

GOVERNMENT OF THE DISTRICT OF COLUMBIA



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

~~Below is the District of Columbia's transition plan for the HCBS waiver for people with intellectual and developmental disabilities (IDD). In addition to being the plan for the HCBS IDD waiver, this plan is a part of the Statewide Transition Plan for all HCBS settings. A draft of this plan was posted in its entirety on the Department on Disability Services (DDS) website on our Waiver Amendment Information page at <http://dds.dc.gov/page/waiver-amendment-info> on October 29, 2014 and November 28, 2014 for public comment. A draft of this plan was again posted for public comment as part of the Statewide Transition Plan on February 5, 2015 on the Department of Health Care Finance's (DHCF) website at: <http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release-content/attachments/Statewide%20HCBS%20TP%20w%20DHCF%20DDS.pdf>.~~

~~This revised version of the Transition Plan, dated March 16, 2015, reflects the public comments received during all three public comment periods and continuing guidance from CMS. It will be posted, in its entirety, on our website. Please see Section VI, Outreach and Engagement, for more information on DDS's public comment process.~~

~~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.~~

~~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

The HCBS IDD waiver and proposed amendments are available on DDS's website on our Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>. DDS offers the following residential services that take place in HCBS Settings: Host Homes; Supported Living (including Supported Living with Transportation) and Residential Habilitation. ~~(DDS also offers Day and Vocation supports for people who live that take place in their own homes or with their families, through a variety of services such as In Home Supports, Personal Care Attendant, Personal Emergency Response System, Family Training, and more.)~~ DDS offers day and vocational supports HCBS Settings are available through the following services: Day Habilitation; Small Group Day Habilitation; and Employment Readiness; ~~Supported Employment; and Individualized Day Supports.~~ 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 ~~March~~February 1, ~~2015~~2016.

| Service | # of Sites | # People Receiving Services |
|---|---|-----------------------------|
| Supported Living | 445 <u>532</u> | 784 <u>844</u> |
| Host Home | 59 <u>72</u> | 81 <u>92</u> |
| Residential Habilitation | 43 | 149 <u>152</u> |
| Supported Employment | 19 | 141 |
| Day Habilitation (<u>Large group only</u>) | 43 totally community based | 756 <u>699</u> |
| | 25 <u>22</u> with a facility | |
| Employment Readiness | 5 totally community based | 358 <u>404</u> |
| | 13 <u>12</u> with a facility | |

| | | |
|---------------------------------------|---------------------------|----------------|
| Individualized Day Service | not applicable | 141 |
|---------------------------------------|---------------------------|----------------|

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

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

| | |
|--|------------------------|
| <u>Capital Care</u> | <u>Facility Based</u> |
| <u>Capital Hill Supportive Services(CHSSP)</u> | <u>Community Based</u> |
| <u>Choices Unlimited</u> | <u>Facility Based</u> |
| <u>Deaf Reach</u> | <u>Facility Based</u> |
| <u>Headstart to Life(HSTL)</u> | <u>Facility Based</u> |
| <u>Healthtech</u> | <u>Community Based</u> |
| <u>Kennedy Institute</u> | <u>Facility Based</u> |
| <u>MBA Non-Profit Solution</u> | <u>Facility Based</u> |
| <u>NCC</u> | <u>Facility Based</u> |
| <u>Phase II Academy</u> | <u>Facility Based</u> |
| <u>Project Redirect</u> | <u>Facility Based</u> |
| <u>PSI</u> | <u>Community based</u> |
| <u>RCM of Washington</u> | <u>Community based</u> |
| <u>St. Coletta's</u> | <u>Facility Based</u> |
| <u>St. John's</u> | <u>Community based</u> |
| <u>Vested Optimum</u> | <u>Facility Based</u> |

B. Heightened Scrutiny ~~Process~~

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

With one exception discussed below, DC does not have any settings (HCBS residential or day) 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 or privately -- owned facility that provide provides inpatient treatment; or on the grounds of, or immediately adjacent to, a public institution.

Additionally, all None of our residential locations are small (5 people or less, HCBS residential settings are nursing facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with the majority being 3 people Intellectual Disabilities; or Hospitals. DC does not have any HCBS residential settings that are: farmstead or disability-specific farming communities; gated or less) and are secured communities for people with intellectual disabilities; residential schools; or multiples settings co-located in apartments and homes in neighborhoods within D.C. and the surrounding suburbs. It operationally related which congregate a large number of people with disabilities such that people's ability to interact with the broader community is DDS's best estimate that 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 (6 people 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 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 neighborhood. 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).

| | <u>Indicator</u> | <u># Yes</u> | <u># No</u> | <u># N/A</u> | <u>Total Yes + No</u> | <u>% No</u> |
|---------------------------------|--|--------------|-------------|--------------|-----------------------|-------------|
| - | | | | | | |
| <u>Residential Habilitation</u> | <u>Are there strategies in place to assist the person in developing transportation skills?</u> | <u>8</u> | <u>2</u> | <u>5</u> | <u>10</u> | <u>20%</u> |
| <u>Supported Living</u> | <u>Are there strategies in place to assist the person in developing transportation skills?</u> | <u>15</u> | <u>5</u> | <u>4</u> | <u>20</u> | <u>25%</u> |
| 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.)

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

| | | | | | | |
|------------------|--|----------|----------|----------|----------|------------|
| | <u>the jurisdiction?</u> | | | | | |
| <u>Host Home</u> | <u>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?</u> | <u>2</u> | <u>2</u> | <u>2</u> | <u>4</u> | <u>50%</u> |

- 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.)

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

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; and DDS projects that this will not be cured by March 17, 2019 via remediation (changes in service definition, regulations, certification, etc.); DDS will either: (1) submit evidence to CMS for heightened scrutiny review; or (2) determine that the setting does 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; or (2) submit evidence to CMS for heightened scrutiny review.

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. ~~Specifically, 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 a face-to-face visits as soon as~~

~~possible to discuss the transition process and ensure sufficient timelines such 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 has the opportunity, the information, and the support needed to make an to visit alternative providers and engage in 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, using current ISP requirements. Please see: <http://dds.dc.gov/publication/assessing-most-integrated-day-informed-consent>.~~

~~In~~The District is cognizant that we must leave adequate time to allow people informed choice of alternative service providers 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 is terminated from the waiver program.

