GOVERNMENT OF THE DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA STATEWIDE TRANSITION PLAN
UPDATED MARCH 2016

Section I: Introduction

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, in the Spring 2015 issue of the Riot, self-advocacy leaders explain what the rule means for people with disabilities in plain language. Read it here: http://www.theriotrocks.org/the-riot-newsletter. Finally, 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, linked here: (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 Centers for Medicare and Medicaid Services (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.

Below is the District of Columbia's Statewide Transition Plan for the HCBS waivers for people with intellectual and developmental disabilities (IDD) and elders and people with physical

disabilities (EPD). This is the March 2016 update of the Transition Plan. It was noticed in the DC Register and posted on the DDS and DHCF websites for public comment. For DDS, it, along with all prior iterations of the plan, are available at: http://dds.dc.gov/page/waiver-amendment-info. Please see Section VI, Outreach and Engagement, for more information on the District's public comment process.

DDS appreciates all of the public feedback we have received and the ongoing work of our 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. Meetings are also posted on our website at http://dds.dc.gov/ under Upcoming Events.

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

A. District of Columbia HCBS IDD Settings

DDS offers the following residential services that take place in HCBS Settings: Host Homes; Supported Living (including Supported Living with Transportation) and Residential Habilitation. Day and Vocation supports that take place in HCBS Settings are available through the following services: Day Habilitation; Small Group Day Habilitation; and Employment Readiness. Note that 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. 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 1, 2016.

Service	**# of Sites**	**# People Receiving Services**
Supported Living	532	844
Host Home	72	92
Residential Habilitation	43	152
Day Habilitation (Large group only)	3 totally community based	699
	22 with a facility	

Employment Readiness	5 totally community based	404
	12 with a facility	

The following chart indicates whether day settings are facility based or community based, by provider for each day service, as of December 2015.

Service: Day Habilitation	Setting
Art & Drama Therapy Institute(ADTI)	Facility Based
Art Enables	Facility Based
Benedictine School	Facility Based
Bridges Center	Facility Based
Bridgeway Day Habilitation	Community Based
Capital Care, Inc	Facility Based
Capitol Hill Supportive Services(CHSSP)	Facility Based
Choices Unlimited	Facility Based
Crystal Springs	Facility Based
Deaf Reach	Facility Based
Healthtech	Community Based
Helping Hands	Facility Based
Metro Day	Facility Based
National Children's Center(NCC)	Facility Based
Phase II Academy	Facility Based
Progressive I	Facility Based
Progressive II	Facility Based
Project Redirect	Facility Based
PSI	Facility Based
Res Care	Facility Based
St. Coletta's	Facility Based
St. John's	Community Based
UCP-I	Facility Based
Vested Optimum	Facility Based
Wholistic Day	Facility Based

Service: Employment Readiness	
Art & Drama Therapy Institute(ADTI)	Facility Based
Bridges Center	Community Based
Capital Care	Facility Based
Capital Hill Supportive Services(CHSSP)	Community Based
Choices Unlimited	Facility Based
Deaf Reach	Facility Based
Headstart to Life(HSTL)	Facility Based
Healthtech	Community Based
Kennedy Institute	Facility Based
MBA Non-Profit Solution	Facility Based
NCC	Facility Based
Phase II Academy	Facility Based
Project Redirect	Facility Based
PSI	Community based
RCM of Washington	Community based
St. Coletta's	Facility Based
St. John's	Community based
Vested Optimum	Facility Based

B. Heightened Scrutiny

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

With one exception discussed below, DC does not have any HCBS residential settings that have the qualities of an institution and therefore, we do not intend to submit any residential settings for heightened scrutiny review at this time.First, DC does not have any HCBS 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 our HCBS 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 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.

DC's 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 waiver residential settings are small (6people or less, with the majority being 3 people or less) and 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. DC also has several residential settings located outside of the DC metropolitan area, all of which are are small (5 people or less) and located within typical neighborhoods. As examples, in Florida, two women from DC share a home with three other women for a total of 5. The home is located within a typical Florida neighbor. In Indiana, while the person lives on a large plot of land in the middle of corn fields, many people in Indiana live that way. He has neighbors that you can see from his home. The home has a van, which allows him frequent access to the neighboring town.

Although many of the residential settings support exclusively people with intellectual disabilities, in some instances people live with their spouses, partners, and/ or children. Additionally, although a Supported Living apartment might house a couple of people with intellectual disabilities living together, the building in which the person lives is fully integrated. 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 and attend separate day and vocational programs and/ or are employed. Additionally, by policy, DC does not allow use of restrictions that are used in institutional settings, such as seclusion or time-out room. Please see DDS Human Rights Policy, available on-line at: http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy.

