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INTRODUCTION

Addendum to the Commonwealth of Virginia's Statewide Transition Plan February 2019

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for home and community based services (HCBS) that requires states to review and evaluate home and community based (HCB) settings, including residential and non-residential settings. The HCBS final regulation, published January 16, 2014, requires states to prepare and submit a Statewide Transition Plan. CMS asked that statewide transition plans specifically address only the settings requirements of the HCBS regulations.

According to the HCBS regulations (**section 441.530**), the following characteristics must be present in all settings where HCBS are provided in order for a setting to be considered home and community based:

- It is integrated in and supports full access to the greater community;
- It is selected by the individual from among a variety of setting options;
- It optimizes autonomy and independence in making life choices;
- It facilitates individual choice in selecting both services and service providers; and,
- It ensures individuals rights of privacy, dignity, respect, and freedom from coercion and restraint.

Furthermore, individuals living in provider owned or operated residential settings must:

- Have a lease or other signed legally enforceable agreement providing similar protections;
- Have access to privacy in their sleeping units;
- Have entrances lockable by the individual, with keys provided to appropriate staff as needed;
- Have a choice in selecting their roommate(s), if they share a room;
- Have the freedom to decorate and furnish their sleeping and/or dwelling unit;
- Have the ability to control their daily schedules and activities and have access to food at any time;
- Be able to have visitors at any time; and,
- Be able to physically maneuver within the setting (e.g., setting is physically accessible).

Any modifications made to any of the above criteria for provider-owned and operated residential settings must be the result of identified specific needs discovered through an independent assessment, and then documented and justified in a person-centered service plan.

The Statewide Transition Plan (STP) is considered the vehicle through which states determine their compliance with the HCBS regulation's requirements for HCB settings. When improvements are needed, the plan should describe to CMS the actions the state will take to assure full and ongoing compliance with the new settings requirements.

The HCBS regulations give states time to "transition" to meet settings requirements. The timeframe for states to assure compliance of all settings was extended by CMS from March of 2019 to March of 2022. Virginia expects to reach full compliance by March 2022. During the period covered by the transition plan, Virginia can continue to operate waivers in settings that do not yet meet the HCBS regulation's settings requirements.

In March 2015, Virginia submitted its initial STP to CMS. On August 20, 2015, Virginia received its Clarifications and Modifications for Initial Approval (CMIA) letter from CMS detailing clarifications and modifications needed in order to receive initial approval of the STP. CMS required Virginia submit a revised STP addressing the needed clarifications and modifications. The REVISED Statewide Transition Plan was open for public comment for 30 days, which began on March 7, 2016 and closed April 7, 2016. The REVISED STP was submitted to CMS on April 17, 2016.

A series of technical assistance calls were held with CMS between April 2016 and November 2016 to address needed technical changes and clarify specific elements of the STP consistent with the CMIA letter. The outcome resulted in the November 2016 REVISED STP addressing the needed modifications and clarifications for initial approval. Virginia submitted its revised STP to CMS on December 2, 2016 and received initial approval from CMS on December 6, 2016. The initial approval letter from CMS detailed the remaining steps Virginia will need to complete for final approval of its STP.

- Complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP.

- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the home and community-based settings rule transition period (March 2022).

- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny.

- Develop a process for communicating with beneficiaries who are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based services settings rule by March 2022. And,

- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

This Addendum to Virginia's STP addresses in detail the areas outlined above and the technical issues identified by CMS as needing to be addressed to receive final approval.

BACKGROUND

Virginia has four (4) 1915(c) HCBS waiver programs. DMAS is the state Medicaid authority for each of the four waivers. DMAS is also the operating agency for the one (1) Nursing Facility Level of Care (NF LOC) waiver. The Department of Behavioral Health and Developmental Services (DBHDS) is the operating agency for three (3) Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) Level of Care (LOC) waivers.

NF LOC Waiver

Virginia's NF LOC waiver is called Commonwealth Coordinated Care (CCC) Plus Waiver. The CCC Plus Waiver was effective July 1, 2017 and combined the previous Technology Assisted Waiver and Elderly or Disabled with Consumer Direction (EDCD) Waiver into one waiver. In addition to combining the two waivers, the transition to the new CCC Plus Waiver included a change from a fee for service model to Managed Care.

Settings providing Adult Day Health Care (ADHC) services in Adult Day Care Centers (ADCC) through the CCC Plus Waiver are addressed in this Addendum to Virginia's STP.

The Alzheimer's Assisted Living Waiver was included in Virginia's initial and revised STP. This waiver was not renewed in June 2018 and is no longer a part of Virginia's 1915(c) waiver system.

