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| **Transition Plan** | **Stakeholder** | **Comment** | **Reference** | **Response** |
| **Transition Plan -Provider Training and Remediation** | Seeking Equality, Empowerment, and Community for People with Developmental Disabilities  (Karen Lee, Executive Director) | Is there a formalized peer network opportunity that can be used by members to problem solve issues such as “how do we offer supports to families and people with I/DD that need affordable and available services that promote choice and control? Commenter recommends that reliable and knowledgeable technical assistance and training be available to providers who are struggling to come into compliance with Final Settings rule. Those who are challenged may not know how to come into compliance. | Section IV (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. | No change required.  DDS agrees that ongoing training, coaching, and peer-support will be important elements to assist providers with achieving compliance. DDS’s transition plan already includes opportunities for training, TA and coaching, as well as the opportunity to develop a Community of Practice.  Additionally, there is a formalized provider peer network in the District for providers to join voluntarily. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter states that people should have a choice about what activities they participate in when in the community. Gives examples of day programs taking people with disabilities to Goodwill, the courthouse and Providence Hospital. | The purpose of the HCBS rule is to ensure that people have “ 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. | DDS agrees. This is an indicator that DDS will include in its assessment tools for compliance with the HCBS Settings Rule.  DDS has revised the service definition for day habilitation to include: The service shall offer adult, skill building activities, including opportunities for community exploration, inclusion and integration, based upon the person’s current, emerging and newly discovered interests and preferences.  The activities shall support the acquisition of new skills as well as support for self-determination, the development of relationships, community integration, employment exploration and/ or community contribution.  (See page 57 of waiver amendments.) |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter says that access to food and having flexible meal schedule is important. | 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. | No change required.  DDS agrees. This is an indicator that DDS will include in its assessment tools for compliance with the HCBS Settings Rule. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter says that people should be able to take medication according to their own schedules. | The purpose of the HCBS rule is to ensure that people have “ 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 | No change required.  DDS agrees and is working collaboratively with the Department of Health on regulations governing Nursing Assistive Personnel, with the goal of having more flexible supports for people to take medications in the community. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter says that staff sometimes will prevent people from having visitors. | 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. | No change required.  DDS policy is clear regarding access to visitors and concerns should be brought to the attention of the DDA Service Coordinator or agency Human Rights Committee. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter asks whether people with disabilities receiving HCBS are able to have freedom of choice regardless of what family members want them to do. | The purpose of the HCBS rule is to ensure that people have “ 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. | No change required.  DDS supports the rights of people with disabilities to make his/her own decisions, believes in working with families and allies to encourage supportive decision-making and in ensuring legal guardians represent the interests of the person. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter asks how a provider will know what resources are available outside of the immediate community where they are located for the people they support. | The purpose of the HCBS rule is to ensure that people have “ 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. | No change required.  Providers are expected to use resources to learn about what is going on in the surrounding community.The Transition Plan indicates that DDS has already embarked on training and TA to assist providers to support community integration. DDS has already offered training and materials on community mapping, and several providers has since done training on this for other providers. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter shares examples of times in the community when he had to navigate the community for his DSP. | The purpose of the HCBS rule is to ensure that people have “ 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. | No change required.  DDS is supporting extensive technical assistance for providers in community mapping and navigating. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter asks if there is an effort to ensure that providers are aware of people who disseminate information to the DC disability community regularly (e.g. Mat McCollough and Michelle Hawkins)? Commenter shares example of informing her son’s IDS provider about events happening in the community. How can DDS facilitate the dissemination of information about community events. | The purpose of the HCBS rule is to ensure that people have “ 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. | No change required.  DDS expects providers to be knowledgeable about community events. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter suggests that providers are forcing their personal views and values on the people they support, even after they have taken Person-Centered Thinking Training. | 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. | DDS agrees that additional training for provider staff in PCT is required. DDS will require owner-operators to complete training in Person-Centered Thinking Training within one year from the effective date of the waiver amendments for current providers and prior to any new waiver provider becoming approved to initiate services. (See Transition Plan Section B, pg. 6) |
