Response: The decision whether to submit a provider for heightened scrutiny review will be made based upon each provider's PCR scores for HCBS Settings indicators and their demonstrated ability to remediate any deficiencies in accordance with their Corrective Action Plan.
Comment: In PCR, if you fail one sub-question, then you fail the entire category, which can be hard for a lot of providers, because failing 1(a) versus failing 1(b-c) is our concern, the way they are weighted is a big concern.
Response: The HCBS Settings Rule questions have sub-questions (subparts) that relate to different requirements of the HCBS Settings Rule. The surveyor must ask every single one of them because they are pieces of overall requirements and so they all have to be satisfied for indicator to be met.
Comment: Concern is that if the provider fails a subpart, then the provider fails the measure. Could potentially miss 2 sub-questions and get everything else okay, and then fail.
Response: Think of these not so much as sub-questions, than as requirements for the indicator to be met. You cannot meet 2/3 and meet the indicator, because the HCBS Settings Rule requires full compliance.
Comment: Given the person-centered environment we are in, subjectivity can come into question. For example, the person's preferred name on a given day can change. Today he wants to be a cat – if you don't call him a cat will the surveyor be influenced by that?
Response: When there is a conflict that is not resolved, the surveyor would talk to the person, staff, involved family, guardian, and look at documentation.

Comment: What if a person is supposed to be on a 1200 calorie diet and when the person is being interviewed by a surveyor, he says he doesn't want to adhere. Is this a conflict?
Response: If staff is merely suggesting this, but giving the person the freedom to choose – essentially, that the person doesn't want to follow the diet and isn't being forced, then no conflict. Note too that PCR gives a lengthy determination when a question is "not met" so that the provider will have the thinking for the determination. We have always had questions like this in PCR and weight them into final results that can lead to sanctions, termination. We also always have had ways to appeal it and in layers, all the way to OAH. There is nothing that has changed in the PCR process. It still allows for the piece for you to come back and tell us that a response is incorrect and here is why. Providers have a variety of opportunities, first with PCR, then to the Director of the DDS Quality Management Division, and ultimately to the Office of Administrative Hearings. There is nothing changed there. It may seem like the consequences are upped a little bit, but DDS and DHCF have terminated providers based upon PCR questions in the past.
Comment: We have confidence about PCR. We are concerned about data collected as part of Service Coordination monitoring and whether the data being collected is accurate.
Response: Any disagreements with results of service coordination monitoring should be brought up on individualized basis and appealed, if needed, using the regular process for appealing Issues.
Comment: We are looking at data and working on CAPs now. But, we are being asked to respond to data from 2 years ago and it is not accurate. For example, we support someone who lives in a 2 bedroom and has his own room, and we got a 1 and they said he didn't have his own room. There are times where it is n/a but marked as a NO and we end up with issues.
Response: DDS will review the on-line tool and ensure that a service coordinator is able to enter an N/A response. We will also do another round of training on the tool at upcoming unit meetings.
Comment: Everyone understands things are interpreted differently. How are variables taken into consideration, because PCT, diverse population, trying to standardize this unique population – you have a SC who may be new to the person, asking a question that the SC who knew them well would give a different response. How will that be addressed?
Response: We agree that there were some issues with the initial Personal Experience Assessment tool, which is why we switched to a new tool that mirrors PCR. All service coordinators were trained and received the same guidance as PCR surveyors. Remember that there is an appeal process for service coordination monitoring if you disagree with any determination.
Comment: When PCR is used for certification, it is 70 indicators and all get looked at, no 1 can keep you out, but total score of those indicators gives you score. Now we are looking at coming down to 2 indicators for the determination of HCBS compliance. Can do well everywhere else, not do well on these 2 indicators and you are out. And it can be because of 1 staff, and it would take us out of business. Level of consequence is difference. You can do well and have minor things and wow, this can happen. I get the appeal process and use it, but this is my concern.
Response: Failing any HCBS indicator leads to a requirement for a Corrective Action Plan, just like any failed PCR indicator. Providers then have the opportunity to remediate the deficiency. It is when a provider does not submit a CAP, or is not remediating that DDS would move to terminate, rather than submit a provider for heightened scrutiny review.
Comment: So heightened scrutiny review isn't "dead in the water"?

Response: No, DDS would submit the setting, along with evidence of the CAP, remediation, and any other evidence of compliance, for heightened scrutiny review.
Comment: What is the determination of heightened scrutiny versus closure?
Response: DDS plans to submit to CMS for heightened scrutiny review facility-based day settings which, at their next Provider Certification Review (PCR), (1) fail two of more of the designated HCBS Settings indicators; and (2) successfully complete their Corrective Action Plan, remediating any identified deficiencies. DDS would consider terminating a setting from the waiver program in the instance that a provider is not making adequate progress towards remediation.
Comment: Does the provider have the opportunity to refute before HS determination?
Response: Yes, you can infer it from PCR policy. When you get results of PCR you have 5 days to refute a finding and 7 days to do a CAP. We would not immediately make a determination to submit for heightened scrutiny review or terminate until after the provider had an opportunity to respond, create a CAP, and remediate.
Comment: In 2016, providers were terminated through PCR. Do you anticipate that increasing now and is there sufficient capacity deal with closures?
Response: We cannot speculate on whether this will lead to more transitions. We do see the ability to identify issues within system that providers and DDS need to pay attention to and cure. To the extent providers are not making it through, we do have the capacity to absorb. We've shown it in the past and bring on enough new providers. Any transitions will be handled in accordance with our Transition policy and procedure.
Comment: At one of the meetings, there was a comment made about lack of providers doing IDS.
Response: Actually, I think you are referring to Small Group Day Habilitation, which is a newer service. We have doubled the number of providers since that time.
Comment: My concern was that as some movement happens, will there be places for people to go?
Response: Yes, we are not concerned about that. We have a variety of providers and service options.
Comment: We are concerned about service coordinators who are inexperienced making judgments. As an example, a service coordinator went to a day program to ask questions rather than residential.
Response: We will always have staff turnover. We do train new people, but to the extent you have a concern, please raise them with us for follow through, including using the appeals process, if needed.
Comment: We did not know the Personal Experience Assessments were happening, and it is late to ask us to do a Plan of Correction. You should pull back that requirement.
Response: DDS disagrees. To the extent that you disagree with an Issue, you can file an appeal. If, given the passage of time, you have remediated, simply state that in your Plan of Correction and provide evidence thereof.
Comment: We are seeing issues where issues that should be N/A are marked as no. This requires provider's man-power time to remove the issue and paints a false picture of where provider really stands.
Response: The new tool mirrors the PCR tool and should include an option for N/A. We will look at the tool in MCIS – make sure it has an N/A option available.

Comment: The term heightened scrutiny is new language. It scares me, because there are already categories of sanctions. What does this equal and is it a new layer? We need clarification of what that is.
Response: Heightened scrutiny is a process in which the state presents a package of evidence to CMS indicating that the provider meets the HCBS Settings Rule requirements. When we would move to termination is when a provider is not able to cure a deficiency.
Comment: Is Service Coordination monitoring taking place now?
Response: Yes, as it always does, on the regular schedule. The difference is that it now includes HCBS indicators.
Comment: Why isn't this communicated? We try to make sure when we know someone is coming in for monitoring that the team is there so that everyone is available to help answer the questions.
Response: By the terms of the service coordination monitoring policy and procedure, advance notification is not required.
Comment: Some SCs have uneven performance and this is challenging, because can lead to different outcomes.
Response: We need to hear about these issues in real time, so that we can address them. This isn't specific enough information to be actionable. We hear from you regularly informally and through appeals, when needed. This should be handled in the same way.
Comment: We understand notice is not required to be provided, but for this type of tool, might help to have staff who know them well around to help get better data.
Response: You should be working with your staff so all can provide good information.
Comment: Let me recap and make sure we have this right: When PCR has a negative finding it is conveyed to provider, there are 5 days to refute and another 2 days to put in CAP. There is no heightened scrutiny designation at this point.
Response: Correct.
Comment: After CAP is submitted, what is determination for completion of the CAP?
Response: Any deficient findings in PCR lead to an Issue in the system that is followed through to remediation by QMD staff. This is no different.
Comment: When would a heightened scrutiny or closure disqualification fall?
Response: We will submit a setting for heightened scrutiny review if the provider fails 2 HCBS Settings indicators in PCR, does a CAP, and fully remediates. We would look at closure when a provider is not adequately remediating.
Comment: You can get an excellent rating in PCR and still be submitted if these are among your only out indicators.
Response: Correct.
Comment: What is the appeal?
Response: The appeal is through PCR on those specific questions.
Comment: What happens if the provider doesn't refute, but then corrects the deficiency?
Response: We would submit documentation of the remediation as part of the evidentiary packet to CMS.
Comment: Can it be 3 wrong and not 2?
Response: No, and actually, you have to comply with all of the CMS indicators for HCBS Settings Rule.
Comment: What is the cost of the transition, with expectation of starting in November, because more individualized – out of large day and into new services? And out of 6 person Res Hab to 4.

Response: We are working on that now as part of our waiver renewal and expect to have a response to share shortly. It will be available to the public as part of the public comment process for the waiver renewal.
Comment: Will you have an answer before the budget hearing on 4/25?
Response: Yes, we expect to.
Comment: I get that we don't want large congregate settings, but how are we preparing the community? The STP talks about meeting with DCPR, DCOA, DCPL – that's a start, but we struggle with that. Does the community know this is a federal mandate? How realistic is this when the community hasn't been prepared, is uncomfortable with some of our folks. This is a concern I've raised at the Olmstead meeting too – for people who don't typically encounter people with disabilities, they need some kind of exposure to make people more compassionate.
Response: This kind of change requires real partnership. We are working with our government partners, as you note in the STP, but you have a role in outreach too so that you are building relationships.
Comment: What about people who need space in bathroom to be assisted? Really hard, we want people to be supported in community, but see challenges.
Response: We recognize that for some people meeting all of their ADLs in the community with dignity and privacy can be very challenging. We intend to continue to offer a range of day options and to allow people to split their day between community and facility-based settings, based upon what is reflected in their person-centered plan.
Comment: We need some way to use gov't powers and connections with departments that oversee those areas. There should be regulatory requirements they respond to as well.
Response: You are right, to the extent we have jurisdiction, that is Olmstead and the conversation that should continue – DPR, DCPL, etc. Community without jurisdiction, we can talk about possibilities for marketing, but we cannot dictate change. Where you have people in the community you can enlist, that is the fastest way this will move forward.
Comment: In Maryland, employers get funding if hire people with disabilities. Why not in DC?
Response: We have incentivized customized employment through RSA, but few providers are doing this, so we have additional funds going towards it, but not seeing a big difference. In addition, there is a work opportunity tax credit that is administered through the Department of Employment Services.
Comment: We would do well though if we could spend some more time with libraries. For example, a person who could be liaison to library – maybe from SODA – to do this.
Response: We actually do have a point person in SODA on this. We are working with DCPL on trainings, regular meetings on day activities, etc. We are open to ideas.
Comment: You should include universities and schools, they have lots of facilities.
Response: We can look at adding them, but you can also reach out and establish your own relationships.
Comment: As we are pushing ourselves in DC to come into compliance, and even if not there, to get people to be more independent, titrate back overstaffing, I am really advocating the use of technology. That isn't supported by any procedure code, or reimbursement – for example, smart home. We are using this in TN. Where you have people living in an area where rent cap works, have people in same neighborhood or apartment complex even, particularly for overnight staff – could reduce overall number of DSPs – company like Rest Assure, that provides remote monitoring – to let us know if someone is out of bed, would give an alert and can send staff to respond. Could have 2 or 3 DSPs rotating to sites, rather than 20. Right now, funding only

