

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**DISTRICT OF COLUMBIA TRANSITION PLAN  
FOR THE HOME AND COMMUNITY-BASED SERVICES WAIVER  
FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

**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.

Below is the District of Columbia's transition plan for the HCBS waiver for people with intellectual and developmental disabilities (IDD). This plan will be posted in its entirety on the DDS website at [www.dds.dc.gov](http://www.dds.dc.gov). We encourage public input and comments on the plan. We will have a thirty (30) day public comment period and at least one public forum in which we will explain the transition plan and you can give us comments orally or in writing. The Department on Disability Services (DDS) and the Department of Health Care Finance (DHCF) will review all comments. We will incorporate appropriate suggestions and summarize the changes made to the transition plan in response to the public comment. We will also post a summary of public comments and our responses, on the DDS website.

The public forum will be held at D.C. Department on Disability Services, 1125 Fifteenth Street, N.W., Washington, D.C. 20005 on Monday, November 17, 2014, at 4 pm. Written comments on this transition plan may be submitted to Laura L. Nuss, Director, D.C. Department on Disability Services, 1125 Fifteenth Street, N.W., 4th Floor, Washington, D.C. 20005, or by e-mail at [dds.publiccomments@dc.gov](mailto:dds.publiccomments@dc.gov), during the thirty (30) day public comment period.

You can learn about the new rule at [www.hcbsadvocacy.org](http://www.hcbsadvocacy.org). The website includes links to the CMS rule, webinars, and guidance; information on other states' transition plans; advocacy materials and more.

## **Section II: District of Columbia Initiatives to Increase Opportunities for Competitive, Integrated Employment and Community Integration**

### **A. Training and Capacity Building**

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. Listed below are some examples of ongoing initiatives that build capacity and support compliance with the HCBS Settings Rule.

- In FY 2014, DDS contracted with Dr. George Tilson to offer Train the Trainer training to the Developmental Disabilities Administration (DDA) and day/ vocational provider staff on “Discovery: Developing Positive Personal Profiles, “ a nationally recognized tool and process for assessing the vocational interests and goals of people and supporting career exploration and community integration activities. This training teaches participants how to create a Positive Personal Profile and adapt the traditional Job Search Plan to an Individual Job Search and Community Participation Plan that provides guidance to staff working with a person to help identify meaningful daytime and work experiences. This training was initially offered in December 2013 and continues to be offered. DDS has renewed a contract with Dr. George Tilson to continue to offer such training opportunities in FY 2015.
- In FY 2014, DDS contracted with Dr. Lisa Mills to support the roll out of Individualized Day Supports (IDS), including development of regulations, training for DDA staff and providers on the new service, how to recruit and train staff, the development of formats for initial and ongoing Community Integration Plans, and how to conduct Community Mapping. DDS started an IDS Community of Practice and offers ongoing webinars and technical assistance for IDS providers that focus on specific topics of interest to the providers. Additionally, DDS created an IDS Toolkit, posted on the DDS website. Where appropriate, DDS has shared materials developed for IDS with all providers, such as materials for recruiting Direct Support Professionals with skills in community integration and as community builders. In FY 2015, DDS/DDA is increasing the scope of our contract with Dr. Mills to continue to build capacity with DDA staff and IDS providers, as well as to work with day and vocational providers on expanding opportunities for community integration.
- To continue to build capacity of day and vocational providers and support meaningful day and vocational activities, DDS is issuing a Request for Proposals on training and technical assistance for DDS/DDA and provider staff to support meaningful days.

The goals for the training and technical assistance include guiding the creation of goals and activities for people receiving day and/or employment services so that people are engaged in active, stimulating, meaningful activities targeted to achieve outcomes in self-determination, making informed choices, improved communication to accomplish goals, employment or meaningful retirement, relationships, community inclusion, community contribution, and/or other skill building that enables them to live more independently and accomplish goals.

- DDS is engaged in a Person-Centered Thinking (PCT) initiative and currently has seven trainers on staff who offer ongoing training for all staff and provider agencies. DDS has also engaged Michael Smull and his team, Support Development Associates (SDA), to offer an additional train-the-trainer PCT series in FY 2015. In September 2014, DDS had kick-off meetings with four provider organizations, which will become Person-Centered Organizations. In FY 2015, DDS will also offer significant technical assistance on PCT to an additional four (4) providers. SDA will also be training three (3) of our PCT trainers on a curriculum to develop One Page Positive Profiles, specifically aimed for families of people with IDD. Finally, we will be launching People Planning Together, a comprehensive training and mentoring course that supports and empowers people who receive services to take a leadership role in planning the life they desire.
- DDS's work with providers also includes the development of and participation in the Administration on Intellectual and Developmental Disabilities' Employment Learning Community (ELC), which brings providers together on a regular basis through a community of practice approach where national and local resources are shared and providers learn from one another. The ELC has focused on customized employment. In addition to implementing customized employment practices through their own agencies, the ELC recently conducted a two-day training in which they trained additional staff from the provider community on customized employment.