DDS will ensure reasonable notice and due process, including posting at least two notices notice and offering at least a 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 public comment period, prior to submission to CMS, 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~~systems requirements, DDS estimates that all of our settings are all at least partially compliant with the Rule. ~~Additionally, we estimate that all of our Individualized Day Supports are in compliance. These are highly individualized supports that occur within inclusive community settings and provide opportunities for socialization, life skill development, and opportunities for vocational exploration, and that many of our Supported Living and Host Home residential settings are nearly fully compliant with the Rule. DDS is able to estimate~~

~~DDS estimates~~ 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 ~~requires~~required via

statute, regulation, policy, procedure, or other practice. ~~As examples, and many others that we have since added, as indicated in the results of the systemic assessment, attached.~~

- ~~Section 1911 (Individual Rights) of Chapter 19 (Home and Community Based Services Waiver for Individuals with Intellectual and Developmental Disabilities) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations requires that:~~

~~Each Waiver provider shall develop and adhere to policies which ensure that each person receiving services has the right to [excerpts below]:~~

- ~~Be treated with courtesy, dignity and respect;~~

~~Be assured that for the 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 complaint and referral procedures. . . and the telephone number of the DDS customer complaint line.~~

- ~~DDS's Master Human Care Agreement (HCA), used for all Residential HCBS Settings requires, in part, that:~~

- ~~The Provider shall provide daily experiences that support the person to develop to his/her potential, inclusive of access/integration of people into community life;~~

~~The Provider shall provide a range of socialization and religious experiences to enhance peer and intra-personal relationship building and maintenance in accordance with the person's respective ISP;~~

- ~~Leases should be in the name of the people being supported;~~
- ~~All homes offered for providing services to people with accessibility needs shall be accessible to persons with mobility limitations, consistent with the Rehabilitation Act of 1973 as amended P.L. 93-112 (Section 504) incorporated herein by reference; and~~
- ~~There are means of communication available, including telephone (local and long distance) and Internet access for each person who lives in the residential setting and receives waiver supports.~~

- ~~DDS's Human Rights Policy (available on line at: <http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Human%20Rights%20Policy%208-9-2013.pdf>), which is applicable to all of our staff and providers states, in part, that it is DDS's policy that:~~

- ~~People with intellectual and developmental disabilities can exercise their right to personal liberty, dignity, respect and privacy.~~
- ~~People with intellectual and developmental disabilities are supported with the most proactive, least restrictive and effective interventions.~~
- ~~People with intellectual and developmental disabilities can exercise their right to freely make and express choices through verbal, nonverbal and behavioral means; and that their right to voice complaints, concerns and suggestions without interference or fear of reprisal is protected.~~
- ~~Safeguards are established in order to protect and promote the human, civil and legal rights of all people receiving supports and services through its service delivery system~~
- ~~People with intellectual and developmental disabilities are provided with the least restrictive living conditions possible. This standard shall apply to use of free time, movement, privacy, opportunities to engage in interpersonal relationships, staffing support, employment, and access to community resources.~~

~~However, DDS recognizes that our residential, day and vocational settings neither uniformly, nor across the board, meet the requirements of the HCBS Settings Rule and that we will need to make a series of changes to governing waiver rules, policies, procedures, provider certification, practices, etc., to ensure full compliance by March 17, 2019.~~

~~We recognize, for example, that in our residential settings, depending on staff-to-person ratio, people may not yet be able to fully direct their own schedule. Likewise, while our Master HCA requires provision of three nutritionally adequate meals that meet a person's assessed nutritional needs, we do not yet require that food be available at any time. Our HCA speaks to leases being in the person's name, but we do not require residency agreements that provide all of the eviction protections of local landlord-tenant law for people who live in provider-owned locations. (Please note that the District's HCA's are funded solely with local funds and do not use any Medicaid funding.)~~

~~In terms of our day supports, approximately 1,000 people attend facility-based day habilitation or employment readiness programs. Given the size of these programs, we know, for example, that there is a need for greater individualization of services; for people to direct their schedule of activities based on their interests, preferences, and needs; and that there are opportunities for increased integration into the greater community, including greater access to seek employment in competitive integrated settings and to engage in the community for many people attending these programs.~~

Upon completion of the ~~system~~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 ~~October 1, 2015.~~July 31, 2016, with results submitted to CMS no later than September 30, 2016. ~~DDS and DHCF will include this information in an amendment to the D.C. HCBS IDD Waiver Transition Plan. DDS and DHCF will follow the CMS requirements for public notice and input for amendments comment prior to the Plan. DDS and DHCF expect to file the first update to the Transition Plan by March 1, 2016.~~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 ~~three forums~~ a series of trainings on the HCBS Settings Rule, ~~our pending waiver amendments and this~~ our Transition Plan. ~~This is described further in Section VI, below. Each forum included a one hour, 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 on the new Rule. The training PowerPoint is~~ PowerPoints are available on the ~~DDS Waiver Amendment Information page at:~~ <http://dds.dc.gov/node/880702>.

~~DDA conducted mandatory training for its staff on the expectations of the HCBS Settings Rule in December 2014 and January 2015. The training was entitled *The National Landscape, Systems Change, and You!*~~

~~DDS partnered with the DC Coalition of Disability Services Providers and ANCOR to host a webinar viewing for all of our providers on the Rule and how it impacts non-residential providers. Please see <http://www.ancor.org/training-events/webinars/cms-hebs-rule-how-rule-impacts-non-residential-settings-providers>. This webinar, and a brief discussion, took place on January 21, 2015 line at DDS.~~ <http://dds.dc.gov/page/waiver-amendment-information>.