supports human bodies for each person. Need to support the technology that allows for greater independence, especially for people who want support but also don't want you around – call all day, but don't let you in. People will facetime, but won't let DSP in the house. Still pay for the staff. Can we add a few procedure codes that will allow for that? It's more person-centered and less expensive.
Response: We are looking into all of those options and are proposing an electronic option like Facetime for the waiver renewal in certain services. We are also exploring remote monitoring, but currently plan to amend that in a little later on, so that we have adequate time to learn and prepare.
Comment: Can providers participate in that?
Response: Yes, it would be our usual process using the open HCBS Settings group.
Comment: Can we clarify that the daily calendar can be done via e-calendar? SCs are looking for a printed version, rather than electronic – e.g, Therap calendar.
Response: Yes, we agree and will follow-up with service coordinators.
Comment: We need a policy around cost of care, so people can contribute.
Response: Yes, we agree. It's on our list in the STP of policies and procedures to update.
Comment: Provider Leadership does offer training, but we need more time on topics for it truly to be a train-the-trainer format.
Response: We are open to changing the format and for input into which areas "train-the trainer" would be helpful, versus information sharing.
Comment: Provider Leadership used to be more of a place for executives of DDS and provider agencies to come together and discuss issues. That format has changed and we need the opportunity for open dialogue.
Response: We need a place for both – training and open discussion. The DDA Deputy Director does regularly meet with the Provider Coalition leadership. DDS commits to having a stronger DDA leadership group presence at monthly Provider Leadership meetings.
Comment: The STP says the HCBS Settings Rule is discussed at each Provider Leadership meeting and that is not happening. The next meeting is supposed to be entirely on the STP.
Response: It may be that we are talking about an issue – like how to support use of public transportation – but have not specifically linked that to the provision of the HCBS Settings Rule. We will endeavor to make that link more directly.
Comment: On page 83 – what does "non-disability settings" look like? Can we collaborate with Behavioral Health, Veterans, Aging?
Response: We already see some collaboration for day settings. For example, we have people who attend Senior Centers and Adult Day Health programs that are not targeted for people with IDD. For residential settings, people can live anywhere they choose.
Comment: What about shared living? We have 3 families who are interested in that. See more and more interest.
Response: We had this in the waiver in the past, but with no utilization. We are open to including it again, but would want to plan well to operationalize it and make sure we launch well. We think that would work better at our next amendment, which will include self-direction, rather than the November renewal.
Comment: For PCR, there is an appeal process but the environment is changing. How can we work together to understand the changes in the process?
Response: We don't view this as a big change. The difference is that we added questions to satisfy the 2019 rule, but we have always used PCR to ensure compliance with our regulations.

The HCBS Settings requirements are reflected in our regulations. Failure could always result in provider termination. This is not new.
Comment: Once you go to heightened scrutiny, is that a new category within Enhanced Monitoring or Do Not Refer?
Response: Heightened scrutiny is not a sanction in the way that you would think of Enhanced Monitoring or Do Not Refer. It is a process for CMS to review an evidentiary packet to determine whether or not a provider meets the requirements of the HCBS Settings Rule and is mandated by that Rule.
Comment: What does new setting mean for Residential Habilitation? What if 5 people are together a long time and need to move to a more accessible house to age in place? It's a new setting, but for same group.
Response: That is a good point. We'll consider it when we submit the waiver renewal.

April 6, 2017 Written Comments from Family Member CG

Comment: One really broad comment I have is that it's kind of hard to know exactly what people are being asked to comment on – I know how this is in government, but there's just so much information on the website and it's very dense. So in the end, unless someone actually reads through the fully revised transition plan (which isn't likely to happen), people are just sort of reacting to the Power Point. If there's something more concise like "recent changes" or "specific updates," that would be handy to highlight more clearly. (It would also help for the documents relevant to the state transition plan to be listed in chronological order, from 2015 origin to the present.)
Response: The Power Point and accompanying public forums are our attempt to summarize the STP for people who are not able or interested in reading the entire document. It includes updated data on settings compliance, as well as all of the changes we have made or are proposing for systemic remediation. The Power Point is available on-line at: https://dds.dc.gov/node/1226211 and is linked from our April 2017 Statewide Transition Plan page. We also recognize that our Waiver Amendment Information page has gotten lengthy! That's why we now have linked to a new page for the April 2017 Statewide Transition Plan update and attachments. We can look at dividing up that main page into waiver amendments and Transition Plan amendments, but in the past they were submitted together and so many of the documents (like public notices and public comment charts) apply to both. We will take another look and are open to recommendations.
Comment: Incidentally, even though I believe it's probably redundant information, I wasn't able to get the second link on page 2 of the PPT to go live, and nothing came up when I pasted it into browser either.
Response: The link you reference is: https://dds.dc.gov/page/waiver-amendment-information which is a live link. (Last visited April 12, 2017.) You can also get there by searching DDS Waiver Amendment Information from google, or from a link on the DDS home page.
Comment: On the substance (and reacting to the PPT), my main comments are the ones I raised in the meeting, with respect to:

- Employment readiness, and the need to build in a more person-centered approach than is reflected here – if the person WANTS to remain in ER, even though other day programming can do much of the same thing, there should be a vehicle for that to happen. And I'm very uncomfortable with the sort of "lifetime limit" reflected here. It

seems to me that at most you'd want to say there's an enforced break of some duration, but not a refusal to allow the person to participate in ER again.
Response: DDS is proposing waiver amendments that impose a limit of up to three years for Employment Readiness (with the third year only possible after a break in services). Even if a person exhausts this service, he or she will still have access to RSA and Supported Employment services, and can also develop soft skills and explore employment through all of our day services, as reflected in the implementing regulations. Nonetheless, we will continue to consider alternative approaches and hope to hear more from the public on this issue during the waiver renewal public comment period.

- **Comment:** The other issue has to do with provider self-assessments and transition plans. As much of that information, as detailed as possible without violating privacy concerns, should be available to the public since it bears on people's provider choices. (How much of this will be part of the "updated data" to be published for comment in summer 2017?) As it is, even PCRs, which used to be very up to date on the DDS website, are out of date or even missing in some cases in my own unscientific surveying – these for sure should be completely current and available for folks to consult.
Response: Providers are no longer being asked to do self-assessments. Those were a one-time look, while DDS adjusted its quality system to respond to the requirements of the HCBS Settings Rule. We are not publishing those results (other than in aggregate), because we wanted providers to respond with candor. However, PCR results are up to date on the website and include the responses for all HCBS Indicators for day and residential settings. Please see https://dds.dc.gov/page/provider-certification-review. (Last visited April 12, 2017.) DDS does not currently publish results of residential service coordination monitoring on-line -- except in the aggregate, as it relates to the HCBS Settings Rule – because of concerns about privacy. We would not, for example, publish the addresses of our waiver residential settings. We could publish information on how each residential provider is doing in the aggregate related to residential service coordination monitoring for HCBS Settings indicators.

March 30, 2017 - Public Forum at the R.I,S.E. Demonstration Center

Comment: Will the Power Point be available?
Response: Yes, we will post it on-line at the DDS website, where we post all information about the Statewide Transition Plan, and also email copies to everyone who attended. The Power Point is available on-line at: https://dds.dc.gov/node/1226211 and is linked from our April 2017 Statewide Transition Plan page.
Comment: What do the range of numbers related to the EPD Waiver Provider Self-Assessment indicate?
Response: This describes the provider self-assessment survey instrument and reflects the number of questions for each indicator. As an example, for the first one, choice of roommates, there are three questions in the tool that relate to that domain.
Comment: My question is you are talking about a number of provider documents, self-assessment, transition plans, continuous improvement plans. I wondered how many of those are fully available on the DDS website?

Response: We have posted on our website, as part of our Statewide Transition Plan, individual results for every day habilitation and employment readiness facility, by domain of the HCBS settings rule. For residential providers, we posted that information in the aggregate, because we want to keep people's addresses private. Additionally, all PCR results, including scores for residential and day settings compliance with the HCBS Settings requirements are on-line.
Comment: I would like to know how many of your day programs are located East of the River like where we are today?
Response: All day services can be provided, based on the person's wishes, anywhere in the city, including East of the River.
Comment: You show an 11% compliance rating for "The program facilitates individual choice regarding services and supports, and who provides them," and that seems really low.
Response: That would be really low! 89% of our facility-based day program settings are in compliance with this domain. Our data shows 11% are not in compliance.
Comment: Were those the results of provider self-assessment questions?
Response: No. Those are the results of our provider certification review. They are done through an independent Quality Improvement Organization and they include both an organizational assessment as well as interviews with people attending the programs.
Comment: One of the things I find is when you're on the ground working with the providers and the person is that usually one of the big things that the person may have complaints about is their lack of choices and variety of choices, including whatever the venue is. A great example would be for social activities everybody winds up at the Château, you know, or that is the place everyone talks about. So, just from what you hear, talking to people and kind of relating back to providers, I still think that may not be as reflective.
Response: The HCBS Indicators in our PCR are taken directly from the CMS Exploratory Guidelines for HCBS Settings compliance, but we can take a look at the questions in the domain that relates to choice and make sure they make sense. We review our PCR tool every year and this can be part of that process.
Comment: One of the things that I would say and I'm talking from having been on the ground experience, directly with the person or directly with the provider, is that it seems that even though I know the attempt or the effort is to give a person choice, people really only have choices within the context of what is available. You know? I would say 90% of people leaving home or transitioning into home and community-based waiver services in the community want to live in their own apartment. It's not going to happen unless they fit a certain criteria. That is not really a choice. They can share an apartment. Those are the kinds of things that I think when you get down to really working with people on their personal choices, do they really have those choices? I think based on the systems limitations, they don't always have the choices that we would like them to have.
Response: In residential settings, people do share an apartment when DDS is paying the entire rent through local funds, unless there is a medical or behavioral health reason for the person to live alone. However, when the person has personal resources, they are able to contribute to the cost of their supports and live in their own apartment. We do have people in that situation. Essentially, we are offering choice within boundaries; in this case, financial boundaries. It is simply not a realistic expectation that people without financial resources will all have their own apartments. For day services, we have made a number of changes to the waiver so that there are lots of options from individualized day supports, to community based day and employment readiness services, to companion, and, of course, RSA and other non-waiver services.