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, DDS 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 is not aware of any private homes in which people who receive HCBS IDD 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. DDS requests that if the public is aware of any such settings, they let us know through the public comment process.

DC has two residential settings which are on the grounds of a privately-owned facility that provides inpatient treatment. These support five DC residents with intellectual disabilities. DC plans to move those people before the end of the transition period and will provide additional information on the timelines in an update to the Statewide Transition Plan.

As will be described below in Section IV, Assessment & Remediation, , DC has revised its governing waiver regulations to require compliance with HCBS Settings requirements and has updated its Provider Certification Review to ensure compliance for new and existing providers. We also have revised our Service Coordination Monitoring tool to do a person-by-person residential site assessment for HCBS Compliance on an ongoing basis. Finally, DDS has an 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. Please see: http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/HCBS%20Settings%20Rule%20Compliance.pdf; http://dds.dc.gov/publication/imposition-sanctions-policy; and http://dds.dc.gov/publication/imposition-provider-sanctions-procedures, respectively.

DDS 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. An analysis of data from the fourth quarter results of CY2015 for Provider Certification Review (PCR) identifies three main challenges with compliance: community-based transportation, leases, and lockable living spaces. Data from the personal experience assessments indicate challenges with control of personal funds and leases. Additionally, we have found that Residential Habilitation providers overall are experiencing greater challenges with coming into compliance with the new requirements.

Our current approach is to provide technical assistance and training to build capacity for sustainable compliance. However, as indicated above, DDS has authority for sanctioning providers who do not show improvement or cooperate in achieving compliance with the HCBS Settings Rule. DDS is providing training and technical assistance in all challenge areas one-to-one through provider performance review, certification review, and, as a group, through monthly Provider Leadership meetings and additional training opportunities.

Here is aggregate data from the fourth quarter PCR reviews. The results from the Personal Assessment tool, to date, are included below, in the section on Residential Site-Based Assessments.

- Community-Based Transportation (related to HCBS Settings Rule requirement: The home is integrated and supports access to the greater community).

	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Residential Habilitation	Are there strategies in place to assist the person in developing transportation skills?	8	2	5	10	20%
Supported Living	Are there strategies in place to assist the person in developing transportation skills?	15	5	4	20	25%
Host Home	Are there strategies in place to assist the person in developing transportation skills?	4	1	1	5	20%

- Leases or Written Residency Agreement (related to HCBS Settings requirement: 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.)

	Indicator	# Yes	# No	# N/A	Total Yes + No	% No
Residential Habilitation	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?	2	12	1	14	86%
Supported Living	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	10	14	0	24	58%

	the jurisdiction?					
Host Home	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?	2	2	2	4	50%

- Lockable Living Spaces (related to HCBS Settings Rule requirement: If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.)

	Indicator	**# Yes**	**# No**	**# N/A**	**Total Yes + No**	**% No**
Residential Habilitation	Is the person's living space lockable and do they and appropriate staff have keys?	5	8	2	13	62%
Supported Living	Is the person's living space lockable and do they and appropriate staff have keys?	13	9	2	22	41%
Host Home	Is the person's living space lockable and do they and appropriate staff have keys?	5	1	0	6	17%

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. DDS will provide an updated report on residential provider compliance with the HCBS Settings Rule in the

next Updated Statewide Transition Plan, no later than September 31, 2016, and ongoing thereafter.

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

The District does not have any day settings in a publicly or privately-owned facility that provide inpatient treatment; or 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.

DDS is still in the process of fully assessing our facility based day settings for HCBS Settings compliance, as discussed in Section IV, below. Based upon the results of that assessment, we will make a determination as to whether any of the day settings have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. If, based upon review of assessment data, DC determines that one or more of our day, vocational or residential settings have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS, DDS will either: (1) submit evidence to CMS for heightened scrutiny review; or (2) determine that the setting is not likely to meet the HCBS Settings Rule by March 17, 2019 and will transition people to a new provider and eliminate the setting from the program.

In the event that DDS submits a provider setting for heightened review, DDS will conduct an on-site review, engage stakeholders and solicit public input, including posting at least two notices and offering 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, DDS will coordinate transitions and ensure continuity of services in accordance with DDS's Transition policy and procedure, available on-line at: http://dds.dc.gov/book/ii-service-planning/transition-policy-and-procedures. DDS, DHCF and the Department of Health (DOH), where appropriate, shall oversee all necessary transition processes. DDS will ensure sufficient timelines such that the person has the opportunity to visit alternative providers and engage in informed choice, using current ISP requirements. Please see: http://dds.dc.gov/publication/assessing-most-integrated-day-informed-consent.