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

~~In FY 2014, DDS offered Train the Trainer training to the 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 (PPP) and adapt the traditional Job Search Plan to an Job Search and Community Participation Plan that provides guidance to staff working with a person to help identify meaningful daytime and work experiences. PPPs and the accompanying plans are part of the Discovery process that leads to customized employment and community inclusion, and are considered best practice in the developmental disabilities field for people who have significant disabilities and/or face significant barriers to employment.~~

~~For FY 2015, DDS is providing additional training and technical assistance sessions, entitled “Ensuring High Quality Positive Personal Profiles and Job Search/ Community Participation Plans.” These sessions will build on the previous Discovery training and will guide participants in assessing the quality of information in PPPs and the Job Search/Community Participation plans and how to create more effective Discovery documents that lead to employment and/or community participation outcomes. This is an interactive training and each participant must bring a draft PPP and Job Search/ Community Participation plan for someone with significant disabilities whom they have identified as presenting substantial challenges when planning for employment and community participation. Training opportunities are ongoing, with eleven (11) additional sessions planned through March and April 2015. Additional trainings may be added, as needed, through September 30, 2015.~~

~~DDS has created a Discovery Toolkit, with tools and guidance, available on our website at <http://dds.de.gov/node/1002972>.~~

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 2014, DDS offered a variety of training and technical assistance to support the roll out of Individualized Day Supports (IDS). DDS started an IDS Community of Practice that meets regularly. DDS offers ongoing training, webinars and technical assistance for IDS providers that focus on specific topics of interest to the providers. As an example, DDS provided training and support to the IDS providers in Community Mapping on both a person-specific and neighborhood/Ward-specific basis. Several of the DDS/DDA providers who participated in that training then conducted training on Community Mapping for all interested providers at the Direct Support Professional Conference in October 2014. In FY 2015, DDS/DDA will continue to build capacity with DDA staff and IDS providers through our IDS Community of Practice. For example, on March 26, 2015 we are offering training and discussion on Community-Based Transportation Strategies. This work is in progress and will continue through September 30, 2015.~~

~~Additionally, DDS created an IDS Toolkit, available on our website at <http://dds.dc.gov/node/801142>. 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.~~

~~DDS will also provide~~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. ~~Training for our staff will begin in March 2015 and we are planning kick off meetings with selected provider agencies in April 2015. This will be completed by September 30, 2015, 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 recently issued an Employment First policy, available on-line at <http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Employment%20First%20Policy.pdf>, that establish~~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>.

~~The District of Columbia was selected~~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>.

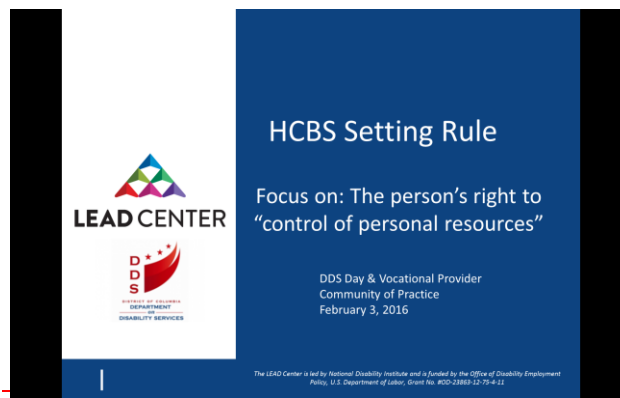
~~In FY 2016, DDS continues to participate as one of 15 states by a grantee in both the Department of Labor, Office of Disability Employment Policy (ODEP) to be part of their Employment First State Leadership Mentoring Program (EFSLMP). DDS is coordinating a Leadership Team that includes District Human Services, Education and Workforce agencies, to work together to better ensure that youth and adults with disabilities achieve employment outcomes and become economically self-sufficient. The District will benefit from support from ODEP and several Subject Matter Experts to enable all of our agencies and our provider networks to collaborate more effectively, leverage each other's resources, and build the competency of our staff and providers communities. In FY 2015, DDS will offer additional training and technical assistance on Provider transformation toward employment and integration, through our participation in this program. This work will continue through September 30, 2015.~~

~~DDS's work with providers also includes the development of and participation in) and 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-). 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 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. This is an ongoing effort and will continue at least through September 30, 2015.~~

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 ~~Provider Leadership. DDS has established the HCBS Settings Rules and the~~

~~DDS Transition Plan as a standing item for each Community of these monthly meeting Practice. As an example, in February 2015, 2016, we partnered with initial presentations at the general Provider Leadership the LEAD Center to offer training entitled: "HCBS Settings Rule, Focus on February 26, 2015, and the Day/ Vocational Provider Leadership meeting on March 4, 2015.: 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 ~~that to~~ Support Systemic Compliance with the HCBS Settings Rule

~~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.~~
- ~~• DDS launched a new Home and Community Based Services waiver service, Individualized Day Supports ("IDS"), implemented in the FY 2014, which provides habilitation supports in the community to foster independence, encourage community integration, and helps people build relationships. IDS provides for highly individualized supports that occur within inclusive community settings. In addition to providing opportunities for socialization and life skill development, IDS provides opportunities for vocational exploration that may lead to further employment services and supports. Additionally these supports can serve as a supplement to~~

~~employment services for individuals who may work part time and be in need of additional supports in addition to employment.~~

~~Additionally, DDS and DHCF are amending waiver~~ 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 ~~by~~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: ~~Clarifies~~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. ~~Specifies~~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: ~~Introduces~~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>.
- ~~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.~~

- ~~In Home Supports: Clarifies 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~~
- ~~Supported Employment and Small Group 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. Revise service definition to include benefits counseling.~~
- Supported Living and Supported Living with Transportation: ~~Modifies~~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: ~~Adds~~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>.

~~As described below in Section III(B), DDS and our HCBS Settings Advisory Group are currently reviewing all waiver service definitions to either (1) confirm compliance with the HCBS Settings Rule; or (2) plan for remediation, as needed. This is in progress and will continue through May 2015.~~

- 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 ~~will issue~~issued a policy requiring that agency staff and providers participate in efforts to assess and achieve compliance with the HCBS Settings Rule. This ~~will include~~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>.