Comment: With respect to challenge on community integration, for the facility-based programs, is there any kind of guidance or mandate that is coming down in terms of the size, ideal size for such a facility? Can you talk about that?
Response: We currently have seven settings that we define as large congregate settings. They have 50 or more people in them, and all of them are day habilitation settings. We initially proposed waiver amendments that would limit the size to no more than 50 people, so if you have less than 50 people now you cannot grow to be bigger than 50. If you have more than 50 now you cannot get anymore referral until you are less than 50. But then based on a series of our site visits we found that some settings support a whole lot of people, but if you go to their setting and you spent a couple hours, almost no one is on site. Everyone is in the community all day. It is like a launch pad. People are dropped off there and are picked up there, but then they don't actually spend most of the day in that program. So, we modified what we originally set out for public comment to say that you cannot have more than 50 people in your setting for more than 20% of the time. In other words if people are really using the site for pickup and drop-off, then it is not that they are congregated in that setting. We also understand that people with more significant medical needs might need a place for ADLs and using the bathroom with support. We will have a full public comment period on our waiver renewal and are interested in public comment as to whether that is the right compromise for those settings.
Comment: Does the personal funds terminology refer only to the $100 in spending money kind of personal funds? Or does that also refer to things like groceries or clothing money? That get sort of, doled out by the provider? Because one thing that has troubled me is that there is not really an easy way for an individual to develop greater personal skill at, say, shopping or something like that. It is almost like if you could do something like, say, here, take this little bit of money and go buy yourself a shirt. Or take this little bit of money and go up the street to the grocery and buy yourself your milk and bread. It would provide for greater personal growth. But I'm not sure if the rules currently allow for that sort of thing.
Response: The Personal Funds policy and procedure refer specifically to people's income – employment and public benefits. But, we will look at the requirements in our Human Care Agreements about how providers are using local funding for people's food and clothing.
Comment: Back to what I was saying about the personal choice. You know, they don't really have the choice. They get the $100 or the $70. They don't really have choices to make them think about what life is like when I'm in control of my funds. And what choices do I make with that money. Now somebody sits down and do that with them, would be great. And maybe that is where the shortfall is. It is easier for people to do it for them to do it with. You know. There are choices about how to use funds, but I'm also talking about just practice at doing things that people normally do. Like going to the grocery, going shopping for clothes, that kind of thing. Even if it is a particular flavor of funding, this is your clothing money, there is not a lot of choice built into that. But, it is also about just knowing how to do that particular job and have to do it responsibly without somebody else alongside you really doing it on your behalf.
Response: When we revised the waiver amendments in September 2015, we did add language that specifically talks about the role of staff to promote independence and not just provide board and care. We were intentional in all of our services to make sure that they were really focused on habilitation and teaching and independence and not just folks doing for you. But it does honestly sometimes take a while to get from paper to practice. Based upon monitoring, as well as National Core Indicator data, we do have evidence that people are going to the grocery store, going food shopping etc. Also, in terms of someone sitting down and helping the person decide

how to spend their money, that happens with the person and his or her support team and is reflected in the Individual Financial Plan, which is attached to the person's Individual Service Plan.
Comment: How is the sampling done?
Response: DDS does a 100% site visit for all of our settings, through PCR for day programs and service coordination monitoring for residential settings. PCR also does a random sample of 25% of people in residential settings, except that they don't visit people they have seen before until they have seen everyone – so that in a four year period, they will have covered 100% of people in residential settings.
Comment: Related to leases, it is challenging I imagine for providers to having relationships with the individual and the landlord. Is technical assistance being provided and how do you work that out in the market?
Response: Our data does show that IDD providers are having trouble coming into compliance with everyone being on the lease or having a residential agreement. Under DC law, if you are an occupant, you actually have all of the protections of DC landlord-tenant law, but we are still asking providers to ensure that people have a residency agreement with people because just because you have those rights, if you don't know you have them, they are not particularly meaningful. We also require annually that the provider talked to the person about his or her rights as a tenant. In terms of technical assistance, we have talked about this a number of times at Provider Leadership meetings, and in some of the subgroups as well. For example we met with the host home providers to talk about what does looks like in that setting.
Comment: Are there templates?
Response: DC does not currently offer a template. There has been a recent discussion among states about this and we reached out for samples, but have only seen one so far.
For assisted living facilities under the elderly physical disabilities waiver, we are talking about provider agreements that are in place because in our case we don't have individual apartments.
Comment: One assisted living facility is being considered for heightened scrutiny and they submitted some information contradicting the initial finding. How does that process work out? Because their argument seemed to be reasonable but I don't know how you incorporate those comments back. They are saying their integrated and don't have some of these barriers.
Response: In this particular case, that facility which is one of our three Medicaid-enrolled assisted living facilities, it does not meet one of the elemental prongs of the settings requirements. It is on the grounds of or immediately adjacent to a public institution and is immediately adjacent to a nursing facility. Ironically, when you go through the assessments whether it is an interview with somebody living there, the provider self-assessment or even our own assessment of whether or not they meet the settings, this facility scores the highest among our facilities. But, because of this prong of the Rule, we have no choice but to submit it for heightened scrutiny. What CMS has said and the guidance is that states can present evidence otherwise showing in spite of the fact that it is on the grounds of an institution, the facility still has the characteristics of a home and community-based setting. And so that is essentially what we are saying and it has been shown through the assessment results. We will be submitting the evidentiary package to CMS at the end of April with the updated plan.
Comment: Are you looking at additional plans or folks in the assisted living setting, so they are available through the District?

Response: Yes. One thing we have done is increase the reimbursement rate for assisted living facilities in the EPD waiver. The increase in rate is intended as one tool to recruit more assisted living providers.
Comment: What is the capacity for each assisted living location?
Response: The total enrollment across the three ALFs is 42.
Comment: Do you have a waiver that is focusing on persons with Alzheimer's? That is out there now and there is a need. Is there anything for seniors?
Response: Yes there is something for seniors but it is really focused on physical disabilities right now. There is not a waiver in DC that specifically addresses people who have Alzheimer's or dementia. We have recently recruited a home health agency that specializes in mental health.
Comment: I have just checked on a couple of my son's providers and for one of them, there is a PCR score on-line from 2014 which is utterly unhelpful, and for the other I don't see one at all. I feel like I remember a time when PCRs were more up-to-date and more dependably available. Recently when I have checked, I get this kind of result that I'm describing now where it seems like some are missing, some are old, but, you know, as a consumer, if you will, there is not really information available there that really tells you what you need to know or maybe it is living somewhere else on a website that is hard to find.
Response: PCR results are up-to-date on the website and include the responses for all HCBS Indicators for day and residential settings. Please see https://dds.dc.gov/page/provider-certification-review. (Last visited April 12, 2017.)
Comment: What are your options for people who will no longer be able to enter day habilitation programs?
Response: DDS offers a variety of day options, including Individualized Day Support, Employment Readiness, Supported Employment and Companion, up to 40 hours/ week. Plus, a person can use non waiver services like vocational rehabilitation services as well as generic community service.
Comment: Currently is there a limit in terms of the amount of time that a person can spend in employment readiness?
Response: There is currently no limit but we are proposing time limitations through the waiver amendments that are tied to the renewal in November 2018. There will be a full opportunity for public comment on those proposed amendments, in addition to the opportunity to comment now.
Comment: This is for clarification. There is a person who has been in some kind of employment readiness services for two years, three years, that person is going to be stopped. What are you offering them? Again, you don't want people graduating high school and going into a day program. I really agree with that. But the options that are out there are hard to find. It is hard to get the people straight into employment and the community. We have to do some work on the other side, as well, to have doors opened and situations ready for people to move into.
Response: For people currently in the service we don't propose cutting the person off immediately. We would start to apply the time limitation from the person's next ISP meeting. It gives the person and his or her support team time to understand the options and make choices about day services. DDS offers a variety of day options, including Individualized Day Support, Employment Readiness, Supported Employment and Companion, up to 40 hours/ week. Plus, a person can use non-waiver supports like vocational rehabilitation, as well as generic community supports.

Comment: My question is I don't really see anything that addresses what you mean two or three years total or whether you are talking about consecutive? And if it's consecutive, when could someone re-up?
Response: As proposed, the person could be in employment readiness for up to two years; and then have an additional year after a one year break. We are proposing a three year lifetime limit for this service. We welcome comments on this now and through the waiver public comment period.
Comment: The other question is it seems to me that this new rule is really more intended to get at providers who maybe haven't been doing employment readiness as effectively as DDS wants. But there is another side to the equation and that is the person involved. It seems to me that there may not be enough built in here to allow for the person who would rather see themselves as working toward employment, rather than seeing themselves as being sort of booted out of a program. Which honestly could be sort of perceived as punitive or you are not advancing the way you should. How do you deal with this from a person's standpoint when they may want to stay in the program?
Response: If a person completes their time in employment readiness and isn't ready to move to supported employment intake and assessment type services, it raises the question of whether this was really the right service for the person. Even if a person exhausts this service, he or she will still have access to RSA and Supported Employment services, and can also develop soft skills and explore employment through all of our day services, as reflected in the implementing regulations. Nonetheless, we will continue to consider alternative approaches and hope to hear more from the public on this issue during the waiver renewal public comment period.
Comment: I will say that there definitely was pushback under IDS about doing employment readiness skills. There was explicit pushback. And the other issue is I think there might be problems with the staff whether a community navigator under IDS would really know how or think of themselves as able to do some of these things. I think that has to be made a lot more explicit than under the other kinds of services than it has been because it just has not been our experience.
Response: The Individualized Day Supports service definitions and regulations clearly allow for employment readiness skill-building and exploration, and there are examples of people using it that way. We can look into your particular situation individually. It is true that staff in IDS programs are not trained as job coaches, but the person still has supported employment and vocational rehabilitation services available.
Comment: I think that there needs to be more flexibility built in here for a person because a person sees employment readiness, they know that we are an employment first jurisdiction. They know you are supposed be wanting to work toward employment but there is, there's still the possibility of the perception that no, you just have not made enough progress, you are getting kicked out. You are not an employment candidate. I just think there has to be a way to address that from the person standpoint while recognizing that from the provider standpoint you may have an issue.
Response: From our perspective, the limitation on employment readiness does not say that a person is not an employment candidate, but rather that the person is not actually moving towards employment through this service and therefore, the team needs to identify other routes toward achieving the person's employment goals.
Comment: What are you doing to build capacity in our system?

Response: For DDA, the foundation of all our systems change effort is person centered thinking. We have ongoing person centered thinking training. We actually have expanded it across long term services and supports. Now it is offered at least twice a month both at the DHCF and at DDS. We offer on the DDS side both the two day PCT training that we require of everybody as well as a Phase 2 training that is about how you take person centered training and put into practice. We are supporting five of our large day habilitation programs to become person centered organizations and they are on a year and a half long process of working on person centered thinking, modeling, changing structure. Our remaining two large day habilitation providers, as well as another community based provider, have joined with DDS into a new national Community of Practice on Community Life Engagement. We are also doing targeted technical assistance and training where we see that providers are having trouble with compliance. We talk about HCBS Settings Rule requirements at every one of our providers leadership meeting. We continue to offer quarterly training on Discovery, how to do a Positive Person Profile, how do you turn that into what people do during the day through their Job Search and Community Participation Plan. And, every time there is a finding of noncompliance through service coordination monitoring, through PCR, through our quality resource specialists going out and monitoring, it results in 1:1 101 technical assistance and a plan for correction, so there are ongoing opportunities for remediation there. For our EPD waiver, we provide both technical assistance and education to the providers on person centered thinking and planning. As we implement person centered planning on the EPD side, we are using it as an opportunity to ensure that the settings requirements are met for all who are in the waiver. We also have EPD waiver provider meetings and as a part of those meetings we have talked about the settings requirements and will continue to do so. We will also be doing some more intensive work with the DC healthcare Association to ensure that there assisted living providers are up to speed and on board with the changes that will be coming up, and come into compliance by 2019. We also will be doing one on one TA. All of these are opportunities to make sure that our providers are aware of the requirements and are meeting them.