The District is cognizant that we must leave adequate time to allow people informed choice of alternative service providers in the event that a provider is terminated from the waiver program. DDS will ensure reasonable notice and due process, including at least thirty (30) days' advance notice 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.

The District plans to update the Statewide Transition Plan in September 2016, and will provide an update on any plans to submit day and employment providers for Heightened Scrutiny at that time.

C. Estimate of Compliance with HCBS Settings Rule

As described below, in Section IV, DDS has not yet completed its assessment process of all HCBS Settings and therefore cannot provide detailed estimations on the number of settings that meet the requirements of the HCBS Settings Rule, and whether there are settings that would require heightened scrutiny. Nonetheless, based upon our understanding of the rule and our systems requirements, DDS estimates that all of our settings are all at least partially compliant with the Rule and that many of our Supported Living and Host Home residential settings are nearly fully compliant with the Rule. DDS is able to estimate that all of our settings are at least partially compliant with the rule, because there are a number of elements of the HCBS Settings Rule that DDS had already required via statute, regulation, policy, procedure, or other practice, and many others that we have since added, as indicated in the results of the systemic assessment, attached.

Upon completion of the site specific assessment process described below in Section IV, DDS will provide CMS with our best estimate of the number of settings that: (a) fully comply with the federal requirements; (b) do not comply with federal requirements and will require modifications; (c) cannot meet the federal requirements and require removal from the program and/ or relocation of people; and (d) are presumptively non-home and community-based, but for which the District of Columbia will provide justification that these settings do not have the characteristics of an institution and do have the qualities of home and community-based settings. DDS's analysis and estimate will be completed by July 31, 2016, with results submitted to CMS no later than September 30, 2016. DDS will follow CMS requirements for public notice and comment prior to submission.

Section III: District of Columbia 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

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.

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://dds.dc.gov/publication/general-provisions-dda.

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.

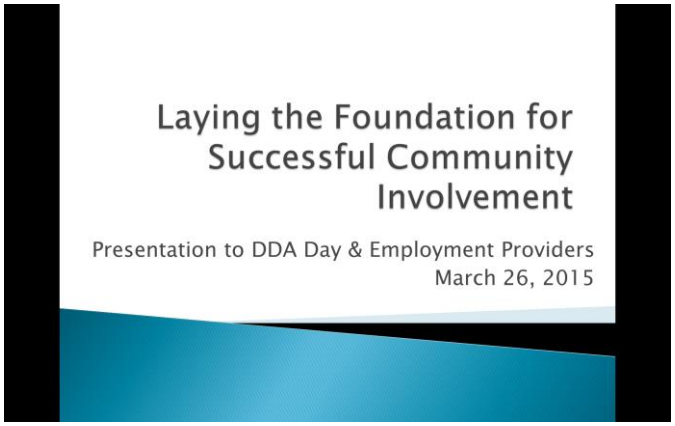
Discovery, Positive Personal Profiles, and Job Search/ Community Participation Plans

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 plans to continue to offer both of these trainings, on at least a quarterly basis, with the first session taking place on January 13, 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.

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.



DDS also provided training and support in" Community Mapping" on both a person-specific and neighborhood/Ward specific basis and training on "Community-Based Transportation Strategies." DDS has developed and shared materials for recruiting Direct Support Professionals 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.)

To improve individualization of services, in July 2015, DDA put out standards for daily schedules for people who attend day programs. First, we 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, and/or skill building. Skill building should support the person on his or her pathway to community integration and employment and may include skill building in support of community involvement and participation; community contribution; 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. 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. 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.

In FY 2016, DDS is continuing to facilitate forums for discussions on efforts to enhance opportunities for community integration with HCBS IDD waiver providers and offer training and support at the Day and Vocational Provider Community of Practice. Additionally, providers who participated in the provider transformation projects created strategic plans, which are being followed and discussed at their regular Provider Performance Review meetings. To learn more about Provider Performance Review, please see: http://dds.dc.gov/page/dda-provider-performance-reviews.

Employment First

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.