~~The policy will be drafted by the DDS State Office of Disability Administration (SODA), and will be approved by the DDS Director. It will be issued by April 1, 2015. SODA is responsible for distributing the policy to all DDA staff and providers, ensuring that it is posted on the DDS website, and for leading a discussion on this topic at the April 2015 Provider Leadership meeting.~~

B. State Level Self-Assessment

The State ~~has~~ established an HCBS Settings Rule Advisory Group and ~~begin~~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 ~~will~~ ~~identify~~identified areas where changes are needed to ensure compliance with the HCBS settings characteristics rule and ~~make~~made recommendations for remediation.

1. DDS ~~has~~ invited representatives of the groups below to participate in the review group and ~~will invite~~invited and ~~consult~~consulted with others, including the Department of Health (DOH), as needed. DDS ~~will post~~posted the meeting dates on its website and members of the public ~~will be~~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) ~~will post~~posts items, as needed, on the website. ~~Meetings are underway and~~Although the state level self-assessment process has been completed, meetings will continue, as needed, through the ~~assessment and~~ remediation process. For example, DDS recently reconvened the group to provide input into a draft of proposed Host Home regulations.

~~Invited~~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 ~~and DDS/DDA's Provider Certification Review team;~~
 - b. DHCF;
 - c. ~~D.C.~~DC Developmental Disabilities Council
 - d. Project ACTION!, ~~D.C.'s~~DC's self-advocacy group;
 - e. ~~D.C.~~DC Supporting Families Community of Practice;
 - f. Quality Trust for Individuals with Disabilities;
 - g. Disability Rights DC/ University Legal Services, ~~D.C.'s~~DC's protection and advocacy organization;
 - h. ~~D.C.~~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 ~~will specifically include, but is not limited to,~~ 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 ~~amendments will be posted on DDS's 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 Information page within one week of submission to CMS. The website where this will be posted is: <http://dds.dc.gov/node/880702>. 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 <http://dds.dc.gov/node/721742> 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>.

~~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>.~~

- ~~f. Remediation: Based on the assessment, DDS is currently engaged with stakeholders through our Training Curriculum Committee has begun to review and revise training requirements. DDS Human Capital Administration is leading this effort.~~

~~g. Human Care Agreements and rate methodologies; and~~

~~h. Information systems.~~

- ~~3. The state level assessment will be completed by September 1, 2015 and will result in D.C. having a list of required changes needed to the waiver itself, implementing regulations, and policies, policy and procedures and practices.~~

- ~~4. Based on the assessment already underway, policy and procedure revisions will begin to occur by May 1, 2015 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.~~

5. ~~Based on the assessment already underway, changes to the District's Human Care Agreements will begin to occur by June 1, 2015 and will continue, on an ongoing basis, as contracts are renewed. The District's Human Care Agreements will fully support and require compliance with the expectations in the HCBS Settings rule no later than March 17, 2019.~~

~~Based on the assessment already underway, the first round of regulation revisions will occur by July 1, 2015 and will be timed to the effective date of the waiver amendments. 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.~~

~~Upon completion of the assessment, D.C. will establish~~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 ~~will behave been~~ adjusted accordingly to accommodate time needed to process and respond to public input and incorporate such comments into document revisions. ~~This will be completed by October 1, 2015. —~~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.

8. 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>. ~~DDS and DHCF will include this information in an~~

~~amendment to the D.C. HCBS IDD Waiver Transition Plan. DDS and DHCF will follow the requirements for public notice and input for amendments to the Plan. DDS and DHCF expect to file the first update to the Transition Plan by March 1, 2016.~~

- f. ~~DDS SODA is responsible for tracking where characteristics of HCBS settings are already required and where there are gaps and~~ 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 ~~are needed to ensure 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 characteristics rule, drafting the amendments to 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.)

D.C. HCBS IDD Waiver Transition Plan in accordance with
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 ~~assessment~~ 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, ~~and establishing a process that complies with CMS public input requirements.~~ we may be able to identify additional areas for change. DDS is also always open to receiving input on the rates.

- i. ~~Provider~~ 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 will draft~~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 ~~will be~~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 ~~may be~~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.

DDS SODA has engaged Support Development Associates

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 convened CMS Exploratory Questions to Assist States in Assessment of Non-Residential Settings. As an example, to determine compliance with the HCBS Settings Rule Advisory Group to develop Requirement that the self-assessment 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.
- ~~2.4.~~ The tool. ~~The tool will be~~ was finalized, as projected, by April 15, 2015 and posted on the DDS website— at:
- ~~3. DDS SODA is responsible for drafting the self-assessment tool, in collaboration with staff from DDA, including representatives from Service Coordination, Waiver Unit, and Quality Management Division (QMD). DDS IT will assist, as needed, with making this an electronic tool.~~
- DDS will conduct mandatory 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.
- ~~4.6.~~ DDS conducted provider education and training sessions on the requirements of the HCBS Settings Rule and how to complete the provider self-assessment tool. ~~These trainings will take place by May 15, 2015, with additional trainings as needed. DDS will invite Project ACTION!, DC's self-advocacy organization, to participate in the trainings. Assigned DDS staff will also attend these trainings, 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 ~~will receive~~received the self-assessment tool along with instructions and timelines for completion. ~~At a minimum, all active HCBS residential, day and vocational services~~ on May 4, 2015. The memo to providers is available on-line at: <http://dds.dc.gov/publication/provider-self-assessments-5-4-2015>.
- ~~5.1. Providers shall be~~were required to ~~complete a self-assessment~~ assessment. ~~teams that included~~
- ~~6.8. 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~~were also encouraged to include advocates and other stakeholder in their self-assessment process.
- ~~7.9. Providers will be~~were required to include in their self-assessment a description of their self-assessment process, including participation of the aforementioned persons.
10. Providers ~~will~~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. AdditionalDue 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—may be requested, 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):

| <u>Aggregated for Residential Providers</u> | |
|--|-----------------------------|
| <u>Question Category</u> | <u>Average Score</u> |
| <u>(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.</u> | <u>4.508</u> |
| <u>(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.</u> | <u>4.349</u> |
| <u>(c) The home facilitates individual choice regarding services and supports, and who provides them.</u> | <u>4.294</u> |
| <u>(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</u> | <u>4.138</u> |
| <u>(e) The home is integrated and supports access to the greater community.</u> | <u>4.089</u> |
| <u>(f) The home provides opportunities to engage in community life.</u> | <u>4.402</u> |
| <u>(g) The home provides opportunities to control personal resources.</u> | <u>3.876</u> |
| <u>(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.534</u> |
| <u>(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.</u> | <u>3.732</u> |
| <u>(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.</u> | <u>3.964</u> |