| **Transition Plan - Assessments** | November 17, 2014 Public Forum Commenter | Participant asks about the self-assessments discussed in the Transition Plan and wanted to know who will be on the provider teams that will be responsible for completing the assessments. | 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. | No change required.  This is addressed in the Transition Plan. Commenter did not object when presented with the proposed composition. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter discussed the importance of having locks on bedrooms and bathrooms and privacy during time spent with partners. | 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. | No change required.  This is an indicator that DDS will include in its assessment tools for compliance with the HCBS Settings Rule. |
| **Transition Plan - Assessments** | November 17, 2014 Public Forum Commenter | Participant asks whether personal assessments will be completed privately and whether the service coordinators will be trained on how to assist with administering the assessment. Participant suggests that the service coordinator asks “Is there anyone you would like to be with you when this interview is happening?” | 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. | No change required.  Personal self-assessments will be completed privately by people who receive HCBS. Provider staff will only be involved if the person wants them there. Service coordinators will be trained to facilitate completing the assessments. |
| **Transition Plan - Assessments** | November 17, 2014 Public Forum Commenter | Commenter suggests that DDS make sure that interviewers know how to ask questions in a way that people can understand them. | 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. | No change required.  DDS agrees that this is important. DDS is working with SDA and the HCBS Settings Advisory Group (including Project ACTION! members) to develop a person-centered assessment. Training for service coordinators is already required in the Transition Plan. |
| **Transition Plan - Audit** | November 17, 2014 Public Forum Commenter | Participant asks DDS to clarify what the ten percent audit of the provider self-assessment is. | DDS QMD will validate at least a 10% sample of provider self-assessments by March 2015. | DDS agrees to amend the language in the Transition Plan regarding validation of the sample. DDS is removing the requirement of a 10% sample based upon our review of sample size of other compliance efforts, for example, for the Provider Certification Review process. QMD will validate each provider, but the sample will vary by size of provider. (See Transition Plan, Section III.C.9) |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter expresses concern that many people’s ISP meeting will not be scheduled before the August 2015 deadline to deliver the revised transition plan to CMS. | 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 will carefully review the timeframes for completion of the assessments and submission of the revised transition plan and revise as needed to ensure we are able to take into account all needed data. CMS requires that we perform regular assessments and make changes to HCBS settings and delivery as an ongoing process. DDS will submit an amendment to the HCBS IDD Waiver Transition Plan by March 1, 2016. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Participant asks at what point providers will be sanctioned for not being compliant with the rules. | 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. | DDS agrees to add clarification to this section of the Transition Plan, with an emphasis on the need for a critical and honest self-assessment, and on-going efforts, cooperation and progress towards compliance. (See Transition Plan, Section III.A.)  DDS will also draft additional guidance regarding our expectations of compliance and will include sanctions in this guidance. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Participant asks what division of DDS will be validating 10 percent of the provider assessments. | DDS QMD will validate at least a 10% sample of provider self-assessments by March 2015. | No change required.  The Transition Plan assigns this to the DDS Quality Management Division. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Participant asks if the HCBS rule is being merged into the PPR. |  | DDS agrees to revise the Transition Plan so that the Provider Transition Plans and review process are in coordination with (rather than in addition to) our PPR process. (See Transition Plan, Section III.C.11.)  CMS HCBS Settings Rule requirements will be integrated across all services and systems related to how DDS delivers HCBS. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Participant asks whether the PCR tools will be updated to include the requirement of this rule. |  | No change required.  This is already included in the Transition Plan. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter states that providers are penalized if they have “bad seeds” in their companies. These workers may leave and go to another company but that is no solution for getting rid of bad employees who serve people with disabilities. | 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. | No change required.  N/A to the waiver amendment. Please note that DDS is considering draft legislation that would include an abuse and neglect registry. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Participant asks how DDS is getting information out about the rule? | 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. | No change required.  DDS published two public notices, shared the information with our listserv, posted this information on our website, held 3 public forums, and announced this at the Project Action! and DD Council meetings. |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Commenter stated that if DDS will require providers to do assessments on an ongoing basis that it should be included in Continuous Improvement Plans. | 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. | DDS agrees to revise the Transition Plan so that the Provider Transition Plans and review process are in coordination with (rather than in addition to) our PPR process. (See Transition Plan, Section III.C.11) |