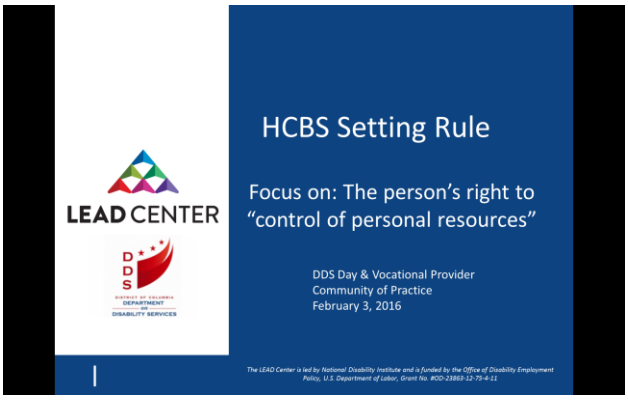
In FY 2015, through a grant from the U.S. Department of Labor's Office of Disability Employment Policy, three HCBS IDD waiver provider agencies received technical assistance focused on Provider Transformation, to assist them in building their capacity to support employment. DDS/DDA also convened a full-day 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, DDS continues to participate as a grantee in both the Department of Labor, Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP) and the Administration on Intellectual and Developmental Disabilities' Employment Learning Community (ELC). Through these two initiatives, DDS will continue to offer capacity building on Employment First practices. As an example, DDS has worked with national experts to create a Customized Employment Community of Practice, which will train local agency provider staff, as well as DDS staff, to become

subject matter experts on successfully implementing customized employment.

Monthly Provider Leadership Meetings

In addition to offering opportunities for training and technical assistance, DDS will communicate about 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 (for Residential, Day and Vocational providers) and Day/ Vocational Community of Practice. 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.



B. 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 are actively promulgating regulations to implement these changes, with most already published. 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 October 23, 2015 and are available on-line at: http://dds.dc.gov/publication/day-habilitation-services.

- 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 October 23, 2015 and are available on-line at: http://dds.dc.gov/publication/day-habilitation-services.

- 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 will be published on an emergency and proposed by April 2016.

- 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 an emergency and proposed basis on September 25, 2015 and are available on-line at: http://dds.dc.gov/publication/general-provisions-dda.

- Future waiver amendments will be discussed in Section IV, Assessment and Remediation, below.

Section IV: Assessment & Remediation

A. DDS Policy on Compliance with HCBS Settings Rule

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.

B. State Level Self-Assessment

The State established an HCBS Settings Rule Advisory Group and held a series of meetings to assess all rules, regulations, licensing requirements, certifications processes, policies, 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) 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 recently reconvened the group to provide input into a draft of proposed Host Home regulations.

   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). The HCBS waiver is available on-line at: http://dds.dc.gov/publication/approved-hcbs-idd-waiver-9-24-2015.

      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. Once DDS has received feedback during the public comment period for the Transition Plan, 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 .

      - **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.

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

        - New admissions: People who are 64 and younger and have Level of Need score of 1 or 2 would not be eligible to attend Day Habilitation programs, unless approved by DDS.
        - New admissions: People who are 64 and younger and have a Level of Need score of 3 would not be eligible to attend Day Habilitation

programs, unless they have tried other day and employment options for one year first, or they were approved by DDS.

- New admissions: People with a Level of Need score of 3 or 4 may not attend Day Habilitation more than 4 days per week. Wrap around services are available.
- People currently receiving day habilitation services: Within one year from the date of the approved waiver amendments, any person with a Level of Need score of 1 or 2 would no longer be eligible for Day Habilitation services and must instead be offered employment services, either through the waiver, RSA, or other community based options. Wrap around supports such as IDS would be available if a person, for example, attended RSA supported employment for half of a day. 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.

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.

- **Peer Employees in Day Habilitation and Employment Readiness**

  - Day Habilitation

    Modify requirements for individual employees to include people with an intellectual disability who have successfully navigated community integration, with or without supports. For these peer employees, the proposed qualifications would be as follows:

    - Be at least eighteen (18) years of age;
    - Be acceptable to the person to whom services are provided;
    - Comply with the requirements of the Health Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (DC Law 12-238; DC Official Code § 44-551 *et seq.*), as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13, 2002 (DC Law 14-98; DC Official Code § 44-551 *et seq.*);
    - Have an intellectual disability; and

- Have experience successfully participating in a range of integrated, community-based activities, which may include employment, with or without supports; and at least one of the following:
  - Participating in advocacy meetings;
  - Advocating on behalf of people with disabilities;
  - Be trained in advocacy on behalf of people with disabilities by an advocacy organization; or
  - Be trained and certified in peer counseling by a certified peer counseling program.

  These employees would be exempt from the DDA's competency based training requirements as it relates to DDA's Direct Support Professional Training Policy, but shall be trained on DDA Incident Management and Enforcement Unit, Human Rights policies, and any other DDS required trainings.