Public Forum at the Citywide Conference Center (April 2, 2017)

Comment: Will any of the day habilitation, supported employment, or employment readiness sites be recognized for heightened scrutiny?
Response: The STP includes a formula for submission of facility-based day programs for heightened scrutiny. Essentially, whether or not a provider may be submitted for heightened scrutiny will depend on the results on their next PCR for the HCBS Indicators portion. The provider will still have the opportunity to appeal and to create and fulfill a Plan of Correction for any identified deficiencies.
Comment: What date do you expect to assess the employment services for heightened scrutiny?
Response: All heightened scrutiny assessments will begin at the provider's next PCR, starting in May 2017.
Comment: What is the criteria for making the determination of its heightened scrutiny or non-compliance by March 2019?
Response: DDS plans to submit to CMS for heightened scrutiny review facility-based day settings which, at their next Provider Certification Review (PCR), (1) fail two of more of the designated HCBS Settings indicators; and (2) successfully complete their Corrective Action Plan, remediating any identified deficiencies. DDS would consider terminating a setting from

the waiver program in the instance that a provider is not making adequate progress towards remediation.
Comment: Is there something in the plan that identifies where the consideration for compliance or non-compliance will occur?
Response: This is a judgment call for the states. In our case, if a provider is remediating, then we will submit for heightened scrutiny. It is only when a provider is not able to cure a deficiency that we would consider termination.
Comment: When a designation is made for heightened scrutiny, what are the appeal rights for the provider?
Response: The provider has the right to appeal PCR non-compliant findings using the appeals process in the PCR policy and procedure.
Comment: It seems as though PCR will be given more authority than they already have, will there be any systems in place to oversee the PCR process?
Response: DDS disagrees with that assessment. PCR has always been used to certify providers and failure has led to a variety of sanctions, including provider terminations. All of the same appeal rights apply.
Comment: There are issues with how the service coordination monitoring tool is being applied and graded and what data is derived on account of the way the tool is employed.
Response: Providers can always appeal any issue that is generated through service coordination monitoring. Additionally, please let us know if there are specific concerns about the way the tool is being operationalized.
Comment: Given that some of this is based on each person's skills, how often should the community based assessments occur to ensure that the skills are developed and that providers are able to meet the community integration portions of the rule?
Response: This is discussed as part of the ISP and changes should be documented, on an ongoing basis, through person-centering thinking tools. ISPs can always be amended based upon a change in a person's needs.
Comment: So you're saying the target date for compliance is November, 2017, or are you saying that it is right now?
Response: The waiver renewal is timed for November 2017. We have been rolling out regulations and policies that require compliance with the HCBS Settings Rule since September 2015. We expect to continue to implement settings compliance through the implementing regulations for our new waiver.
Comment: For some people, employment readiness and supported employment can be that support so that they can continue to gain skills as they are employed but possibly part time.
Response: There is no time limit proposed for supported employment. A person can also use vocational rehabilitation services. Finally, there are a range of community-based wrap around day services available for people who work part-time.
Comment: Should there be an extension of employment readiness or supported employment for people who might need the continuous skill building beyond the 3 year limit?
Response: DDS will continue to offer a range of day services, including individualized day supports, supported employment, day habilitation, and companion services, in addition to community services like vocational rehabilitation.
Comment: If you have a person who has been in Day Hab and has been there for so long and this is their routine, they don't want employment readiness, community integration and their score is a 3 or 4, are we saying that day habilitation is not an option?

Response: Through the proposed waiver amendments, day habilitation would not be an option for more than 24 hours a week for people with a LON of 3 or 4. Wrap around day services will be available, for up to 40 hours per week.
Comment: Page 120, talks about a March 2018 date for all providers to be in compliance by 2018. In other places it is September 2018.
Response: Thank you, we will correct that. (Note: Corrected within.)
Comment: What are budget estimates for the cost of implementation of the rule?
Response: We are currently looking at the cost of the proposed waiver amendments and will share that information as part of the public comment period for the waiver renewal. We do not have a budget estimate yet.
Comment: How many people with disabilities are employed in DC government?
Response: We do not have that number. However, DC is creating a government internship program for people with disabilities.
Comment: Having done IDS and dealt with getting people into the community, as a Washingtonian and a person who was born and raised here, it's always a challenge to get a bathroom for people we serve, especially medically fragile people.
Response: We appreciate that it can be challenging to do ADLs, including using a bathroom, in the community for people with complex support needs. That is why IDS can be combined with facility based day services within the course of a day – so that a person can experience community integration and also get the health and ADL supports he or she may need.
Comment: It is also a challenge to find amenities like places for heating food in the community.
Response: This is why good planning and community mapping is important. If the person really wants to eat a hot meal, and isn't able to purchase one in the community, then you have to look at options like whether you can pack a lunch with a thermos and eat a picnic or at a community center; or schedule the day so that the person is at a place where he or she can use the microwave at lunch.
Comment: What challenges do you see for compliance for residential settings?
Response: Looking at our PCR data, which is a more recent look, the top issues resulting in non-compliance findings (more than 10% non-compliant responses across residential providers) are: (1) assisting a person to develop transportation skills; (2) a person's access to personal funds; (3) a person's ability to know which actions to take if treated unfairly; and (4) landlord/tenant agreements.
Comment: What is the timeline for submitting providers for heightened scrutiny review?
Response: We will begin using data from May 2017 PCR results, going forward, on a rolling basis, depending on when the provider's next PCR is scheduled. Providers will have a chance to appeal any PCR findings, as well as create and fully remediate a plan of correction prior to submission.
Comment: What if CMS extends the timeline for compliance?
Response: DDS has already implemented most of the requirements of the HCBS Settings Rule in our waiver regulations, and intends to implement the remainder timed to our November 2017 waiver renewal. Therefore, even if there is an extension of the federal timelines, we would still expect to see compliance with our regulatory requirements.
Comment: What is the process for the determination to terminate a provider, rather than submit the setting for heightened scrutiny review?
Response: DDS would consider terminating a provider from the waiver program, in the event that a provider is not creating or following a plan of correction; essentially, if we have identified

deficiencies related to HCBS compliance that the provider is not able to cure. There will be appeal rights related to the PCR findings, as well as all of the usual provider due process rights related to terminations.
Comment: Who within DDS is making that determination?
Response: It will be made by the Quality Management Division, based upon results of the PCR and the provider's progress towards remediation.
Comment: It seems like the PCR process is being given greater weight. What is the oversight?
Response: We have always had questions like this in PCR and weight them into final results that can lead to sanctions, including termination. We also always have had ways to appeal it and in layers, all the way to OAH. There is nothing that has changed in the PCR process. It still allows for the piece for you to come back and tell us that a response is incorrect and here is why. Providers have a variety of opportunities, first with PCR, then to the Director of the DDS Quality Management Division, and ultimately to the Office of Administrative Hearings. There is nothing changed there. It may seem like the consequences are upped a little bit, but DDS and DHCF have terminated providers based upon PCR questions in the past.
Comment: For service coordination monitoring, you have to think about the environment and the people that we support, because you can have a house with three people, one person has a behavior support plan, the others may not. One person may be their own decision-maker, the other two not. They can give you different answers on Monday and Tuesday. Then on Wednesday and Thursday, you happen to have PCR. Now all of a sudden, no. And for that one no, we're dinged for that classification or category. You have to consider the approach and the capacity of the people that you're supporting and the ones that you're interviewing. Everything is interpretive.
Response: If service coordination monitoring generates an issue because of a finding of non-compliance with an HCBS Settings Indicator, the provider will have an appeal right, just as you always do for issues related to service coordination monitoring. These are just new questions in the tool.
Comment: The issue is that the person who is making the interpretation is also the person we appeal to. And to me, that is kind of hard because you already said no. So now it's not the mommy-daddy situation. It's like, no, I have to go back to mommy and mommy said no. I'm going to go back with a different argument because I probably gave you that same argument when you were at my facility.
Response: There are layers of appeal for both service coordination monitoring and PCR. You are never in the position that the only person you could appeal to is the person who made the deficient finding.
Comment: We are seeing issues with not applicable findings being marked as "No" and generating issues.
Response: We will look into that to see what is causing that. However, you can always appeal any issues that you believe are not correct.
Comment: Locked bedroom doors with keys in an apartment is not the community norm.
Response: We understand that many leases do not allow this in the Washington Metro area. We look to things like whether the bedroom door locks from the inside; whether the person has a key to the apartment; etc.
Comment: What happens when a person wants to live in his or her own apartment? Does he or she have to have a roommate?
Response: This depends on whether the person has resources to contribute to the cost of their supports and live in their own apartment. We do have people in that situation.

February 17, 2016 – Provider Coalition Day Committee Meeting

Note: Although this meeting was prior to the noticed public comment period and publication of the STP, the DC Coalition of Disability Services Providers asked if we could share our mostly final draft and present on the plan timed for their regular meeting so that we would be likely to have good attendance and feedback. DDS and DHCF agreed and said that we would include any comments received at that meeting in the public record.

Comment: Are the 50 Day Habilitation cap considering the total census? People may only be coming part-time.
Response: Good point! We will clarify that when we publish the waiver amendment for public comment to consider daily census rather than total.
Comment: What happens to people receiving services after the predetermined day habilitation timelines expire?
Response: DDS offers a range of wrap-around day and vocational options, both through the waiver and through referral to community-based options like the Rehabilitation Services Administration (RSA).
Comment: With regard to the exception of peer-to-peer training, what will the providers be liable for given that there is no training?
Response: DDS will require training in certain areas, such as abuse and neglect, incident reporting, and other areas. Providers can always require additional orientation and training.
Comment: Would the peer-to-peer person be a provider employee?
Response: Yes, and if they are working with people who receive supports, would qualify toward the staffing ratio.
Comment: Would the peer-to-peer be considered a person in supported employment?
Response: The person might be in supported employment, or might work independently. Under the supported employment rules, one provider may not both provide services to the person and employee them at the same time. However, the person may receive supported employment services from one provider and work for another.
Comment: Can you speak to the 1:4 staffing ratio when there is a lot of paperwork that staff must complete while also being person-centered in their engagement? When they added the medical onto day services then that is even more paperwork to complete per person (HMCP).
Response: DDS is happy to meet with providers to discuss concerns about required documentations and consider any recommendations regarding streamlining. Note that there are a variety of options for people who need more intensive staffing, such as small group day habilitation is 1:3 and IDS, which has both a 1:2 and 1:1 option.
Comment: The difficulties are that a lot of people that require a high level of staff attention are that they may not always qualify for IDS
Response: DDS disagrees. This is a myth. IDS is appropriate for people with all types of support needs. The approved waiver includes a 1:1 staffing ratio for people who have greater support needs.
Comment: In this transition plan, can we consider that day programs have more 1:1 to support more community integration?