| **Transition Plan** | November 17, 2014 Public Forum Commenter | Will provider self-assessments identify systemic or individual issues? | 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. | No change required.  The assessment tools will help identify both individual and systemic issues. |
| **Transition Plan** | December 23, 2014 meeting with Amy Brooks, Arthur Ginsburg, Ron James | Providers need more time to complete provider self-assessment. | Provider self-assessments to be completed by March 31, 2015 according to the Transition Plan. | DDS agrees. DDS will carefully review the timeframes for completion of the assessments and will revise as needed to ensure adequate time for completion. Provider assessments will be due on July 1, 2015. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant asked whether Dr. Mills is the only person who was awarded a contract. Says DDS should be using more than one person for all of its needs. | 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. | No change required.  DDS has used proper contracting rules. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant asked whether providers have to pay for training. | 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 the first quarter of 2015, with additional trainings as needed. Assigned DDS staff, including but not limited to members of PRMU and QMD, will also attend this training. | No change required.  DDS will provide mandatory education and training sessions to providers at no cost to the providers. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant asked whether training is mandatory for providers. | 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 the first quarter of 2015, with additional trainings as needed. Assigned DDS staff, including but not limited to members of PRMU and QMD, will also attend this training. | No change required.  Yes. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant asked why DDS will not use a validated tool for the assessments. Another participant commented that CQL and CIS have tools that are validated. |  | No change required.  DDS has used examples from other states (GA, TN) and CMS Exploratory Questions to develop assessment tools. DDS will also review NCI data as part of our systemic assessment of compliance. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant states that DDS should add language to Transition Plan that says that providers will be held harmless during years 1-2 of the transition. Community of Practice (CoP) is a wonderful and unique addition. | 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. | DDS agrees to add clarification to this section of the Transition Plan, with an emphasis on the need for a critical and honest self-assessment, and on-going efforts, cooperation and progress towards compliance.  (See Transition Plan, Section III.C.15)  DDS will also draft additional guidance regarding our expectations of compliance and will include sanctions in this guidance. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Participant does not think providers will be honest while completing the self-assessment. | 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. | DDS has built in 3 levels of assessments to get a complete picture of the level of compliance. Stakeholder group has asked that DDS add a comment box to allow providers to explain when they are not compliant as a result of state policy. |
| **Transition Plan** | December 1, 2014 Public Forum participant | Assessment will present a barrier between DDS and providers. Providers will feel need to protect themselves from mediation. | 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. | DDS agrees to add clarification to this section of the Transition Plan, with an emphasis on the need for a critical and honest self-assessment, and on-going efforts, cooperation and progress towards compliance. (See Transition Plan, Section III.A)  DDS will also draft additional guidance regarding our expectations of compliance and will include sanctions in this guidance. |
| **Transition Plan** | December 1, 2014 Public Forum | DC plan appears to be collaborative. Participant says providers are forced to forge a different relationship with DDS. DDS should hold providers harmless as we transition into compliance with CMS 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. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes. | DDS agrees to add clarification to this section of the Transition Plan, with an emphasis on the need for a critical and honest self-assessment, and on-going efforts, cooperation and progress towards compliance. (See Transition Plan, Section III.C.15)  DDS will also draft additional guidance regarding our expectations of compliance and will include sanctions in this guidance. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014)  cmwheel@earthlink.net | Commenter is concerned that housing options will be restricted for those with IDD because of the focus on the number of people living in one setting when the focus should be on the quality of outcomes and whether the residential environment is person-centered. When developing HCBS criteria, DC should consider offering a menu of options that are based on individual’s preferences, experiences and that are based on proven outcomes. | DDS and DHCF have made changes to the HCBS IDD waiver program to increase opportunities for community integration and employment for people with disabilities. 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. | No change required.  DDS is not changing any size requirements for residential settings at this time. Residential settings will be assessed, per the transition plan, against compliance with the CMS HCBS Settings Rule, which includes an outcome oriented definition of home and community based setting. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter requests more detail on the criteria and process that will be used to determine appropriateness (compliance) of current residential settings (with CMS rule) and how new proposals for residential settings might be judged. | See Transition Plan, Section III: Assessment and Remediation. | No change required.  