- Employment Readiness

  Modify requirements for individual employees to include people with an intellectual disability who have experience working in competitive integrated employment, with or without supports. For these peer employees, the proposed qualifications would be as follows:

  - Be at least eighteen (18) years of age;
  - Be acceptable to the person to whom services are provided;
  - Comply with the requirements of the Health Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (DC Law 12-238; DC Official Code § 44-551 *et seq.*), as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13, 2002 (DC Law 14-98; DC Official Code § 44-551 *et seq.*);
  - Have an intellectual disability; and
  - Have experience working in competitive, integrated employment, with or without supports; and at least one of the following:

    - Participating in advocacy meetings;
    - Advocating on behalf of people with disabilities;
    - Be trained in advocacy on behalf of people with disabilities by an advocacy organization; or
    - Be trained and certified in peer counseling by a certified peer counseling program.

These employees would be exempt from the DDA's competency based training requirements as it relates to DDA's Direct Support Professional Training Policy, but shall be trained on DDA Incident Management and Enforcement Unit, Human Rights policies, and any other DDS required trainings.

- **Size Limitations on Day Habilitation and Employment Readiness Settings**

  - In order to be eligible to provide HCBS day habilitation or employment readiness services, any new setting location may not include more than fifty people who receive HCBS waiver services or supports from an ICF/IDD and are engaged in active treatment.

  - Current settings that have a census under 50 people may not exceed fifty people who receive HCBS waiver services or supports from an ICF/IDD and are engaged in active treatment.

  - Current settings that have a census above 50 people who receive HCBS waiver services or supports from an ICF/IDD and are engaged in active treatment will not be eligible for new HCBS waiver referrals until their census is under fifty people.

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

  Limit the length of time a person can consecutively attend employment readiness programs to two years, unless approved by DDS. Allow a one year extension to a maximum of three years if the person has been referred to RSA, supported employment, or another community-based employment service, and is going through the intake and evaluation process; or if those employment services do not cover the typical Monday to Friday daytime hours. For people currently receiving Employment Readiness services, the time limitation would begin to run upon approval of the waiver amendment. Likewise, these limitations would apply to anyone new admission to Employment Readiness services.

b. All regulations governing HCBS. The regulations are available on the DDS website at: http://dds.dc.gov/page/hcbs-waiver-service-description.

   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. 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, HOME AND COMMUNITY-BASED SETTING REQUIREMENTS, requiring the following:

For all HCBS settings (Supported Living, Supported Living with Transportation, Host Home, Residential Habilitation, Day Habilitation, Small Group Day Habilitation, and Employment Readiness) the settings must:

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

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

- Be physically accessible to the person and allow the person access to all common areas;

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

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

- Provide information on individual rights;

- 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;

- Facilitate the person's choices regarding services and supports, and who provides them;

- 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;

- Provide opportunities for the person to engage in community life; and

- Allow visitors at any time, with any exception based on the person's assessed need and justified in his or her person-centered plan.

All HCBS residential settings (Supported Living, Supported Living with Transportation, Host Home, and Residential Habilitation) must:

- Be integrated in the community and support access to the greater community;

- Allow full access to the greater community;

- 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.

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

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

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

    - Control over his or her personal funds and bank accounts;

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

    - Access to food at any time.

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

- Privacy for personal care, including when using the bathroom;

- Access to snacks at any time; and

- Meals at the time and place of a person's choosing.

Any deviations from the requirements above 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:

- What the person's specific individualized assessed need is that results in the restriction;

- What prior interventions and supports have been attempted, including less intrusive methods;

- Whether the proposed restriction is proportionate to the person's assessed needs

- What the plan is for ongoing data collection to measure the effectiveness of the restriction;

- When the HRC or the person's support team will review the restriction again;

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

- Whether the HRC has assurance that the proposed restriction or intervention will not cause harm.

All of the above changes have been made and are in effect. Additionally, we made updates to the 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, particularly for day programs. Rather than make all of the changes at one, 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, Day Habilitation, and Employment Readiness regulations, to continue to implement standards that meet the requirements of the HCBS Settings Rule for all settings. The next round of regulatory revisions will take place by July 2016. 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.

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. At the time DDS makes the requirements mandatory, all indicators within Domain 9, will become QA indicators, a weight will be assigned to them and they will be moved to the appropriate domains 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: The provider is working to develop systems to insure implementation of indicators to meet the Home and Community Based settings rule.

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. At the appropriate time, they will become QA, assigned a weight and inserted into the appropriate outcome.

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:

1. Day Habilitation
2. Day Habilitation 1:1
3. Employment Readiness
4. Supported Living
5. Supported Living Periodic
6. Host Home
7. Residential Habilitation
8. 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 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. The thought behind this, was 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 will allow 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.