Response: DDS is not currently considering changing its rules for 1:1, which require intensive behavior or medical needs, as documented through a behavior support plan or physician order. The HCBS IDD waiver offers a variety of staffing ratios to support people to engage in community integration, depending on their needs. IDS is available at 1:1 and 1:2; Companion is offered at 1:1 through 1:3; Small Group Day Habilitation is available at 1:3; Day Habilitation is 1:4 (or 1:1 if needed for intensive behavioral or medical needs).
Comment: Have you thought about creating a task-force about community integration for employment providers?
Response: Yes, we discuss this at the Day and Vocational Provider Community of Practice regularly. All are welcome to participate.
Comment: With regard people choosing with whom they want to spend their day and create their own schedule, this is a challenge given the 1:4 ratio.
Response: Providers are expected to engage in matching to help connect people who have similar interests or need for discovery.
Comment: What is someone who doesn't want to be with anyone, for example, someone with autism?
Response: From a person-centered thinking perspective, a large day program may not be the right service for this person. A smaller service like IDS, supported employment, or companion, may be a better choice.
Comment: On the anonymous complaints section, it would be helpful for the district to set-up a system for all providers so people can express their concerns elsewhere.
Response: The new DDA Complaints policy (2016-DDA-POL01) includes an option for anonymous complaints. Please see: http://dds.dc.gov/publication/dda-complaint-policy.

February 20, 2016 – Project ACTION! Meeting

Comment: If you limit day habilitation, what would happen for people who are happy with their services now, even if they could do more?
Response: People would have to try new things. People would have the opportunity to attend Individualized Day Supports, Supported Employment, Employment Readiness, use Companion services, and work with community programs like RSA.
Comment: What about working with the day programs to improve them and make them more community based? There should be opportunities for volunteering and going out in the community in small groups.
Response: We agree. We are changing the regulations for day habilitation to make sure that they offer people opportunities for community integration and meaningful days. This includes things like small group community activities based upon people's interests, volunteer activities, and more.
Comment: I went to a day program and they treated me like a child. Now I work for a day program to make it better.
Response: Thank you! We were inspired by your work and are including a new category of employees for day and vocational programs, called Peer Employees.
Comment: Maryland is already doing some of the things that you are considering doing. You should talk with self-advocates there to hear their perspective.
Response: We would be happy to have a joint meeting with Project ACTION and People on the Go of Maryland to discuss our Plan.

Comment: I want a job and need help getting one.
Response: We will follow-up on your individual situation. Generally, all day services should support people with employment exploration. Services like supported employment and employment readiness may be a good option for you. We can also connect you with RSA.
Comment: Can someone work part time and then stay in their day program part time?
Response: Yes, but with the proposed waiver amendments, a person with a Level of Need of 1 or 2 would no longer be eligible for day habilitation after 1 year. They would be able to have other wrap around day services.

March 1, 2016 – RISE Center, 3-5pm

Comment: There is concern from many parents that there is a conflict between person centeredness and the way community integration is being pushed with day programs. It seems that people are being forced to be out and about all the time - going to the coffee shop, going to the library, going to the recreation center, then back to the library or coffee shop, etc. Some people can't handle that and there doesn't seem to be a lot of conversation about how to support people who can't stay out for long periods of time or even for folks who don't like to be out in public that much.
Response: Some of this is that providers are feeling the challenge of doing something that they've never done before, something different. DDS is doing a lot of monitoring and technical assistance to support this transition. The intention was to establish the expectation that it's not enough to bring people out in big groups all together all the time. It's not enough to have "community outings" that don't have anything to do with a person's interests or preferences. The current day habilitation regulations say that people should go out at least once a week for a time period that makes sense for them and that they are doing things that they want to do. All of that should be in accordance with the person's Individual Service Plan (ISP).
Comment: Does this transition plan apply to Intermediate Care Facilities (ICFs)?
Response: For the Elderly and persons with Physical Disabilities (EPD) waiver, this is about assisted living facilities and the adult day health programs. The CMS rule does not apply to people living in an ICF, unless they move from that setting into a different setting that is governed under either the EPD waiver or the Intellectual and Developmental Disabilities (IDD) waiver. However, DDS believes the CMS rule has some really good principles and we will implement whatever we can in the ICF settings as well.
Comment: I think it would be useful with respect to day programs to try and figure out how providers are doing when there is not a family member or other external support person in the picture. In cases where you have the family or external support, they drive a lot of needed changes. It would be informative to look at situations where people do have external support and where they don't and see if providers are in fact stepping up to fill that gap when there isn't external support.
Response: DDS worked with providers on Discovery and did a lot of work talking about how to gather information about people. We offered this training for Service Coordinators and Providers and we offer this on a quarterly basis ongoing, so the intent is that people are getting to know people well and figuring out how to best support them, regardless of whether they have external support.
Comment: Is there a standardized lease that DDS provides for people to use? For folks who don't understand the legality of a lease, I would be concerned about how they will use a lease.

Response: DDS doesn't have a standard lease that we provide and we couldn't force landlords to use anything we developed. We changed the General Provisions regulations for the IDD waiver that has a list of rights that people have to be informed about and we added that they have to be informed about rights and responsibilities as a tenant. Those should be explained to a person and/or a supported decision maker or substitute decision maker in a way they can understand.
Comment: We had a situation with a forced change of provider, which resulted in a forced move and a new lease. I checked with DDS about what this would mean because it would be breaking a lease and starting over. I was told that if we break the lease early, DDS will make sure it works out.
Response: If people are in a lease and they have a good reason to break the lease, DDS works it out. We want to get to a place where people's relationship with their provider is separate from their relationship with their home. We want people to have their own home, rather than it being leased or owned or controlled by the provider. We plan to publish a policy that addresses how contribution to care should work in the following type of situations: What if someone wants to live without a roommate? What if someone wants to live somewhere that costs more than what they can afford? We will have a community forum on this in the future.
Comment: For the rule that people with a Level of Need (LON) score of 1 or 2 would not be eligible for day habilitation, what does it mean for people who aren't getting RSA services?
Response: DDS offers a range of day and employment supports for people receiving waiver services. People would have access to Supported Employment, Individualized Day Supports, Employment Readiness, and other supports.
Comment: Is there a distinction between part time employment readiness (ER) and full time ER when making the 2-year limit to the service? Some people only go to ER a couple times a week.
Response: No. The Employment Readiness is intended to be a support for people to get a job. If after two years, a person does not have a job and is not ready to be transitioned to RSA or HCBS IDD waiver Supported Employment, the service is not working for the person. Support for employment, including volunteering, discovery, etc., are also available through Day Habilitation and Individualized Day Supports.
Comment: We are a home health provider, how are you going to determine who will be able to get home health services and how will Adult Day Health participation affect the number of hours of home care services someone can receive?
Response: Person Centered Planning is required, so there will always be a consideration of a person's preferences and needs to determine which service is a good match. There will also be limits in terms of how many personal care attendant (PCA) hours that people can receive at the same time as Adult Day Health program.
Comment: There is a default tendency to interpret choice as, do whatever you want whenever you want. At a minimum it seems that provider staff are nervous do anything that might look like limiting choice.
Response: You're right. There is a big misunderstanding that person centered thinking means you get whatever you want regardless of risk. That is not what PCT is all about. It's supposed to be a balance of what is important to and for you. We know we need to work on that as a system. DDS has launched a DC Person Centered Thinking Learning Community with PCT trainers, coaches, and leaders as well as other community members and that group will be addressing the issue of choice. We are also trying to think about how to best approach the choice of someone who says they don't want to work.

Comment: Can you clarify the timeline on this transition plan? There's a lot of information and I'm unclear on what's happening now, in September, next year, etc. I'm interested in knowing when you're submitting things to CMS and knowing when I can have input.
Response: Last year we turned our plan into a work plan that had categories and deadlines. We are going to do the same thing this year and will share it so that it is easier to follow when things are happening. We wanted to get community feedback before we finalized the work plan. We will finish our site by site assessments by July 31, 2016 and will publish the results in an update to our Statewide Transition Plan in August 2016. We will have a public comment period at that time, and then submit an updated Transition Plan to CMS by the end of September 2016.

Public Forum March 3, 2016 – Old Council Chambers, 10am-12pm

Comment: As you start to develop policies, who is developing those policies? Is it an integrated group? When I hear about policies including the level of minutia of things like, "how you should refer to a person," I have a red flag and am worried. It seems like the overarching idea is that people have to have dignity, but some of the detail that you're talking about in policy might be more appropriate for interpretive guidelines, rather than making policies so prescriptive. Providers would be happy to work with you to give feedback.
Response: DDS has a Home and Community Based Services (HCBS) Settings Advisory Group that advises on revisions to policies related to HCBS Compliance and there are a few policies in particular we're looking at – Most Integrated Setting, Personal Funds, Contribution to Cost of Supports; and more. The Most Integrated Community Setting policy (2015-DDA-POL01), see on-line at: http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy. The Personal Funds policy (2014-DDA-POL006), Available at: http://dds.dc.gov/book/personal-funds-policy/personal-funds-policy. Contribution to Cost of Supports will be developed.
Our process is to draft policy changes, then bring it to the HCBS Settings Advisory Group for comments, and often, to bring the policy to a larger group for public comment. Part of the reason we're being so specific is because CMS has included a lot of detail about what they are expecting to see in terms of the changes to our policies and practices. We recommend that you review hcbsadvocacy.org, which includes links to CMS documents and exploratory guidance to determine whether settings meet the guidelines. That's what we're using to guide our assessment tools and determine what changes are needed.
For DHCF, we've done a general review of the policies, but we are continuing to do that. We've made some general changes to the EPD waiver, but we have far fewer settings than DDS. For providers of people who are older or working in assisted listing facilities, there is a separate set of policies and guidelines. The draft tool we use for monitoring is up for public comment right now. We've used the CMS guidelines and incorporated this into our monitoring tool. We welcome feedback from providers.
Comment: I am over 65 and I own my own house, but if I need some help, will someone help me? I am getting services, but I can do a lot.
Response: Yes, we can talk about that and what you need. We can talk more about your specific needs after the forum. In general, the rule we're talking about today is a lot about services you might get outside your home.
Comment: I think the provider assessment results are suspicious.
Response: The provider assessments were a place to start. We asked providers to choose where they found deficiencies and if so, to develop a plan to change that. However, we also required