| | |
|--|--------------|
| <u>(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.</u> | <u>3.833</u> |
| <u>(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.</u> | <u>3.949</u> |
| <u>(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.</u> | <u>4.534</u> |
| <u>(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>4.450</u> |
| <u>(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.</u> | <u>3.983</u> |
| <u>(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.</u> | <u>4.328</u> |
| <u>(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.</u> | <u>4.222</u> |
| <u>(r) If provider-owned or controlled, the home allows people to have visitors at any time.</u> | <u>4.347</u> |
| <u>(s) If provider-owned or controlled, the home is physically accessible to the person.</u> | <u>4.609</u> |

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:

| <u>Aggregated Results for Supported Living Providers</u> | |
|---|-----------------------------|
| <u>Question Category</u> | <u>Average Score</u> |
| <u>(a) The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.</u> | <u>4.473</u> |
| <u>(b) The home optimizes a person's initiative, autonomy, and independence in making life choices.</u> | <u>4.422</u> |
| <u>(c) The home facilitates individual choice regarding services and supports, and who provides them.</u> | <u>4.377</u> |
| <u>(d) The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</u> | <u>4.238</u> |
| <u>(e) The home is integrated and supports access to the greater community.</u> | <u>4.122</u> |
| <u>(f) The home provides opportunities to engage in community life.</u> | <u>4.454</u> |
| <u>(g) The home provides opportunities to control personal resources.</u> | <u>3.933</u> |
| <u>(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.488</u> |
| <u>(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.</u> | <u>3.75</u> |
| <u>(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.</u> | <u>4.051</u> |
| <u>(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.</u> | <u>3.925</u> |
| <u>(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.</u> | <u>4.05</u> |
| <u>(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.</u> | <u>4.522</u> |

| | |
|--|--------------|
| <u>(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>4.441</u> |
| <u>(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.</u> | <u>4</u> |
| <u>(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.</u> | <u>4.333</u> |
| <u>(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.</u> | <u>4.238</u> |
| <u>(r) If provider-owned or controlled, the home allows people to have visitors at any time.</u> | <u>4.340</u> |
| <u>(s) If provider-owned or controlled, the home is physically accessible to the person.</u> | <u>4.6</u> |

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.

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

| | |
|--|--------------|
| <u>(f) The home provides opportunities to engage in community life.</u> | <u>4.25</u> |
| <u>(g) The home provides opportunities to control personal resources.</u> | <u>3.75</u> |
| <u>(h) The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.5</u> |
| <u>(i) The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.</u> | <u>3.642</u> |
| <u>(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.</u> | <u>4.8</u> |
| <u>(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.</u> | <u>4.6</u> |
| <u>(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.</u> | <u>4.8</u> |
| <u>(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.</u> | <u>4.812</u> |
| <u>(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>4.625</u> |
| <u>(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.</u> | <u>4</u> |
| <u>(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.</u> | <u>3.875</u> |
| <u>(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.</u> | <u>4.062</u> |
| <u>(r) If provider-owned or controlled, the home allows people to have visitors at any time.</u> | <u>4.125</u> |
| <u>(s) If provider-owned or controlled, the home is physically accessible to the person.</u> | <u>4.625</u> |

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:

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

| | |
|--|--------------|
| <u>(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.</u> | <u>3.2</u> |
| <u>(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.</u> | <u>3.166</u> |
| <u>(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.</u> | <u>3.181</u> |
| <u>(m) If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.</u> | <u>4.375</u> |
| <u>(n) If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>4.312</u> |
| <u>(o) If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.</u> | <u>4</u> |
| <u>(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.</u> | <u>4.437</u> |
| <u>(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.</u> | <u>4.140</u> |
| <u>(r) If provider-owned or controlled, the home allows people to have visitors at any time.</u> | <u>4.562</u> |
| <u>(s) If provider-owned or controlled, the home is physically accessible to the person.</u> | <u>4.593</u> |

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):

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

Day Habilitation

Day habilitation services are aimed at developing activities and skills acquisition to support or further ~~reviews conducted as needed to~~ 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 ~~assess and validate compliance with these rules.~~ 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:

9. ~~DDS QMD will develop a process and conduct a validity check for the provider self-assessments, by September 1, 2015.~~

Providers who self-report

| <u>Aggregated for Day Habilitation Providers</u> | |
|---|----------------------|
| <u>Question Category</u> | <u>Average Score</u> |
| <u>(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.</u> | <u>4</u> |
| <u>(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.</u> | <u>3.25</u> |
| <u>(c) The setting facilitates individual choice regarding services and supports, and who provides them.</u> | <u>3.75</u> |
| <u>(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</u> | <u>4</u> |
| <u>(e) The setting is integrated and supports access to the greater community.</u> | <u>4.375</u> |
| <u>(f) The setting provides opportunities to engage in community life.</u> | <u>3</u> |
| <u>(g) The setting provides opportunities to control personal resources.</u> | <u>2.67</u> |

| | |
|--|--------------|
| <u>(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.25</u> |
| <u>(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.</u> | <u>3.25</u> |
| <u>(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.</u> | <u>3.625</u> |
| <u>(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>2.75</u> |
| <u>(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.</u> | <u>3.875</u> |
| <u>(r) If provider-owned or controlled, the setting allows people to have visitors at any time.</u> | <u>3.75</u> |
| <u>(s) If provider-owned or controlled, the setting is physically accessible to the person.</u> | <u>4.875</u> |