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

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 and the Mayor's Inter-Agency Task Force on Intellectual and Developmental Disabilities, has also reviewed and began efforts on remediation. New regulations are expected to be published in 2017. DDS will provide an update on remediation efforts in the Updated Statewide Transition Plan.

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 timelines and milestones include greater specificity for the next year and will be updated in future updates to the Statewide Transition Plan. Statewide Assessment Reporting Charts, attached, . for the results of the systemic analysis of policies and procedures and projected timelines for completion during 2016 and beyond.

Of note, DDS has made changes to its Provider Performance Review (PPR) policy and procedure, 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 staff will check the provider's progress on meeting their areas of improvement, including compliance with the HCBS Settings Rule.

f. Provider training requirements. DDA's provider training policy is available on-line at: http://dds.dc.gov/book/vi-administrative-dda/direct-support-professional-training-policy-and-procedure. 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. DDS identified a number of providers, including many of our large day programs, for whom we required a specified ratio of attendance, specifically one manager or executive level staff person per 12 people receiving services. DDS is considering expanding this requirement to all providers when it updates its Training policy and procedure. That policy is expected to be promulgated by September 2016.

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.

g. Human Care Agreements, sample available on-line at: http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Residential%20Expenses%20and%20Services%20DCJM-2015-H-0006.pdf.

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 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.

As the HCA also requires that the provider follow all of the governing waiver regulations and DDS policies and procedures, no further changes are required. A sample HCA for residential expenses is available on-line at: http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Residential%20Expenses%20and%20Services%20DCJM-2015-H-0006.pdf. Please 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, 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. DDS is

initiating cost reporting this year. Through that process we may be able to identify additional areas for change. DDS is also always open to receiving input on the rates.

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 it to the Issues system. 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. 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. Please see the *Key to DDS Crosswalk to the HCBS Settings Rule Requirements,* available on-line at: http://dds.dc.gov/publication/key-crosswalk.

C. Provider Systemic Self-Assessment and Remediation

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.

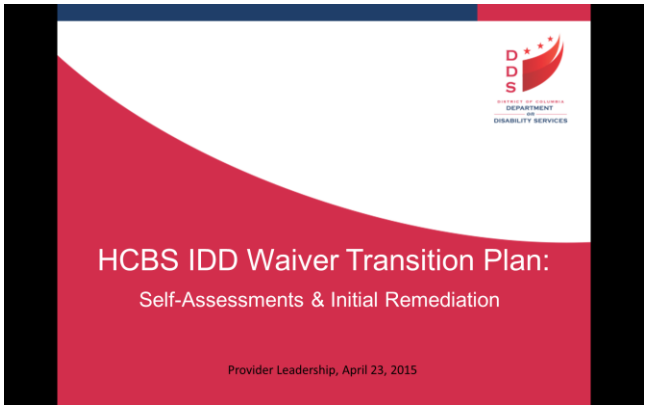
3. The assessments are cross-walked with: (1) DDS Provider Certification Review; (2) the CMS HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0; and (3) the Personal Experience Assessments.

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."



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 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.

    We 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 we did not have to use sanctions. (Please note that we have one provider who operates primarily in Maryland. We gave that provider permission to use the Maryland tool and follow the timeline associated with the Maryland Transition Plan.)

12. Results of Provider Self Assessments: For each indicator in the assessment tool, we asked providers to select from the following choices the statement which most closely represents your 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.)

    We also asked providers to include specific evidence, where available, about how your 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 for 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 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 the jurisdiction's landlord tenant law.	4.05
(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 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 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 (but note that it includes results for some providers who were not required to submit self-assessments, for example Supported Employment providers who operate fully in the community):

Aggregated for 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 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 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

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

14. 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).

15. 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.

16. 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.

17. In our initial Statewide Transition Plan, we said that we 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.

    We modified this slightly to require that providers engage in strategic planning on how you 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. We 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
			Train staff	Training	12/1/2015	
			Inform and educate people we	Operations	12/1/2015	

			support and their families			who receive supports.

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.

18. 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, we 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.

19. 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, available 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 will be reviewed on a quarterly basis. Additionally, performance measures regarding compliance with the HCBS Settings rules from the various assessment tools have been incorporated into the annual PPR review to ensure ongoing sustainability. All Provider Transition Plans will be reviewed and approved by DDS through the PPR process, and DDS will monitor implementation. Review began through PPR in November 2015 and will continue on-going.

12. 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.

13. 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.

14. 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 thirty (30) days' 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.

D. Site-Based Assessments

Day and Vocational Site 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. PCR will conduct an onsite assessment of each Day Habilitation and Employment Readiness setting. This will be completed by April 2016.