providers to do strategic plans that encompass many elements of the HCBS Settings Rule, like how they will increase opportunities for community integration and self-determination. We are doing site-by-site assessments of all waiver day, vocational and residential settings and our tools cross-walk to the provider self-assessments, so we can verify them.
Comment: I am representing IONA which does adult day health services. Can we still apply to provide adult day health services?
Response: Adult day health is a new service. The settings rule does apply to adult day health services. Relative to the transition plan, we're talking about transitioning existing settings to come into compliance with the rule, so when we talk about transition on the EPD side, we're primarily talking about our three assisted living settings. For the new services, including adult day health, we are incorporating the elements of the rule into the initial process of certifying providers in the first place. Ideally, adult day health services will be in compliance with the rule off the bat because they won't be approved to deliver the services if they don't comply.
Comment: Disability services agencies around the country should have given feedback to CMS about the "what ifs." One size does not fit all. Some people can't be out all the time. You're saying people are supposed to have choices, but if you have to serve five people all at once, those five people have different choices, so it's impossible to comply.
Response: There was a lot of public comment on the rule. The National Association of State Directors of Developmental Disability Services (NASDDDS) and directors of aging agencies meet regularly with CMS to provide ongoing feedback about the rule. They've asked that CMS develop a task force to deal with implementation. We've heard from providers that some of the service ratios make it difficult to be truly person centered. This can be resolved using current waiver services by matching people appropriately based upon interests and needs within a setting; and by using a combination of waiver services with ratios to meet the person's needs.
Comment: Many providers already receive a survey from the Department of Health (DOH) annually. Will we now also receive a Department of Health Care Finance (DHCF) survey? We are adjacent to a nursing facility so we are already going to go under heightened scrutiny. I want to know how we should be preparing proactively with making changes.
I think we deliver good services. We get $60 a day, and lose $100 a day for low income folks who come into our facility. I am concerned that assisted living will go away for people who don't have money to pay for it. Assisted living overall is essentially a nursing facility for people who can pay for it. I am afraid that if these rules become too onerous, then some people will end up not getting services.
Response: Yes, there will be a DHCF survey and we are still developing the monitoring tool. We should have an array of options so that people can have a choice of where they want to live when they go back to the community. We have three assisted living facilities and we want to work with our few existing providers to maintain the limited choices people have right now. We definitely want to have a dialogue to make sure it works for our providers and more importantly, so that it works for people we serve. We don't yet know what the rate will be for services in 2017.
Comment: Do providers have a rate that includes transportation? The Metro is really expensive roundtrip.
Response: Rates do include transportation costs. Note that the Metro bus and rail offer free transportation for people with disabilities who qualify for Metro ACCESS.
Comment: Who does the Level of Need (LON) for people with intellectual disabilities?

Response: The Service Coordinators at DDS facilitate the process, but the entire support team participates in creating the answers for the LON. The LON Assessment and Screening Tool Manual is available on-line at: http://dds.dc.gov/publication/level-need-assessment-and-screening-tool-manual.
Comment: For parents who get services for their children through HSCSN, some of them are scared of people going out in the community all the time, but they really want their children to be going out doing something, helping people, etc.
Response: The Rule doesn't require that people are out in the community all the time. Our policy and regulations require using person-centered thinking to plan individualized services for each person, including understanding what the person likes to do, is interested in exploring, is important for the person's health and safety, etc. Based upon that, we can offer an array of support that allow the person the opportunity for community integration and exploration. A number of services support people with disabilities to get a job, volunteer, or have other meaningful daytime activities.
Comment: I want to clarify that people with physical disabilities can be eligible for the EPD waiver at age 18.
Response: Correct.
Comment: In terms of heightened scrutiny, how is that going to work? Is it something CMS will do or will they expect the states to do it? Is there state discretion as to how states will implement heightened scrutiny?
Response: CMS will oversee the entire process of heightened scrutiny, but states will implement the process and each state will determine what that looks like and publish their process in the Transition Plan. CMS has published guidance on heightened scrutiny that includes exploratory questions and recommended documentation. We expect to follow that closely.
We will use a quality improvement approach and we want to ensure, given our limited provider options on the EPD side that we continue services through those providers and we will work with providers to implement the rule. Yes, states have some discretion as to how they implement heightened scrutiny.
Comment: We have a Community Residential Facility (CRF), but we don't get any EPD funds for that. Do those have to comply with the rule?
Response: CMS wants people in Community Residence Facilities (CRFs) to still experience the benefits of the settings rule, even if they don't get waiver funds. We plan to talk with people in those settings to see how things can be changed to incorporate aspects of the CMS rule. We've worked with DOH around their CRF regulations to amend those regulations to reflect the HCBS settings rule. There are only a few things in the CRF regulations that don't comport with the CMS rule and DOH believes that those things could be changed to make for a better living situation for people in CRF. DOH already redid the regulations for DBH CRFs and incorporated the principles of the settings rule.
Comment: For the part of the rule that says we must allow visitors at all times, what happens if a person has a problem with that, which puts them at risk? For example, for someone who is meeting strangers who don't have good intentions and bringing them home and that visitor puts the person, their roommate, and staff at risk, how do you deal with that?
Response: There are ways to justify certain restrictions in order to best support someone. If a person has a specific problem with visitors, it should be documented in their Individual Support Plan (ISP) and Behavior Support Plan (BSP) if they have one. There are also specific questions

laid out by CMS that walk you through the process of what to do before implementing any kind of restriction.
There is a misunderstanding that person centered thinking means that people can do whatever they want. It does not mean that. It is about finding the right balance between important to and for – health and safety AND things that make someone happy and fulfilled.
Comment: I observed a staff person being on the phone all the time while they were working with someone with a disability. Anything can happen when you are working with people with disabilities and people need to pay attention.
Response: There is nothing in the rule that says staff can be on their phone all the time. Rather, the rule states that people receiving services should have access to their phone whenever they want it. If this is happening, please report it to DDS and/ or your provider agency.

HCBS Transition Plan Feedback – Provider Coalition – Residential Committee Meeting
Friday, March 4, 2016, 9:30-11:30am, RCM of Washington

Comment: It's an excellent plan!
Response: Thank you!
Comment: Do you think the provider assessment results are accurate?
Response: We are beginning to crosswalk the results of the personal assessments of residential settings with the provider assessments. The early results from the personal assessments are a little lower than how providers ranked themselves and show room for growth, but, in the aggregate, not very big disparities.
Comment: On item J, related to the leasing issue, this is the lowest scoring item on both provider and personal assessments. What does DDS think about that? What is the standard of this? DC has some of the most renter-friendly standards, so what is CMS thinking the standard is?
Response: The standard is set to the local area, so we have to align with whatever DC standards are for tenant rights. We understand that this is difficult to implement and are open to ideas.
Comment: What is DDS going to do to help people secure leases, specifically when a person does not meet income standards? For non-section 8 housing, there is usually a minimum income that has to be met in order for someone to qualify for the housing. Taking a Human Care Agreement to a landlord is weird when trying to show that the provider is getting money for the person in to make landlords comfortable. I think we need DDS to help us with this. SSI isn't going to cut it. This all goes along with the cost of care and rep payee conversation. This is mostly a concern with folks receiving the supported living service (85% said no to item j). This is hardest for the people who have been living in nice, sometimes luxury, apartments or condos. Maybe a pilot group to think about how to approach this for everyone would be helpful. We need a task force.
Response: DDS currently supplements rent through Human Care Agreements to the provider agency. We will look at how to provide proof of income for folks short of sharing the Human Care Agreements. We are looking at whether we can use a vendor fiscal agent to decouple this from the provider – but we need to make sure we are doing this in a way that doesn't reduce the person's social security income. DBH set up some housing for people where they provided a subsidy up front, which tapered eventually and was designed to help people get settled and develop a plan to be able to pay the rent eventually. We will investigate that model. We also

reached out to Neighborhood Legal Services and other community and advocacy organizations to see if we can get some support from them in this area.
Comment: How does this apply to section 8 housing?
Response: It shouldn't affect the things that allow someone to qualify for section 8.
Comment: What does it mean that someone has to have access to food at all times during the day?
Response: This doesn't mean that day providers have to have food out at all times. It just means that if someone brings their lunch or snacks, they can have access to it all the time and eat it whenever they want.
Comment: How will providers, including day programs, provide lockable spaces during the day? Also, in people's homes, it seems that there are a number of rentable locations that don't typically have locks on the bedroom door, particularly in older places. It seems like this is about, "do you feel safe in your space, and do you feel like you can have privacy?" What is reasonable?
Response: The intent is that people should not be able to come into your room and take your things at any time. We will go back and look at the rule and the guidance to determine if the lock is what is important, or is there another way we can implement this to ensure people feel safe and have privacy. Maybe this is about, "do you want a lockable space? If so, do you have one?"
Comment: How are you interpreting the requirement that people have access to their money at all times? When people don't save receipts and give them to their provider, then people get audited and the provider ends up having to give more money to the person. The person centered approach should be, "are you supporting this person to spend or save their money in the way that will get them the things they want to have a good life?"
Response: It's pretty basic. If the person needs their money, can they get it at any time? It doesn't mean people have to have money on their person at all times. We know that we need to make changes to our Personal Funds policy to have it better align with the rule and balance access with protections based upon what each person needs.
Comment: If a person is in employment readiness for as long as they can be according to the proposed time limits, and then you leave, can you go back into it?
Response: Yes, you can go back and your clock starts again.
Comment: Is a peer employee someone that the provider would hire to do activities like advocacy, peer counseling, etc.? What service can peer employees be hired for?
Response: They could do any work that the provider hired them to do. Advocacy and peer counseling could be part of this, but not the only thing.
Comment: Is the 50 person limit in day programs, for ALL people that an organization supports?
Response: No, it's 50 maximum people that DDA supports in any individual setting. It's not a limit on total number of people a provider can support.
Comment: Is DDS thinking about the employment readiness time limits as hard and fast rules?
Response: We are looking at having a cap on the length of time a person can be in employment readiness services. We are open to ideas about milestones in terms of evaluating whether someone can remain in employment readiness.
Comment: When will leasing requirements take effect?
Response: The leasing requirements are already in the regulations and Human Care Agreements, but we understand that it takes a while to come into compliance in this area, since it may take lease renewal. Provider Certification Review currently looks at this question, but for now, we are using it as informational.

Comment: How will policy changes happen? Can DDS prioritize the training policy? Also, I'd like to request a Stakeholder Group to work on the residential habilitation rules with DOH.
Response: We are gathering a lot of input for the training policy, most recently from the IDS community of practice and expect it to be finalized by September 30, 2016. We will follow up to see exactly where this is, but agree that it is an important one to prioritize. We are working with DOH on updates to the residential habilitation rules through the Mayor's IDD task force and we are guided by the review done by the HCBS Advisory Group. We will raise this request with the taskforce.
Comment: We don't always know what is happening with day providers – what's going well, who has innovative programs? We need a forum where day providers can highlight what they are doing. It's hard for providers to know what's going on. There are 25 day providers and it would be great to hear what they are all doing. The Service Coordinators are only offering 3 providers to offer informed choice of providers. Could someone at DDS put something together that is one document that shows what all the providers offer in a short paragraph?
Response: It would be great to have marketing materials from providers because it would be easier to share information. The Provider Coalition could also work on putting together a document that shows what all the providers are doing.
Comment: Can we use the Person Centered Organizations for ongoing support in this transition work? Can we also include the People Planning Together training in the transition plan?
Response: We are starting a DC Learning Community for Person Centered Practices to focus on systems changes. We just had an internal launch and we will be opening it up to the community in March 2016. This work will align with where we want to go as a system as it is laid out in the transition plan.
Comment: Is there an intention to eliminate day habilitation all together?
Response: No, but we are looking to reduce the size of day habilitation settings and being more innovative about day options. It's not just about new providers, it's about diversity of offerings during the day that offer people opportunities for employment and community engagement.