The transition plan includes 3 types of assessments – a review of state systems, a provider self assessment, and a personal outcome assessment. Each tool is being developed by DDS with support from the HCBS Settings Advisory Group and will be posted on the DDS website, once finalized. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter states that person-centered planning and the determination of housing suitability based on numbers (size of residence) are contradictory. People in the disability community are as different from one another as the rest of us (are) and what works for one person may not be effective for another. | See Transition Plan. | No change required.  DDS is not making changes to the limitations on size of residential settings at this time. DDS agrees that person-centered thinking and is a critical part of planning a person’s supports. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter states that innovative parents and service providers are successfully creating person-centered living experiences in a variety of residential settings that involve multiple individuals with disabilities. It makes no sense to cut off innovation that could lead to additional housing and new models for service provision that might be successfully replicated. | 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. | No change required.  DDS is not establishing new limitations on size of residential settings. DDS will carefully consider any new service models for future waiver amendments. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter understands the impetus for deinstitutionalization but believes that there are people (many in the autism community) and situations where a campus or gated setting combines opportunities to grow, emotional comfort and personal safety. People who have difficulty with confinement or those who get agitated and confused by urban environments find solace and freedom in a more open setting that has secure boundaries. | 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. | No change required.  DDS is not establishing new limitations on size of residential settings. DDS will carefully consider any new service models for future waiver amendments. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter offers to connect DDS to people who are willing to share their experiences in campus or gated settings. Commenter believes that there are instances where even in campus settings there are constant efforts to integrate residents in the community and there is a focus on person-centered service delivery, and an on-going effort to promote choice and the maximum attainable level of independence. | 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. | No change required.  DDS is not establishing new limitations on size of residential settings. DDS will carefully consider any new service models for future waiver amendments. |
| **Transition Plan** | Carol Wheeler (email to Erin L. 12/25/2014) cmwheel@earthlink.net | Commenter believes that the work DDS is doing is important and appreciates it. | General. | No change required.  Thank you. |
| **Transition Plan** | Carol Grigsby | Commenter believes that structural and budgetary limitations create constraints on the implementation of person-centered thinking in DC when it comes to shared staffing. It is essential for DDS to find the right balance between conflicting priorities while maintaining transparency in order to successfully resubmit the transition plan to CMS. | The purpose of the CMS HCBS settings rule, 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. | No change required.  The Transition Plan calls for a comprehensive assessment of DC’s system for providing supports through the waiver and a remediation plan, where required. This specifically includes looking at service definitions and rates. |
| **Transition Plan - Provider and Personal Assessment Tools** | Carol Grigsby | Commenter believes that the time allowed for the development of the assessment tools is inadequate and unrealistic. | Transition plan says the tool would be developed by the end of November 2014. | DDS agrees. DDS will carefully review the timeframes for completion of the assessments and will revise as needed to ensure adequate time for completion. Tools will be developed by April 15, 2015. |
| **Transition Plan - Provider Assessment** | Carol Grigsby | Commenter believes that the expectation that provider assessments should be completed and submitted to DDS by the end of January will guarantee poor products. | 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. | DDS agrees. DDS will carefully review the timeframes for completion of the assessments and will revise as needed to ensure adequate time for completion. Assessments are due July 1, 2015, |
| **Transition Plan – Personal Assessment** | Carol Grigsby | Commenter believes that there will be a correlation between the ability of service coordinators to connect with those they serve and the quality of their responses to the personal assessments. If there is no alternative to using service coordinators for this task, DDS must allow enough time to train service coordinators who may not have the necessary skills to effectively administer the assessment. | 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.  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. | No change required.  DDS will provide training to service coordinators. DDS will also review results of NCI, PCR, and other quality indicators that assess personal outcome measures. |
| **Transition Plan – Personal Assessment** | Carol Grigsby | The commenter believes that the person being surveyed should be given the option to invite a person of their choosing to assist in answering the assessment questions. | 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. | No change required.  DDS agrees and will provide guidance in the assessment tool. |