   Data from the fourth quarter of CY 2015 indicates that Day Habilitation providers are experiencing greater challenges than Employment Readiness providers with compliance with the HCBS Settings requirements. Specifically, we are seeing challenges related to control of personal funds; support to use community-based transportation; engagement in activities of the person's choosing in the community; and lockable spaces. Please see the attached chart entitled: *Day Service HCBS 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.

2. DDS will provide an updated report on day and employment provider compliance with the HCBS Settings Rule in the next Updated Statewide Transition Plan, no later than September 31, 2016, and ongoing thereafter.

Residential: Assessments by People who Receive Waiver Supports and their Families

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 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 have kept it as a standalone tool for now.

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; and (3) the Provider Self-Assessments.

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 we designed both a residential personal assessment tool and a day and vocational personal assessment tool, upon reflection we decided to go forward during the first year with the residential tool only and will reassess use of the day and vocational tool, pending on whether we can add these to the Service Coordination Monitoring tool. (We will conduct day and vocational settings site assessments through PCR each year.)

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 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 III, 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. Nonetheless, by the close of the year, service coordinators had completed more than 350 personal assessment tools for people receiving residential services. DDS will complete the personal assessments for residential settings by July 31, 2016 and will file an Updated Statewide Transition Plan with those results by September 31, 2016.

   Here is aggregate data as of January 31, 2015 cross-walked with the HCBS Settings Rule: (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 Indicator	Exploratory Question	Aggregate Score
a	The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.	4.02
b	The home optimizes a person's initiative, autonomy, and independence in making life choices.	3.54
c	The home facilitates individual choice regarding services and supports, and who provides them.	3.95
d	The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	3.84
e	The home is integrated and supports access to the greater community.	3.69
f	The home provides opportunities to engage in community life.	4.16
g	The home provides opportunities to control personal resources.	3.84

h	The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	4.18
i	The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.	3.82
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.	2.85
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.	3.17
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.	3.58
m	If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.	3.95
n	If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.	3.83
o	If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.	3.49
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.	3.88
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.	3.92

r	If provider-owned or controlled, the home allows people to have visitors at any time.	3.94
s	If provider-owned or controlled, the home is physically accessible to the person.	4.05

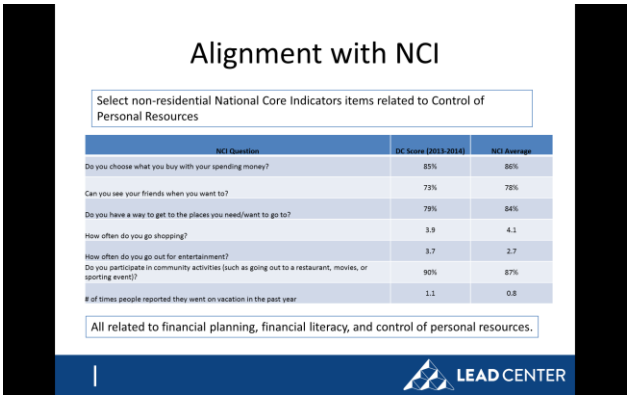
10. DDS will post aggregated results of the personal experience assessment on its website by September 31, 2016.

11. 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 by September 31, 2016. DDS will discuss the results with the providers and any amendments to their Transition Plans through the PPR process.

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

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:



This 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. It is currently being updated with the new NCI data, released February 3, 2016, to reflect 2014-2015. This will be completed by March 31, 2015 and posted on the DDS website by April 30, 2016.

Section V: Achieving Compliance, Sustaining Ongoing Compliance, and Amendments to the DC HCBS IDD Waiver Transition Plan

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.

B. As a result 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/Default.aspx.

C. Upon review of the site based residential and day assessments, the District will submit an update to the Statewide Transition Plan. DDS SODA is responsible for drafting the update and establishing a process that complies with CMS public input requirements. This will be completed by September 31, 2016.

D. For providers needing assistance to come into compliance, the state has facilitated a 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.

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

   Update: Ongoing. The requirements have been incorporated into Provider Performance Review.

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.

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). Please see attached QIC agendas.

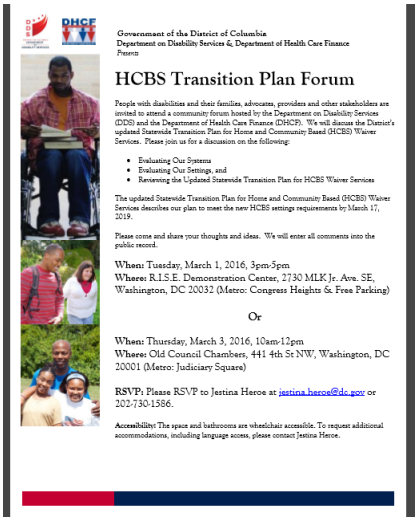
F. DDS's Director is responsible for monitoring and ensuring DDS's compliance with this Transition Plan. DDS has created a work plan to track each item in this transition plan and ensure timely completion. This is reviewed with responsible staff, on an ongoing and periodic basis, as needed to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019. Please see updated work plan, attached, 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, as discussed above. A new version of the work plan will be created by DDS Performance Management Unit, to continue to track progress. This will be completed by April 30, 2016 and posted on-line by DDS IT by May 31, 2016.