## **B. HCBS IDD Waiver Amendments**

In addition to DDS's ongoing commitment to training and capacity building, DDS and DHCF have made changes to the HCBS IDD waiver program to increase opportunities for community integration and employment for people with disabilities. In November 2012, DDS and DHCF renewed the HCBS IDD waiver and included the following changes to enhance community integration and employment for people with disabilities.

- Supported Living with Transportation provides flexible transportation to people receiving Supported Living services to increase opportunities for community engagement.
- Individualized Day Support (IDS) provides highly individualized structured activities that include social skills development and/ or vocational exploration and life skills training all in inclusive community settings.
- Incentivized rates for Supported Employment and IDS.

DDS and DHCF are currently posting proposed amendments to the HCBS IDD waiver for public comments. Some of the amendments are aimed at furthering 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.

- Day Habilitation: Introduces a small group rate with a staffing ratio of 1:3 and no more than ten (10) 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. Clarifies service definition for day habilitation to require meaningful adult activities and skills acquisition that support community integration and a person's independence.
- Individualized Day Supports: Modifies IDS service definition to clarify that IDS includes the provision of opportunities that promote community socialization and involvement in activities, and the building and strengthening of relationships with others in the local community. Allows IDS to be combined with other day and employment supports for a total of forty (40) hours per week. Offers IDS in small groups (1:2) and one-to-one, based upon the person's assessed need and, for limited times, based on ability to match the person with an appropriate peer to participate with for small group IDS. Adds orientation requirements for DSP staff working in IDS. Limits minimum service authorizations. Adds provision of one nutritionally adequate meal per day for people who live independently or with their families.
- Supported Employment: Amend provider qualifications by requiring that all Supported Employment providers become Rehabilitation Services Administration service providers within one year of approval of these amendments.
- Supported Living and Supported Living with Transportation: Modifies 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.

- **Provider Requirements:** Adds 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.

### **Section III: Assessment & Remediation**

#### **A. DDS Policy on Compliance with HCBS Settings Rule**

DDS will issue a policy requiring that agency staff and providers participate in efforts to assess and achieve compliance with the HCBS Settings Rule. The policy will be drafted by the DDS State Office of Disability Administration (SODA), and will be approved by the DDS Director. The policy will be effective no later than November 30, 2014, and will be discussed at the November 2014 Provider Leadership meeting.

#### **B. State Level Self-Assessment (Ongoing through March 31, 2015)**

The State has established an HCBS Setting Rules Advisory 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. 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. DDS SODA is responsible for arranging and facilitating the meetings. DDS Information Technology (IT) will post items, as needed, on the website. Meetings are underway and will continue through the assessment and remediation process.

Invited members of the review group include:

- a. DDS, including representatives from DDA Service Coordination, DDA Waiver Unit, SODA, a Person-Centered Thinking Leader, and others, as needed, including representatives from DDS/DDA Quality Management Division;
  - b. 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;
  - h. D.C. Coalition of Disability Services Providers; and
  - 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 HCBS;
    - c. DDS/DDA Provider Certification Review process;
    - d. DOH licensing requirements and regulations;
    - e. All DDS/DDA 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. The state level assessment will result in D.C. having a list of required changes needed to the waiver itself, implementing regulations, and policies, procedures and practices. Upon completion of the assessment, D.C. will establish specific timelines and milestones for remediation and achieving compliance with the new federal rules as needed changes are identified.
  4. DDS and DHCF 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, time lines will be adjusted accordingly to accommodate time needed to process and respond to public input and incorporate such comments into document revisions. DDS and DHCF will follow the requirements for public notice and input for amendments to the Plan.
  5. The state level assessment will be completed by March 31, 2015. Amendments to the D.C. HCBS IDD Waiver Transition Plan will follow in a reasonable time thereafter

and DDS and DHCF will utilize a process for public notice and input. DDS and DHCF plan to submit amendments by August 31, 2015.

6. DDS SODA is responsible for tracking where characteristics of HCBS settings are already required and where there are gaps and changes are needed to ensure compliance with the HCBS settings characteristics rule, drafting the amendments to the D.C. HCBS IDD Waiver Transition Plan in accordance with the results of the assessment process, and establishing a process that complies with CMS public input requirements.