March 14, 2016 – HCBS Settings Advisory Committee

Comment: For some of the policies, we've already had a lot of meetings. For example, we've already had two meetings about Personal Funds Policy and we're worried about further delay. If people with disabilities want more time to think about these policies, then that's different, but we're concerned that there will be more delays just to hear advocates or providers speak.
Response: We've heard from some advocates and providers that they want opportunities for ongoing feedback on policies, so they don't want a solid deadline on finalizing the policies at this point. For example, we are considering stakeholder groups on some of the issues related to leasing and locks.
Comment: Standard for heightened scrutiny – how will that be determined? Does DC have a standard in mind for who to put on that list? Is there a magic number based on the rating system from the CMS guidance? Be careful not to eliminate options.
Response: We're carefully reading the CMS exploratory questions for what we'd want to look at for heightened scrutiny review. Very few settings have been submitted for heightened scrutiny all over the country – only two or three so far. We will carefully review the results of the individual assessments and particularly the indicators related to isolation.

Comment: I was surprised that some of the settings weren't being considered for heightened scrutiny. For example, there is a person living in a very rural area in Indiana and I was surprised that hadn't been submitted for heightened scrutiny.
Response: We did a site visit to that location and he lives in a home that is typical to the area with a dedicated vehicle for transportation, which is how others in his neighborhood get around. Additionally, his provider had a specific transition plan about how they will comply with the HCBS Settings Rule.
Comment: What about the women who live in Florida? Why are they there?
Response: There are currently two people living in Florida and each chooses to remain there. One of the women's family is there and the other has a skin condition and does better in warmer, sunny weather. In out of state placements, as with all other settings, we use person-centered thinking tools and ensure informed choice. People are offered the opportunity to move back to the District on at least an annual basis as part of service planning. Additionally, the DDS Human Rights Advisory Committee reviews all proposed placements of people who live outside of a 25 mile radius of the District of Columbia and routinely reviews those continued placements to ensure that the person is in the least restrictive and most appropriate settings to meet his or her needs. Reviews of placements outside of a 25 mile radius of the District of Columbia occur at least annually, following review by the person's support team as part of the person's Individual Support Plan process. Please see http://dds.dc.gov/publication/hrac-procedures.
Comment: It might be helpful to look at certain apartment complexes and whether people are congregated in certain locations. For example, there are a lot of people in XXXXXXXXXXX and XXXXXXXXXXXX. It would be good to know that DDS is aware of the density and is looking at it. This should be included in the transition plan. *(Comment redacted to protect the privacy of people living in these apartment buildings.)*
Response: We understand that the rent cap and ADA accessibility often lead people to have limited choices. We did look at the apartment complexes you mentioned, and there are a lot of reasons people live there – it's close to public transportation, the apartments are large, it's affordable and in a good area. We're aware of this and are monitoring the density issue.
Comment: What is the rating of 6 in the assessments?
Response: Six is "not applicable" and they are taken out when we analyze the data. When PCR enters an N/A, they have to have a detailed response about why.
Comment: Is there more information about the day programs that isn't in the transition plan?
Response: We don't have all of the results from day programs yet because changed our plan for how and when we would do the assessments. We want to invest time first in helping day providers come closer into compliance with the rule, so we are offering a lot of TA while still monitoring.
Comment: How many day programs have more than 50 people and would then be subject to the change in the waiver amendment? I support the movement to make day programs smaller and what are you doing to ensure there will be the capacity to provide day services?
Response: In terms of capacity, as we decrease the number of people in day habilitation, we think this will boost IDS. We also added the companion service to supplement day services. We asked every DDA provider to become an RSA provider, which includes the national certification for supported employment providers, and we added small group day habilitation.
Comment: We should be downsizing day programs and getting people out of employment readiness who have been there for years. We should be limiting employment readiness even more. How many people have actually gotten jobs after employment readiness? I would limit ER

to one year and maybe a six month extension. I went to a pre-voc program recently and the people were sitting in the room stringing beads. I think three years is too long to continue to allow ER, especially for people who have been in the service for many years already.
Response: We worried that if we eliminated employment readiness altogether, we would slide back to more people being in day habilitation. We agree that the number of people who move from employment readiness into jobs, is not as high as we'd like it to be. We will consider further limiting employment readiness.
Comment: What kind of milestones would you set for employment readiness?
Response: The extension would be granted if a person has a job offer, but hasn't started work, is in the midst of a referral to a community based employment service, RSA or supported employment and is going through an intake process.
Comment: How did you choose the number 50 for the limit size to day habilitation?
Response: We based it on the current staffing ratio for day habilitation, which is based on 25 people.
Comment: What does it mean when you say that people with a 1 or 2 LON score would not be allowed in day hab unless approved by DDS? I worry that if someone had a LON of three or above, then we won't have the conversation about employment or leaving day habilitation.
Response: The current ISP process requires that we have a guided conversation with each person about employment and about whether they are in the most integrated community-based setting. We also require a vocational assessment for every person attending a day or vocational service through the waiver and a corresponding Job Search/ Community Participation Plan.
Comment: We do have some people who work part-time and then are going to day habilitation on their days off. Do they factor into the 50 person limit and LON score rules?
Response: We will consider daily census, especially since we are looking at limiting the number of days a person can attend day habilitation/ week.
Comment: If someone is getting supportive employment, is there a number of hours that a person has to be working for the provider to get reimbursed? In Maryland, when an hour requirement was implemented (four hours a day for five days a week) there was an exodus of people in supported employment, about 70%. It would be better to look at innovative services awards that would be tied to outcomes, but not necessarily tied to a specific person or number of hours they work.
Response: DC is one of six states in the AIDD Employment Learning Community and through this we have access to technical assistance. We've just asked for assistance with a review and recommendations of our supported employment rates across DDA and RSA, with an emphasis on promoting outcomes.
Comment: Where did you get the idea for peer employment?
Response: This was something we heard about at TASH. The Oregon self-advocacy group is doing something similar with sheltered workshops to talk to people about employment. Also, we've learned a lot from RK in his work with RCM. We are thinking of expanding peer employment, especially to supported employment and combining it with small group supported employment where people can essentially create job search groups. We developed the qualifications based upon peer employees in MFP programs around the country.
Comment: The issue with the lease is difficult because many landlords have a minimum income requirement that folks receiving DDA services don't have.
Response: CMS does allow for people to have written residency agreements with their provider as an alternative to a lease.

Comment: I'm concerned about not having a hard timeline on the Personal Funds policy. We know this needs to change and advocates get a lot of calls related to money.
Response: The policies that we are prioritizing for review include: human rights and behavior supports, most integrated day, personal funds, staff training, and contribution to cost of supports. We want to get deeper public engagement for all of these policies. Our overall goal is to complete all policy changes by September 30, 2018, but will be working on them on a rolling basis.
Comment: On page seven under residential habilitation, 86% of people did not have a lease or residency agreement. But then on the provider assessment, the leasing indicator was ranked as a 2 and on page 42, the indicator ranking was a 3. What is the most accurate assessment of how many people have a lease or residency agreement?
Response: You are comparing the provider self-assessment with results of PCR. We would look to PCR as more accurate than the self-assessment. However, for residential, we will also have data on site-by-site assessments, which are going on now.
Comment: On page 10, there is a discussion about divvying up providers into four categories. What is the process of doing that? Will providers be aware of that and will they have a chance to fix anything before getting labeled? I would recommend letting providers know which category they are in before publishing it.
Response: These are the CMS categories for heightened scrutiny review. Yes, we would work with providers before submitting them for heightened scrutiny to develop a packet of the information we would submit to show that they will be able to meet the HCBS Settings Rule by March 2019.
Comment: Will the training policy, including the change in phase training be finalized by September 2016?
Response: Yes, that is our goal. We are working closely with the Training Advisory Committee on revisions.
Comment: Through DRDC's advocacy, monitoring and litigation, we appreciate that the majority of people with intellectual disabilities who receive waiver services live in small homes or apartments. These homes are near community resources, transportation and opportunities. However, there are at least two apartment complexes in the District of Columbia which residential providers have extensively relied upon to provide housing to waiver participants. One of these apartment buildings even has a separate visitors' sign-in sheet for "caregivers." The District should assess whether these large cluster of apartments have resulted in congregate-like housing for people with intellectual disabilities.
Response: DDS is aware of the density issue in these buildings and monitors any new people moving in to ensure that they are based upon the person's choice, rather than provider convenience. These buildings are affordably priced, located near metro, with large apartments, in safe neighborhoods. DDS will carefully review the results of the personal assessments to ensure that people in these locations have the same access to the greater community and integration opportunities as people living in other residential settings.
Comment: DRDC questions why two women from the District of Columbia receive waiver services in Florida. Although they may live in a typical Florida neighborhood, they are far from the District and possibly, their family and friends. The District should address why it is necessary to place these women in Florida.
Response: There are currently two people living in Florida. In one instance, the person's family lives in Florida nearby. For the other person, she has a health condition which

benefits from living in a sunny, warm climate. In each instance, the person is offered the opportunity to move back to DC at least annual at the ISP meeting.

Comment: DRDC also disagrees that the waiver participant who lives in Indiana is placed in an integrated residential setting. Living in the middle of corn fields, even in Indiana, cannot be considered an integrated community setting that enables the person access to community events of their choosing.

Response: DDS did an on-site assessment of this setting. It is a home that is typical of the community and the person has a vehicle to get around the neighborhood, which is typical transportation for the area. Additionally, the provider submitted a detailed transition plan to describe how it will meet the requirements of the HCBS Settings Rule.

Comment: The District states it is still assessing its facility-based day settings for HCBS Settings compliance and have yet to make a determination as to whether these day settings have the effect of isolating people receiving waiver services from their community. The District later describes the technical assistance, "intensive monitoring" and 469 visits made to 12 day habilitation and employment readiness providers. It is surprising that after all of these efforts, the District cannot make a determination of whether these programs isolate the participants from the community.

Response: DDS is waiting to complete its site assessments to make the estimate of compliance after reviewing data from the system as a whole. The assessments will be completed by July 31, 2016 and results will be published in the updated Statewide Transition Plan, to be submitted to CMS by September 31, 2016. That plan will be published for public comment.

Comment: The District states that that it does not have any day settings that are "gated or secured communities for people with intellectual disabilities." Stakeholders have not been a part of this determination. There are day habilitation providers that are located in large warehouse-type buildings, sometimes covering an entire block, whose doors are locked to the public. The people who attend the programs are not able to leave when they choose and spend the majority of their day in the day habilitation facility, segregated from the rest of their community. These buildings should be considered secured communities.

Response: DDS will make a determination of which programs to submit for heightened scrutiny after we have completed the statewide site-by-site assessment of day programs. The public will have an opportunity to comment on this determination.

Comment: DRDC participated and continues to participate in the series of meetings to review DDS' policies and waiver rules and regulations and to discuss changes that were necessary for compliance with the HCBS Settings Rule. DRDC applauds all of DDS' efforts in gathering community input, both in working meetings and in public forums, and making the necessary changes to many policies and regulations. One of the remaining policies in need of updating to comply with the Settings Rule is DDS' Personal Funds Policy and Procedure. The current policy does not include the rights of people with intellectual disabilities to access and control their funds and make their own purchases. DRDC and other stakeholders met in April 2015 and again in June 2015 and had lengthy discussions about the changes that are needed to ensure people have access and control over their own funds and property. DRDC continues to hear from clients who receive services from DDA that their residential providers fail to give them full access to their financial benefits and earnings. DDS must prioritize this policy, seek additional community input if needed, and finalize a policy that protects people with intellectual disabilities' right to control their resources.