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

A. DC will publish notice of the proposed transition plan in the DC Register on February 19, 2016, launching a thirty (30) day public comment period. DDS will also post notice on our website, send an email announcement to our stakeholders list, and has already begun making announcements at community events.

B. DDS will post the entire Statewide Transition Plan, including attachments, on its website at the start of the public comment period, and make it available in hard copy upon request and at all public meetings when its contents were under discussion.

C. DC will host at least two public forums. At each, we will accept oral comments into the record.



Government of the District of Columbia
Department on Disability Services &, Department of Health Care Finance
Presents

HCBS Transition Plan Forum

People with disabilities and their families, advocates, providers and other stakeholders are invited to attend a community forum hosted by the Department on Disability Services (DDS) and the Department of Health Care Finance (DHCF). We will discuss the District's updated Statewide Transition Plan for Home and Community Based (HCBS) Waiver Services. Please join us for a discussion on the following:

- Evaluating Our Systems
- Evaluating Our Settings, and
- Reviewing the Updated Statewide Transition Plan for HCBS Waiver Services

The updated Statewide Transition Plan for Home and Community Based (HCBS) Waiver Services describes our plan to meet the new HCBS settings requirements by March 17, 2019.

Please come and share your thoughts and ideas. We will enter all comments into the public record.

When: Tuesday, March 1, 2016, 3pm-5pm
Where: R.I.S.E. Demonstration Center, 2730 MLK Jr. Ave. SE, Washington, DC 20032 (Metro: Congress Heights & Free Parking)

Or

When: Thursday, March 3, 2016, 10am-12pm
Where: Old Council Chambers, 441 4th St NW, Washington, DC 20001 (Metro: Judiciary Square)

RSVP: Please RSVP to Jestina Heroe at jestina.heroe@dc.gov or 202-730-1586.

Accessibility: The space and bathrooms are wheelchair accessible. To request additional accommodations, including language access, please contact Jestina Heroe.

D. DDS and DHCF will host or attend meetings with the following groups and accept oral comments into the record: Project ACTION!; HCBS Advisory Group; Coalition of Providers Day and Vocational Committee; and Coalition of Providers Residential Committee; Georgetown University Center for Excellence in Developmental Disabilities Community Services Advisory Committee. Other groups may be added to this list, upon request. As an example:

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

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

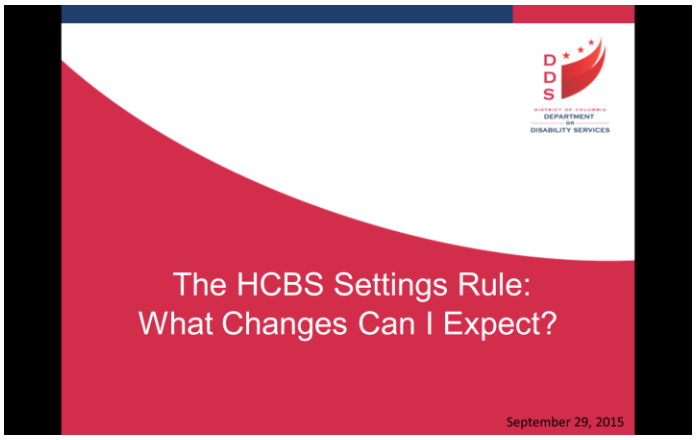
G. DDS and DHCF will publish the public comments and responses on its website, and will store the comments and responses for CMS and the general public.

H. All activities related to the Statewide Transition Plan will be done in partnership with sister District agencies, in particular the Department of Disability Services (DDS), the Department of Health (DOH), the Deputy Mayor of Health and Human Services(DMHHS), and the Office on Aging (DCOA).

I. DDS will post the revised Statewide Transition Plan on its website along with all previously posted iterations, and the rationale for changes made. This will be posted on the DDS Waiver Amendment Information page within one week of submission to CMS.

J. DDS 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 by April 30, 2016 and will be posted our website on the Waiver Amendment Information page by DDS IT by May 31, 2015.

K. 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.



DDS 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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