Section I: Assessment & Remediation

A. State Level Self-Assessment (Ongoing through March 31, 2015)

The State has established a review group and begun 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 will identify areas where changes are needed to ensure compliance with the HCBS settings characteristics rule and make recommendations for remediation.

1. The Department on Disability Services (“DDS”) has invited representatives of the groups below to participate in the review group and will invite and consult with others, including the Department of Health (“DOH”), as needed. DDS will post the meeting dates and minutes on its website and members of the public will be welcome to attend and participate.
   a. Department on Disability Services (DDS), including the Developmental Disabilities Administration (“DDA”), the State Office of Disability Administration (“SODA”), a Person-Centered Thinking Leader, and others, as needed,
   b. Department of Health Care Finance (DHCF),
   c. DDS/DDA’s Provider Certification Review team,
   d. Project ACTION!, D.C.’s self-advocacy group,
   e. D.C. Supporting Families Community of Practice,
   f. Quality Trust for Individuals with Disabilities,
   g. University Legal Services, D.C.’s Protection and Advocacy organization, and
   h. DC Coalition of Disability Services Providers.
   h-i. Georgetown University Center for Excellence in Developmental Disabilities.

2. The self-assessment will specifically include, but is not limited to a review and analysis of:
   a. All HCBS waiver service definitions and provider requirements;
   b. All regulations governing HCB services;
   c. DDS Provider Certification Review process;

DRAFT for discussion with the HCBS Settings Rule Advisory Group.
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d. Department of Health licensing requirements and regulations;
e. All DDS policies, procedures, and protocols, including Quality Management practices and tools;
f. Provider training requirements;
g. Human Care Agreements and rate methodologies; and
h. Information systems.

3. D.C. will establish specific timelines and milestones for achieving compliance with the new federal rules as needed changes are identified, and will include this information in an amendment to the D.C. HCBS IDD Waiver Transition Plan. In instances where a change in rule or policy requires a public comment period, timelines will be adjusted accordingly to accommodate time needed to process and respond to public input and incorporate such comments into document revisions.

B. Provider Self-Assessment and Remediation (November 1, 2015 - March 31, 2015)

1. DDS will draft 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.).
2. DDS will convene a stakeholder group to review the self-assessment tool before finalization. The tool will be finalized by the end of November 2015 and posted on the DDS website.
3. DDS will conduct mandatory provider education and training sessions on how to complete the provider self-assessment tool. These trainings will take place in December 2015.
4. Providers will receive the self-assessment tool along with instructions and timelines for completion. At a minimum, all active HCBS residential, supported employment, employment readiness and other day programs shall be required to complete a self-assessment.
5. Providers will be required to include people supported, family members, advocates and other stakeholder in their assessment process.
6. Providers will be required to include in their self-assessment a description of their self-assessment process, including participation of the aforementioned persons.
7. Providers will submit their self-assessment along with specific evidence of compliance for further review by DDS. Additional evidence may be requested or further reviews conducted as needed to further assess and validate compliance with these rules.
8. Providers who self-report or are assessed to be non-compliant with the HCBS Settings Rule will be required 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. Information regarding Provider Transition Plans and specific timelines for achieving compliance will be incorporated into an amendment to the D.C. HCBS IDD Waiver Transition Plan.

9. All completed and validated Provider Transition Plans will be reviewed and approved by DDS and DDS will monitor implementation based on approve timeframes, with oversight by DHCF.

10. 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.

11. Providers assessed 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. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes.
   a. A minimum of 30 days notice will be given to all people needing to transition between providers. More notice may be granted when residential services are being secured.
   b. A description of the process and choice of appropriate providers will be included with each notice. The person’s service coordinator will conduct a face-to-face visit as soon as possible to discuss the transition process and ensure the person and their family, where appropriate, understand any applicable due process rights.

C. Assessment by People who Receive Waiver Supports and their Families (November 1, 2014 – December 31, 2015)

1. DDS will draft an assessment tool that people with intellectual disabilities who receive waiver supports, their families, and their advocates can use to assess services and guide informed provider choice.

2. DDS will convene a stakeholder group to review before finalization. The tool will be finalized by the end of November 2014, posted on the DDS website.

3. DDS will conduct mandatory education and training sessions for service coordination staff on the tool and how to assist people who receive supports to complete the assessment tool. These trainings will take place in December 2014.

4. Each person’s service coordinator shall assist the person and his or her family member, or other representative, as appropriate, with completing the assessment.
Service provider staff may participate if requested by the person or his or her family or other representative.