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:

| <u>Aggregated for Employment Readiness Providers</u> | |
|---|-----------------------------|
| <u>Question Category</u> | <u>Average Score</u> |
| <u>(a) The setting ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.</u> | <u>4.385</u> |
| <u>(b) The setting optimizes a person's initiative, autonomy, and independence in making life choices.</u> | <u>4.25</u> |
| <u>(c) The setting facilitates individual choice regarding services and supports, and who provides them.</u> | <u>3.821</u> |
| <u>(d) The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</u> | <u>4.153</u> |
| <u>(e) The setting is integrated and supports access to the greater community.</u> | <u>4</u> |
| <u>(f) The setting provides opportunities to engage in community life.</u> | <u>3.75</u> |
| <u>(g) The setting provides opportunities to control personal resources.</u> | <u>4.4</u> |
| <u>(h) The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.416</u> |

| | |
|--|--------------|
| <u>(i) The setting is selected by the person from among options including non-disability specific settings and a private unit in a residential setting.</u> | <u>4.285</u> |
| <u>(m) If provider-owned or controlled, the setting provides that each person has privacy in their sleeping or living space.</u> | <u>4.392</u> |
| <u>(n) If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>4</u> |
| <u>(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.</u> | <u>3.964</u> |
| <u>(r) If provider-owned or controlled, the setting allows people to have visitors at any time.</u> | <u>4.928</u> |
| <u>(s) If provider-owned or controlled, the setting is physically accessible to the person.</u> | <u>4.607</u> |

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.

~~10.17. In our initial Statewide Transition Plan, we said that we would require providers who self-reported~~ that they are non-compliant or whom ~~are the validation process~~ 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 that ensure compliance with all aspects of the HCBS Settings Rule no later than March 17, 2019. ~~For example, remedial actions might include, but are not limited to changes to operations to assure that people receiving supports have greater control over activities like access to meals, engagement with friends and family, choice of roommate, and access to activities of his or her choosing in the larger community, including the opportunity to seek and maintain competitive employment. Provider Transition Plans based upon the provider self-assessment results will be due by September 1, 2015. DDS may seek additional plans or revisions to the plans based upon the DDS QMD validation results, or at any time in which DDS learns or determines that a provider is not in compliance with the HCBS Settings Rule.~~

~~By~~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: _____

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

Provider Transition Plans were required to be uploaded into our IT system by September 4, 2015²¹, 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.

~~44. Based upon recommendations by providers during the public comment period for the initial Statewide Transition Plan, DDS will amend its~~agreed to modify our process for Provider Performance Review (PPR) ~~policy, procedure, and process~~and the requirement of Continuing Improvement Plans (CIP) to incorporate Provider Transition. ~~Please see the DDS 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/page/policies-and-procedures-dda.~~ <http://dds.dc.gov/book/iv-quality-management/provider-performance-review-policy-and-procedure>. In the amended PPR policy and procedure, Provider Transition Plans ~~will become~~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 ~~will behave been~~ incorporated into the annual PPR review to ensure ongoing sustainability.

~~12.19.~~ All Provider Transition Plans will be reviewed and approved by DDS through the PPR process, and DDS will monitor implementation. ~~QMD will develop a tool and a monitoring schedule to monitor implementation of the provider's transition plan. Review began through PPR in November 2015 and will continue on-going.~~

~~13.12.~~ 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.

~~14.13.~~ It is DDS's 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. Providers determined by DDS to be unwilling or unable to ~~conduct a self-assessment and/or~~ 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.

~~15.14.~~ 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 ~~a~~ 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. DDS will review~~Site-Based Assessments

Day and ~~analyze the results of the~~ Vocational Site Assessments

1. As discussed above, we have modified the PCR tool to include an assessment tool of each provider's compliance with the HCBS Settings Requirements. PCR will conduct an onsite assessment of each Day Habilitation and post aggregated results on its website by 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.

- 16.2. 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 15, 2015- 31, 2016, and ongoing thereafter.

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

1. DDS will draft an- 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 services and guide informed provider choice. This tool will be incorporated into the pre-existing service coordination day and residential monitoring tools and will 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. DDS SODA has engaged Support Development Associates and convened the HCBS The personal assessment tools ask a series of questions adapted from CMS Exploratory Questions to Assist States in Assessment of Residential Settings Rule Advisory Group to develop 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 self-assessment 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.

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

- ~~DDS SODA is responsible for drafting the self~~Residential: <http://dds.dc.gov/publication/personal-assessment>, ~~in collaboration with staff from DDA.~~residential-4-13-2015
- Day and Vocational: <http://dds.dc.gov/publication/personal-assessment-day-and-voc-4-13-2015>

3. ~~DDS IT will assist, as needed, with making~~made this an electronic tool.

4. ~~The tool will be in two formats. First, it will be incorporated into the service coordination monitoring tools for an ongoing experience-based assessment of compliance with the HCBS Settings Rule and to ensure sustainability. 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>, describes the process, in part, as follows:~~

- a. ~~The Service Planning and Coordination Division will conduct regular monitoring for each person who receives supports or services through the DDA service delivery system.~~

- ~~b. Services monitored include, but are not limited to:~~
~~, available in MCIS. Additionally, the tool is posted on-line to give~~
- ~~i. ~~Residential~~ Supports: group homes [residential habilitation], supported living settings, host homes, and other places where people receive residential support.~~
 - ~~ii. Work/Day Supports: day habilitation, vocational services, including but not limited to employment readiness and supported employment.~~
- ~~c. All monitoring visits should include direct contact with involved family. Efforts should be made to meet with involved family in person. Where appropriate, the family member should be encouraged to attend the monitoring visit with the service coordinator.~~
- ~~d. During the visit, service coordinators will gather information by performing document reviews, conducting observations, and interviewing the person receiving services, family members, staff providing supports, and anyone else who may have information regarding the provision of supports and services.~~
- ~~i. Interviews: During the visit, service coordinators will interview the person receiving services whenever possible and appropriate. Face to face interviews with him or her are required.~~
 - ~~ii. Observations: Service coordinators will observe the person in his/her residence or work/day support environment.~~
 - ~~iii. Documentation Review: During the visit, service coordinators will review the person's record and other relevant documentation about services received at the location.~~
5. Additionally, the tool will be posted on-line, distributed at ISP meetings to family members who may wish to complete and return them, and shared with the DC Supporting Families Community of Practice, so that families have an opportunity to complete the survey and share their perspectives. Additionally, this gives 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 ~~will conduct~~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 ~~will take place by May 15, 2015, using~~used the typical process for training staff on updates to the monitoring tools, and will continue, as needed. ~~DDS~~

~~Human Capital Administration will track attendance to ensure that all service coordinators are trained.~~

~~7. Such assessments will be conducted, beginning~~ 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.)