Response: DDS agrees that this policy is a priority and must be revised to align with the requirements of the HCBS Settings Rule. DDS appreciates the feedback from the HCBS Settings Advisory Group. DDS's Development of Policies and Procedures Policy requires public input on this type of policy change. Please see http://dds.dc.gov/publication/development-policies-and-procedures-policy-2013. DDS plans to seek broader feedback on this policy change, from stakeholders include people we support and their families, providers, and other advocates.

Comment: As many people with intellectual disabilities spend much of their days segregated in day habilitation facilities with very little to no community engagement, DRDC is pleased that the District intends to place limits on placement in Day Habilitation programs and instead promote placement in supportive employment programs and placement in Individualized Day Supports. DRDC questions, however, why the limitations on day habilitation only exist for those with lower Levels of Need scores. DRDC understands that providing community-based programs and employment opportunities may be more complicated for people with more involved physical or behavioral needs, however, they must also have the opportunity to live meaningful, individualized and productive lives in the community. DDS should scrutinize the placement of all people in day habilitation programs to ensure that waiver participants' options are not limited, regardless of the severity of their disability.

Response: DDS disagrees with the characterization that people in day habilitation programs have very little to no community engagement. We require by regulation that all Day Habilitation service activities must be based on what is important to and for the person as documented in his or her Individualized Support Plan and reflected in his or her Person-Centered Thinking and Discovery tools. We added specific allowable activities to the regulations, including but not limited to:

- Skills development that increase participation in community activities, enhance community inclusion, and foster greater independence, self-determination and self-advocacy;
- A diversity of activities that allow the person the opportunity to choose and identify his or her own areas of interest and preferences;
- Activities that provide opportunities for socialization and leisure activities in the community, community explorations;
- Activities that support the person to build and maintain relationships; and
- Small group community-based activities that promote integration and inclusion. These must occur in the community in groups not to exceed four (4) participants for regular day habilitation or three (3) participants for people in small group day habilitation. The activities, frequency and duration must be based on people's interests and preferences as reflected in their Individualized Support Plan and Person-Centered Thinking and Discovery tools. Except when a person's ISP indicates a lower frequency, each person must be offered the opportunity to engage in community integration and inclusion activities at least once per week.

We also require that each Day Habilitation provider develop, with the person, an individualized schedule of daily activities based upon the person's goals and activities as identified in his or her ISP, and consistent with what is in his or her Person-Centered Thinking and Discovery tools, of

meaningful adult activities that support the person on his or her pathway to employment and community integration and inclusion.

Nonetheless, DDS agrees that we ought to limit large group day habilitation across the board so that people attending these congregate programs will have real life experience participating in alternate day activities and can better engage in informed choice in how they wish to spend their days. DDS will publish waiver amendments for public comment that would eliminate the option for day habilitation for people with a level of need score of 1 or 2; and that would limit large group day habilitation to no more than 24 hours per week for everyone else.

Comment: The District's Plan states that the limitations on the placement in day habilitation programs for people with a Level of Need score of 1 or 2 can be overridden if approved by DDS. Transition Plan at 18-19. The Transition Plan should provide more detail as to what DDS may consider when approving these individuals for day habilitation services.

Response: DDS will describe this when we publish the waiver amendments for public comment. The reason we propose including this is to have a safety-net for people who may need a little more time to transition. We will be interested in public feedback on the waiver amendments.

Comment: DRDC hopes that the addition of peer employees in day habilitation and employment readiness programs will result in increased interest in employment by waiver participants who have spent much of their lives attending segregated day programs.

Response: Thank you. We were inspired by a similar program in Oregon that has people with intellectual disabilities who are successfully engaged in competitive integrated employment provide peer mentoring in sheltered workshops. Based on positive feedback on this section in other forums, we are considering expanding this to supported employment services as well. We will describe this in detail in the waiver amendments that we will publish for comments.

Comment: DRDC supports the District's plan to limit the size of existing and new day habilitation programs. It would be helpful if the District could explain why it placed the limit on 50 participants and why it believes that limiting the programs to 50 participants will encourage more meaningful activities and community integration.

Response: The current rate methodology for large group day habilitation services is based on a 1:25 ratio. We wanted to propose a size limitation based upon that methodology so that providers could more easily understand what the change might mean to their business model. In terms of why we believe limited size will encourage community integration, it seems like there will be greater opportunity for agility and responding to change in a smaller model.

Comment: DRDC also supports the time limitation the District will place on Employment Readiness services. People with intellectual disabilities should not need to prove they are "ready" for employment and should learn job skills in the community, on a job site. Working on "readiness" skills in a day program setting or facility is unlikely to lead to the necessary skills in real employment settings. DRDC is aware of many people who have been receiving employment readiness services for many years and have yet to be placed in employment. Although DRDC understands the need for a discovery process, two years is too long for people to remain in employment readiness programs. Instead, placement in employment readiness should be limited to one year with another six month extension possible if the person is in the final stages of securing employment. The District should ensure that the time spent in

"readiness" programs focuses on exposure to employment opportunities including job shadowing, information interviews, internships and volunteering.
Response: We have already amended the Employment Readiness regulations to require that Employment Readiness services include employment exploration and/ or preparation of employment readiness and inclusion activities in the community; and coordinating community-based, integrated, volunteer experiences. Nonetheless, DDS agrees to publish waiver amendments for public comment that further limit Employment Readiness to 2 years without any extension by November 2017.
Comment: DRDC questions the results of the providers' self-assessments as the scores appear higher than we would anticipate based on our experience and ask that the District validate the assessments. The providers' self-assessments differ from the results of DDS' recent PCR reviews. For example, the fourth quarter PCR reviews found that 86% of the residential habilitation providers assessed stated that the people they support do not have a written lease or written residency agreement that provides the same protection from evictions as other tenants. Yet, the providers rate themselves much higher on this measure. DRDC also questions how day habilitation and employment readiness providers responded to questions about sleeping or living space. Similarly, DRDC questions the PCR's reviews use of "N/A." In an attachment to the Transition Plan, questions regarding individuals' transportation skills and whether the setting provides opportunities to receive services in the community include a "N/A" option. It is unclear how those areas could ever be not applicable. *See Attachment entitled "Day Service HCBS Indicators That Were Not Met At Rates Greater Than 10%."*
Response: DDS conducted an initial validation of provider self-assessments, as described in the Transition Plan. However, we are doing further validation using PCR results for day settings and PCR and personal experience assessments for residential settings. All of our tools cross-walk with each other and the HCBS Settings Rule.
The PCR tool includes interpretive guidance for when using n/a is appropriate and DDS reviewed all of the n/a responses that related to HCBS Settings Compliance. For example, a person might have an N/A in transportation if the person already uses public transportation successfully and does not need additional support.
Finally, the self-assessment tools are available on-line at: http://dds.dc.gov/page/waiver-amendment-information. As you will see, there are separate tools for day and residential providers.
Comment: While the District's Transition Plan states that providers that are unwilling or unable to comply with the Settings Rule must cooperate to ensure all of the individuals they support are transitioned to new providers, it does not address the steps the District has taken or will take to ensure there is sufficient capacity to enable choice and access to providers who are in compliance. DRDC expects several of the large day program providers will fail to comply with the Settings Rule, and the District's plan must address how it will increase the capacity, especially in the area of IDS providers and supported employment providers.
Response: DDS has been engaged in a multi-year strategy to increase opportunities for employment first and meaningful days. We have amended the waiver to include more day service options, such as IDS, Small Group Day Habilitation, and Companion services. We have amended service definitions to require community engagement and allow for employment exploration in all day services. There are corresponding changes to the regulations and licensing and monitoring tools. To support these efforts, we have been working with providers on

strategic plans to adapt their services and comply with the HCBS Settings Rule, as well as offering ongoing training and technical assistance. DDS is actively recruiting for new providers.

Section VIII: Outreach and Engagement for the Updated Statewide Transition Plan

A. DC published notice of the proposed transition plan in the DC Register on March 10, 2017-, launching a thirty (30) day public comment period which began on March 13, 2017. DDS and DHCF also posted notice on our websites, sent email announcements to our stakeholder lists, and made announcements at community events.

B. DDS and DHCF posted the entire Statewide Transition Plan, including attachments, on our websites at the start of the public comment period, and made it available in hard copy upon request and at all public meetings when its contents were under discussion.

C. DC hosted two public forums. Following the opening of the public comment period, one took place on March 30, 2017 in the southeast quadrant of the city. A second forum occurred on for April 3, 2017 in the northwest quadrant of the city. At the forums, we accepted oral comments into the record. The 2017 public forums follow the two public forums in March 2016 as announced below.

HCBS Transition Plan Forum

DDS HCBS Transition Plan Forum Poster

D. DDS and DHCF hosted and attended meetings with community groups and accepted oral comments into the record, upon request, including, but not limited to the following groups: Project ACTION!; ADAPT/Direct Action; HCBS Advisory Group; Long Term Care Coalition; Coalition of Providers Day and Vocational Committee; and Coalition of Providers Residential Committee; DC Health Care Association; DC Home Health Association; Georgetown University Center for Excellence in Developmental

Disabilities Community Services Advisory Committee; and DC Center for Independent Living. Although DC offered meetings with each of these groups, only the DC Provider Coalition and DC Health Care Association requested individual meetings.

E. In addition to oral comments during the public forums, DDS and DHCF accepted comments during the public comments period by phone and in writing.

F. DHCF and DDS responded to all public comments received and made changes to the Statewide Transition Plan, as appropriate, based on those comments.

G. DDS and DHCF will publish the public comments and responses on its website, and will store the comments and responses for CMS and the general public, within one week of submission of the Statewide Transition Plan to CMS.

H. DDS and DHCF will post the revised Statewide Transition Plan on our websites along with all previously posted iterations, and the rationale for changes made. On the DDS site, this will be posted on the DDS Waiver Amendment Information page (http://dds.dc.gov/page/waiver-amendment-information) within one week of submission to CMS.

I. DDS and DHCF will post a version of this Transition Plan in a work-plan/ table format that is more user-friendly and easier to track, to help ensure ongoing accountability to stakeholders. This will be developed by the DDS Performance Management Unit and DHCF staff by May 31, 2017 and will be posted on the DDS website on the Waiver Amendment Information page by DDS IT, and on the DHCF website by the Office of the Chief Technology Officer by June 30, 2017.

J. In addition to the explanation of the HCBS Settings Rule at the public forums, DDS designed and held trainings for people who receive supports and their families and other stakeholders on the requirements of the Rule, changes they can expect to see that may affect their supports, and how they can be involved in the transition process. As an example, DDS hosted a community forum in Fall 2015, entitled *The HCBS Settings Rule: What Changes Can I Expect*, explaining the HCBS Settings Rule as well as upcoming changes to regulations and policies. We also have provided updates at Project ACTION! and DC Supporting Families Community of Practice meetings.

HCBS Settings Rule PowerPoint

DDS and DHCF will continue to engage with people who receive supports and their families and other stakeholders on the requirements of the Rule, changes they can expect to see that may affect their supports, and how they can be involved throughout the transition process.

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