5. Such assessments will be conducted, beginning in January 2015, during the person’s annual Individual Support Plan (“ISP”) meeting, or a meeting to amend the person’s ISP, whichever comes sooner.

6. This assessment period will be ongoing for one year to allow each service coordinator the opportunity to conduct the assessment tool with the person and his family while completing a scheduled annual review or needed amendment.

7. DDS will enter the results into a database, review and analyze the results of the assessment tool, and post aggregated results on its website.

8. For provider owned/controlled settings, any proposed modification for the person of requirements set forth in the HCBS Settings Rule shall be reviewed to confirm that:
   a. There is a specific individualized assessed need for such modifications;
   b. Prior interventions and supports including less intrusive methods have been tried and demonstrated to be unsuccessful;
   c. The proposed modification is appropriate based on the specific need identified;
   d. The proposed modification, including interventions and support will not cause harm to the person; and
   e. The proposed modification was reviewed and approved by the Provider’s Human Rights Committee.

9. Each of the above items (7a-d) shall be documented in the person’s Individualized Support Plan, along with:
   a. The method of collecting data on an ongoing basis to measure the effectiveness of the modification; and
   b. A specific time limit, not to exceed a year, for periodic review of the data and the effectiveness of the modification to ensure it continues to be appropriate.

10. The person, or his or her substitute decision-maker, if appropriate, shall provide informed consent of the proposed modification.

11. If a modification to the HCBS Settings Rule is determined to be inappropriate based on the person’s individualized needs, and in accordance with the requirements above, the area identified as non-compliant will trigger a new assessment of the provider, as applicable, and the provider will be required to develop a transition plan to address any issues of non-compliance, to be submitted to DDS for review, approval and monitoring of implementation.

D. Review of National Core Indicators (“NCI”) data and data from DDS’s external monitors. DDS will review the results of the NCI Adult Consumer Survey and Family Surveys, and reports from the Evans court monitor and Quality Trust for Individuals with
Disabilities to assess where indicators suggest systemic evidence of compliance or need for remediation with the HCBS Settings Rule.

Section II – Achieving Initial Compliance and Amendments to the D.C. HCBS IDD Waiver Transition Plan

A. No later than August 31, 2015, upon review and validation of State and provider self-assessments, the District will submit an amendment to the D.C. HCBS IDD Waiver Transition Plan with specific remediation activities (specifically including but not limited to revisions of rules, regulations, licensing requirements, certifications processes, policies, protocols, practices and contracts) and milestones for achieving compliance with the HCBS Settings Rule.

B. For providers needing assistance to come into compliance the state proposes to implement the following strategies:
   1. Facilitate 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.
   2. Provide one-to-one technical assistance.

Section III – Assuring Ongoing Compliance

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

A. Incorporating the assessment by the person into all initial and annual ISP meetings.

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

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

Section IV – Outreach and Engagement

A. DDS will seek initial stakeholder input to adjust, as needed, the drafted plan prior to publication for public comments.

B. DDS and DHCF will make public notice through multiple venues to share the D.C. HCBS IDD Waiver Transition Plan and waiver amendments with the public, including but not limited to: (1) published notice in the D.C. Register; (2) publication on the DDS and DHCF websites; (3) email alert to the DDS stakeholder listserv; (4) announcement at existing meetings.

C. DDS will post the entire D.C. HCBS IDD Waiver Transition Plan on its website and make it available in hard copy upon request and at all public meetings when its contents
are under discussion. DDS will also host at least one meeting specifically for Project ACTION! members and people who receive supports from the agency and to read through the Transition Plan with the group, explain it in plain language, and answer any questions. Oral comments on the plan from attendees at this meeting will be recorded and accepted as public comments.

D. There will be at least a 30 day public comment period from the time notice is published in the DC Register.

E. In addition to the meeting specifically for people with intellectual and developmental disabilities that the Agency supports, there will be at least one general public forum for discussion of the Transition Plan. DDS will accept and record oral public comments on the Transition Plan at that meeting.

F. DDS will accept comments in a variety of formats, including in person, and via email and mail or fax submission.

G. DDS and DHCF will respond to all public comments received and make changes to the D.C. HCBS IDD Waiver Transition Plan, as appropriate, based on those comments.

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

I. DDS will post the revised D.C. HCBS IDD Waiver Transition Plan on its website along with all previously posted iterations, and the rationale for changes made.

J. DDS will design, schedule and conduct training for people who receive supports and their families and other stakeholders on waiver compliance, changes they can expect to see that may affect their supports, and how they can be involved in the transition process.