~~7. 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>.

~~8. This assessment period will be ongoing 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.

~~1.8. DDS will review and analyze the results of the assessment tool, and post aggregated results on its website by August 1, 2016. DDS recognizes that this extends past the six month period it is using to complete the state and provider self-assessments and believes that the extended~~ However, our timeframe is warranted because this assessment will reach each person in both their residential and day/ vocational settings. Nonetheless, DDS believes that we will have sufficient information from the personal assessments to inform the establishment, by October 1, 2015, of specific timelines and milestones for additional revisions needed to achieve 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. —DDS and DHCF will include this information in an amendment to the D.C. HCBS-IDD Waiver Transition Plan. DDS and DHCF will follow the requirements for public notice and input for amendments to the Plan. DDS and DHCF expect to file the first update to the Transition Plan by March 1, 2016. DDS will continue to file updates to the Transition Plan, as needed, based on information we receive from the ongoing compliance processes, including the personal assessments. 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.)

| <u>HCBS Indicator</u> | <u>Exploratory Question</u> | <u>Aggregate Score</u> |
|-----------------------|--|------------------------|
| <u>a</u> | <u>The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.</u> | <u>4.02</u> |
| <u>b</u> | <u>The home optimizes a person's initiative, autonomy, and independence in making life choices.</u> | <u>3.54</u> |
| <u>c</u> | <u>The home facilitates individual choice regarding services and supports, and who provides them.</u> | <u>3.95</u> |
| <u>d</u> | <u>The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</u> | <u>3.84</u> |
| <u>e</u> | <u>The home is integrated and supports access to the greater community.</u> | <u>3.69</u> |
| <u>f</u> | <u>The home provides opportunities to engage in community life.</u> | <u>4.16</u> |
| <u>g</u> | <u>The home provides opportunities to control personal resources.</u> | <u>3.84</u> |
| <u>h</u> | <u>The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</u> | <u>4.18</u> |

| | | |
|----------|--|-------------|
| <u>i</u> | <u>The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.</u> | <u>3.82</u> |
| <u>j</u> | <u>If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.</u> | <u>2.85</u> |
| <u>k</u> | <u>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.</u> | <u>3.17</u> |
| <u>l</u> | <u>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.</u> | <u>3.58</u> |
| <u>m</u> | <u>If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.</u> | <u>3.95</u> |
| <u>n</u> | <u>If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</u> | <u>3.83</u> |
| <u>o</u> | <u>If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.</u> | <u>3.49</u> |
| <u>p</u> | <u>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.</u> | <u>3.88</u> |
| <u>q</u> | <u>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.</u> | <u>3.92</u> |
| <u>r</u> | <u>If provider-owned or controlled, the home allows people to have visitors at any time.</u> | <u>3.94</u> |
| <u>s</u> | <u>If provider-owned or controlled, the home is physically accessible to the person.</u> | <u>4.05</u> |

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

DDS QMD will~~In addition to ongoing review the results of the National Core Indicators (NCI) Adult Consumer Survey and Family Surveys, of~~ reports from the *Evans* Court Monitor; and ~~reports from~~ 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. ~~This will be completed by September 1, 2015.~~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:

| Alignment with NCI | | |
|--|----------------------|-------------|
| Select non-residential National Core Indicators items related to Control of Personal Resources | | |
| NCI Question | DC Score (2013-2014) | NCI Average |
| Do you choose what you buy with your spending money? | 85% | 86% |
| Can you see your friends when you want to? | 73% | 78% |
| Do you have a way to get to the places you need/want to go to? | 79% | 84% |
| How often do you go shopping? | 3.9 | 4.1 |
| How often do you go out for entertainment? | 3.7 | 2.7 |
| Do you participate in community activities (such as going out to a restaurant, movies, or sporting event)? | 90% | 87% |
| # of times people reported they went on vacation in the past year | 1.1 | 0.8 |
| All related to financial planning, financial literacy, and control of personal resources. | | |
| LEAD CENTER | | |

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 ~~Initial~~ Compliance, Sustaining Ongoing Compliance, and Amendments to the ~~D.C.~~DC HCBS IDD Waiver Transition Plan

- A. As a result of the assessments, DDS ~~will issue~~has begun issuing revisions to policies and procedures as needed, ~~with publication beginning in May 2015 and~~ 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 ~~will have~~begun promulgate revised regulations for the HCBS waiver, on an on-going basis, ~~with publications beginning by July 1, 2015, 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 ~~state self assessment and the assessment by people DDA support~~site based residential and ~~their families, and review and validation of provider self day~~ assessments, the District will submit an ~~amendment~~update to the ~~D.C. HCBS IDD Waiver~~Statewide 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,~~update and establishing a process that complies with CMS public input requirements. This will be completed by ~~March 1~~September 31, 2016.
- ~~D.~~—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 III:~~
has facilitated

A.D. ~~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. DDS also provides one-to-one technical assistance.

~~2. Provide one-to-one technical assistance.~~

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

1. Incorporating the assessment by the person into ongoing service coordination monitoring activities, ~~beginning June 1, 2015.~~

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

2. Quality assurance methodologies ~~will~~ incorporate monitoring performance measures that ensure compliance with the HCBS Settings Rule. ~~The PPR process will be revised by September 1, 2015.~~

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. ~~New indicators will be added to the PCR process by January 1, 2016.~~

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. ~~The initial review will be completed by September 1, 2015 and will continue on a semi-annual basis.~~

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 ~~will be~~ 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.