**C. Provider Self-Assessment and Remediation (November 1, 2014 - 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.). The assessment will be by provider service-type. For example, a provider may be 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. DDS SODA will convene the HCBS Settings Rule Advisory Group to review the self-assessment tool before finalization. The tool will be finalized by the end of November 2014 and posted on the DDS website.
3. DDS SODA is responsible for drafting the self-assessment tool, in collaboration with staff from DDA, including representatives from the Provider Resource Management Unit (PRMU), Service Coordination, Waiver Unit, and Quality Management Division (QMD). DDS IT will assist, as needed, with making this an electronic tool.
4. DDS will conduct mandatory provider education and training sessions on the requirements of the HCBS Settings Rule and how to complete the provider self-assessment tool. These trainings will take place in December 2014, with additional trainings as needed. Assigned DDS staff, including but not limited to members of PRMU and QMD, will also attend this training.
5. 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.

6. Providers will be required to include 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 are encouraged to include advocates and other stakeholder in their self-assessment process.
7. Providers will be required to include in their self-assessment a description of their self-assessment process, including participation of the aforementioned persons.
8. Providers will submit their self-assessment, along with specific evidence of compliance, for further review by DDS no later than January 31, 2015. Additional evidence may be requested or further reviews conducted as needed to further assess and validate compliance with these rules.
9. DDS QMD will validate at least a 10% sample of provider self-assessments by March 2015.
10. Providers who self-report that they are non-compliant or whom 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. Provider Transition Plans will be due to DDS no later than March 31, 2015. 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.
11. 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.
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. 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. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes.



- a. A minimum of thirty (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.

**D. 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 SODA will convene the HCBS Settings Rule Advisory Group to review the self-assessment tool before finalization. The tool will be finalized by the end of November 2014, and posted on the DDS website.
3. DDS SODA is responsible for drafting the self-assessment, in collaboration with staff from DDA. DDS IT will assist, as needed, with making this an electronic tool.
4. DDS will conduct mandatory education and training sessions for service coordination staff on the HCBS Settings Rule, the new tool and how to assist people who receive supports to complete the assessment tool. These trainings will take place in December 2014 and will continue, as needed. Assigned DDS staff in other units, including but not limited to members of PRMU and QMD, will also attend this training.
5. Each person's service coordinator shall assist the person and his or her family member, or other representative, as appropriate, with completing the assessment. Provider staff may participate if requested by the person or his or her family or other representative.
6. 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 occurs sooner.

7. 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.
8. DDS will enter the results into a database, review and analyze the results of the assessment tool, and post aggregated results on its website.
9. For people who live in a provider owned/ controlled settings, any proposed modification 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.
10. Each of the above items (9a-e) shall be documented in the person's ISP, 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 one year, for periodic review of the data and the effectiveness of the modification to ensure it continues to be appropriate.
11. The person, or his or her substitute decision-maker, if appropriate, shall provide informed consent of the proposed modification.
12. 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.

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

DDS QMD will review the results of the National Core Indicators (NCI) Adult Consumer Survey and Family Surveys, reports from the *Evans* Court Monitor, and reports from the Quality Trust for Individuals with Disabilities to assess where indicators suggest systemic evidence of non-compliance or need for remediation with the HCBS Settings Rule.

#### **Section IV: 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. DDS SODA is responsible for drafting the amendments to the D.C. HCBS IDD Waiver Transition Plan in accordance with the results of the assessment process, and establishing a process that complies with CMS public input requirements.
- B. For providers needing assistance to come into compliance, the state proposes to implement the following strategies, in addition to the capacity building activities listed above in Section II:
  - 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 V: 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. Provider certification and licensing requirements will incorporate requirements that reflect compliance with the HCBS Settings Rule.

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

## **Section VI: Outreach and Engagement**

- A. DDS will seek initial stakeholder input from the HCBS Setting Rules Advisory Group to adjust, as needed, the drafted transition plan prior to publication for public comments. This meeting took place on October 21, 2014 and the transition plan was revised accordingly.
- 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; and (4) announcements 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.
- D. DDS will also host at least one meeting specifically for Project ACTION! members and people who receive supports from the agency to explain the HCBS Settings Rule and this transition plan 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.
- E. There will be at least a thirty (30) day public comment period from the time notice is published in the D.C. Register.
- F. In addition to the meeting specifically for people with IDD that DDS 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.
- G. DDS will accept comments in a variety of formats, including in person, and by email and mail or fax submission.
- H. 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.
- I. DDS will publish the public comments and DDS and DHCF responses on its website, and will store the comments and responses for CMS and the general public.

- J. 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.
- K. 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.

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