| **Transition Plan – Assessments** | Carol Grigsby | Commenter says it’s unfortunate that that only responses by people who have ISP meetings scheduled during the first half of the year will be available to DDS before it prepares the revised transition plan in August. Commenter recommends an alternative approach to require all personal assessments to be completed during the first half of 2015. | Self 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. | DDS will carefully review the timeframes for completion of the assessments and submission of the revised transition plan and revise as needed to ensure we are able to take into account all needed data. CMS requires that we perform regular assessments and make changes to HBCS settings and delivery as an ongoing process. The personal assessment will occur on an ongoing basis, as part of service coordination monitoring and DDS will regularly review and assess this. |
| **Transition Plan – Employment Learning Community** | Carol Grigsby | Commenter emphasizes the importance for DDS to help families and other identified unpaid supports understand how RSA, DDA and providers can assist them in a team approach to identifying work opportunities for people with disabilities. Commenters believes the Supporting Families Community of Practice might be an appropriate vehicle. | General. | No change required.  DDS agrees. |
| **Transition Plan – Deadlines** | Carol Grigsby | Commenter requests that the extended deadline for public comments be widely disseminated to allow more people to comment on the plan. | This plan will be posted in its entirety on the DDS website at 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. | No change required.  DDS agrees. The public comment period was published in the DC Register, posted on the DDS website, and announced at the public forums and a variety of other stakeholder events. |
| **Transition Plan – Deadlines** | Carol Grigsby | Commenter asks what the new target date is for resubmission of the transition plan and waiver amendments. | 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. | No change required.  March 1, 2015 |
| **D.C. Statewide Transition Plan** | Carol Grigsby | Commenter asks whether there will be an opportunity for public comment on the D.C. statewide transition plan, targeted for completion by the end of March 2015. |  | No change required.  The D.C. statewide transition plan will consist of the transition plan for the IDD waiver and the EPD waiver. This will include an opportunity for public comments. |
| **Transition Plan** | ULS – Mary Nell Clark | Commenter recommends that the transition plan include specific steps that DDA will take to ensure that the providers meet standards of the CMS rule. The transition plan should include deadlines and list specific graduated penalties for failure to meet deadlines. Commenter suggests penalties such as increased oversight and delineated restrictions on a provider’s license and certification. | 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. | No change required.  DDS will draft additional guidance regarding our expectations of compliance and will include sanctions in this guidance. |
| **Transition Plan** | ULS – Mary Nell Clark | Commenter applauds DDS on recognizing the importance of ensuring that people with IDD are included in their community. Commenter believes that the transition plan recognizes the importance of significant training in order to change a culture of dependence but states that training is not enough to accomplish this change. | 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.. See Transition Plan. | No change required.  DDS believes that training is a necessary component of capacity building, but is not the only step we will be taking to reach compliance with the HCBS Settings rule. |
| **Transition Plan - Assessment** | ULS – Mary Nell Clark | The commenter supports the requirement that every person receiving HCBS be surveyed. |  | No change required.  Thank you. |
| **Transition Plan - Assessment** | ULS – Mary Nell Clark | The commenter supports stakeholder involvement in the development of the assessment tools. | DDS SODA will convene the HCBS Settings Rule Advisory Group to review the self-assessment tool before finalization. | No change required.  Thank you. |
| **Transition Plan – Assessment Process** | ULS- Mary Nell Clark | The commenter encourages DDA to include specific provisions in the transition plan that require that notice be given to family members/significant others of the opportunity to contribute to the assessment and that they will have an opportunity to complete their own assessment of the provider. | 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. | DDS will make the personal assessment tool available to families allowing families the choice of completing a paper version or completing the assessment on-line. |
| **Transition Plan – Formal Grievance Procedures** | ULS – Mary Nell Clark | Commenter says that the transition plan should include a formal procedure to enable people who are segregated, as well as their family members//significant others to file a grievance or complaint against providers for failure to meet the HCBS settings rule requirements. DDA should have a formal grievance process to give voice to those who have complaints. |  | No change required.  DDA already has an internal problem resolution process and people are regularly advised about their rights to file complaints. Note that CMS allows through March 2019 for providers to come into compliance with the rule, so not every complaint may be immediately actionable (although some may, for example, reflect a violation of DDS policy, *e.g.,* right to visitors). |
| **Transition Plan – Request for Updated Version** | ULS- Mary Nell Clark | Commenter says that at the November 17th public forum, it was stated that there would be a revised transition plan published. Commenter also states that the deadline for submitting comments during the comment period was unclear. Commenter is submitting comments based on the October 28, 2014 version of the transition plan but should there be a newer version, the commenter is requesting a copy of that version. |  | No change required.  DDS is revising the Transition Plan based upon all comments received and will post it upon its website on the Waiver Amendment Information page upon completion. The deadline for submitting comments was published in the DC Register, on the DDS website, and announced at all of the public forums and a variety of stakeholder meetings. |

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