~~G. The state assures that the settings transition plan included with this waiver amendment or renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.~~

Section VII: Outreach and Engagement

~~DDS sought 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. The initial draft of the Transition Plan, a summary of the Advisory Group's comments and the revised Transition Plan are posted on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>. **the Updated Statewide Transition Plan**~~

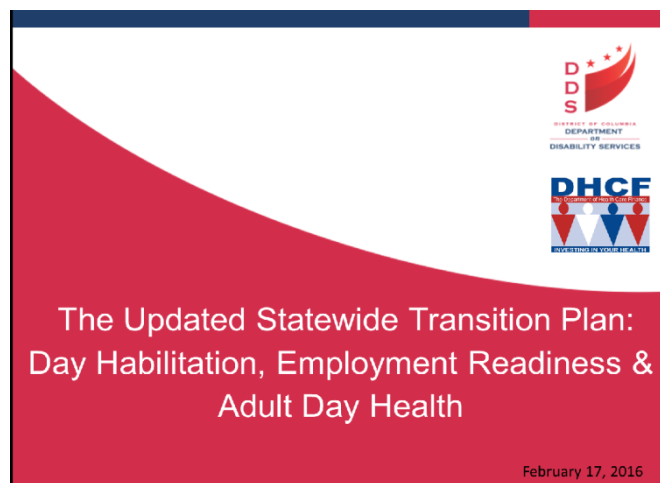
~~B.A. D.C. published DC will publish notice of the proposed transition plan in the DC Register on October 31, and on November 28, 2014. (D.C. also published notice of an earlier draft of the transition plan in March 28, 2014.) Each published notice launched February 19, 2016, launching a thirty (30) day public comment period. DDS will also posted notice on our website, sentsend an email announcement to our stakeholders list, and made has already begun making announcements at community events. The public notices are attached an Appendix to the Transition Plan and are posted, along with invitations to the public forums, on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.~~

~~C.B. DDS posted will post the entire D.C. HCBS IDD Waiver Statewide Transition Plan, including attachments, on its website at the start of the public comment period, and made make it available in hard copy upon request and at all public meetings when its contents were under discussion. Please see the attached public notices and the the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.~~

~~D.C.~~ ~~DDS hosted three DC will host at least two public forums. The forums took place on November 17, 2014, December 1, 2014 and December 8, 2014. In At each, we distributed copies of the entire Transition Plan, explained the new HCBS Settings Rule and our transition plan, and accepted will accept oral comments. into the record.~~



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 ~~also received and accepted~~will accept comments during the public comments ~~periods~~period by phone and in writing.

F. ~~This~~ Transition Plan is incorporated by reference into the D.C. Statewide Transition Plan and attached as an Appendix. The public outreach and engagement for the D.C. Statewide Transition Plan included:

- ~~1. DHCF made public notice through multiple venues to share the Statewide Transition Plan with the public, including but not limited to: (1) published notice in the DC register; (2) publication on the DHCF website; (3) email alert to the DHCF Stakeholder Listserv; and (4) announcement at existing meetings. Please see, e.g.,: <http://dhcf.dc.gov/release/public-notice-district-columbia-plan-comply-new-federal-home-and-community-based-services>.~~
- ~~2. DHCF posted the entire Statewide Transition Plan on its website and made it available in hard copy upon request and at all public meetings when its contents were under discussion.~~
- ~~3. DHCF hosted one public meeting to explain the HCBS Settings Rule and this transition plan in plain language, and answer any questions. DDS attended and participated in this meeting. Please see the website announcement at: <http://dhcf.dc.gov/release/hebs-transition-plan-forum-rescheduled-february-26>. Oral comments on the plan from attendees at this meeting were recorded and accepted as public comments.~~
- ~~4. There was a thirty (30) day public comment period from the time notice was published in the D.C. Register. The notice was published on Friday, February 13, 2015 and is available on line at <http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release-content/attachments/Public%20Notice%20DHCF%20Transition%20Plan%20final.pdf>.~~
- ~~5. DHCF accepted comments in a variety of formats, including in person, and by email and mail or fax submission.~~

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.

~~F.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.

~~F.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's office (DM)~~ Mayor of Health and Human Services (DMHHS), and the Office on Aging (DCOA).

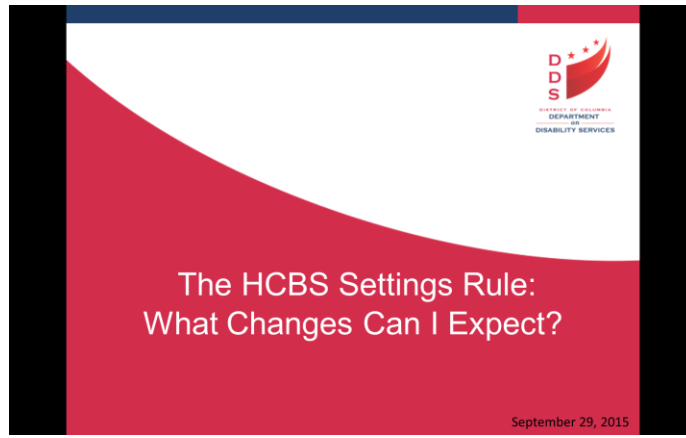
~~G.~~ ~~DDS and DHCF have reviewed all comments. We have incorporated appropriate suggestions and summarized the changes made to the transition plan in response to the public comment. A copy of the public comment chart is attached to this Transition Plan.~~

~~H.~~ ~~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. These will be posted on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702> within one week of submission to CMS.~~

I. DDS will post the revised ~~D.C. HCBS IDD Waiver~~ 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 at: <http://dds.dc.gov/node/880702> 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 ~~17, 2015~~ 30, 2016 and will be posted our website on the Waiver Amendment Information page by DDS IT by ~~April 24~~ May 31, 2015.

K. In addition to the explanation of the HCBS Settings Rule at the public forums, DDS ~~will design, schedule~~ designed and ~~conduct~~ 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 SODA will work collaboratively with ~~hosted a community forum in Fall 2015, entitled *The HCBS Settings Rule: What Changes Can I Expect*, explaining the HCBS Settings Advisory Group Rule as well as upcoming changes to regulations and policies. We also have provided updates at Project ACTION~~ ! and the DC Supporting Families Community of Practice on these trainings. The first training will take place by July 1, 2015. ~~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.

#####