ICF/IID LOC Waivers

The Department of Behavioral Health and Developmental Services (DBHDS) is the operating agency for three ICF/IID LOC waivers. Effective September 2016, Virginia's Developmental Disabilities (DD) waiver system underwent a redesign. The Departments of Medical Assistance Services and Behavioral Health and Development Services worked together over a 24 month period to update and modernize Virginia's Medicaid HCBS waivers for individuals with developmental disabilities referred to as DD Waivers. The design of the new system, including the development of new services, was accomplished with significant stakeholder involvement.

The new services provide opportunities for greater community integration and engagement, and optimize individual lifestyle preferences and choices. Three existing HCBS waivers were amended and redesigned to:

(1) Better support individuals with intellectual and/or other developmental disabilities to live integrated and engaged lives in their community,

(2) Standardize and simplify access to services,

(3) Offer services that promote community integration and engagement, and

(4) Meet the Commonwealth's obligations under the community integration mandate of the ADA; the Supreme Court's *Olmstead* decision; the DOJ Settlement Agreement; and the settings requirements of the CMS HCBS final regulations.

The primary components of the amended waivers include the following:

- Redesigned waivers with new services
- New and enhanced rates and rate methodologies
- A single point of entry for all DD Waivers
- Updated eligibility process and tool
- Enhanced electronic service authorization system
- Single statewide priority-based waitlist
- New standards for provider competencies

Below is an overview of changes that took place to the DD Waivers.

- *The Community Living Waiver* – The previous Intellectual Disability Waiver became the "Community Living Waiver." This waiver remains a comprehensive waiver that includes 24/7 residential supports and is available to both children and adults.
- *The Family and Individual Supports Waiver* **–** The previous DD Waiver became the "Family and Individual Supports Waiver." This waiver was designed to support individuals living with their families, friends, or in their own homes. It supports individuals with some medical or behavioral needs and is available to both children and adults.
- *The Building Independence Waiver* – The previous Day Support Waiver became the "Building Independence Waiver." This waiver supports adults 18 and older to live in the community with minimal supports. This is a supports waiver that does not include 24/7 residential services. Individuals own, lease, or control their own living arrangements and supports can be complemented by non-waiver-funded state rent subsidies.

Table 1.0 provides an overview of the services available in the waivers described above, including a side-by-side comparison of the services available in the waivers pre-redesign as well as the new services.

Redesigned I/DD Waiver Services Array: Table 1.0

DD Waiver Services	ID	Community Living	DD	Family & Individual	DS	Building Independence
Assistive Technology	✓	✓	✓	✓		✓
Case Management (Medicaid state plan benefit)	✓	✓	✓	✓	✓	✓
Companion Services	✓	✓	✓	✓		
Group Home Residential	✓	✓				
CD Companion Services	✓	✓	✓	✓		

CD Personal Assistance Services	✓	✓	✓	✓		
C-D Respite	✓	✓	✓	✓		
Community-Based Crisis Supports (previous service revised/modified as new service model)	✓	✓	✓	✓		✓
Center-Based Crisis Support (previous service revised/modified as new service model)	✓	✓	✓	✓		✓
Crisis Support Services (previous service revised/modified as new service model)		✓		✓		✓
Group Day Support Services	✓	✓	✓	✓	✓	✓
Environmental Modifications	✓	✓	✓	✓		✓
Individual & Family/caregiver Training			✓	✓		
In-home Support Services	✓	✓	✓	✓		
Personal Assistance Services - Agency Directed	✓	✓	✓	✓		
Personal Emergency Response System (PERS)/Medication Monitoring	✓	✓	✓	✓		✓
Prevocational Services	✓		✓		✓	
Respite Services - Agency	✓	✓	✓	✓		
C-D Services Facilitation	✓	✓	✓	✓		
Skilled Nursing Services	✓	✓	✓	✓		
Individual Supported Employment Services	✓	✓	✓	✓	✓	✓
Group Supported Employment	✓	✓	✓		✓	✓
Therapeutic Consultation	✓	✓	✓	✓		
Transition Services	✓	✓	✓	✓		✓
New Services	**ID**	**Community Living**	**DD**	**Fam/Ind**	**DS**	**Building Independence**
Supported Living Residential		✓		✓		
Shared Living		✓		✓		✓
Independent Living						✓
Sponsored Residential		✓				
Electronic Home-Based Support		✓		✓		✓
Employment & Community Transportation		✓		✓		✓
Benefits Planning		✓		✓		✓

Community Guide/Housing Guide	✓	✓	✓
Peer Mentor Supports	✓	✓	✓
Community Coaching	✓	✓	✓
Community Engagement	✓	✓	✓
Workplace Assistance Services	✓	✓	
Private Duty Nursing Services	✓	✓	

As previously determined by the state and CMS, the following settings must be assessed for HCBS compliance: group home, sponsored residential, support living, group day and group supported employment settings. This Addendum to the STP addresses the site-specific elements required for final approval of the STP.

PUBLIC INPUT

This Statewide Transition Plan Addendum was open for public comment for 30 days, which began on February 27, 2019 and closed March 29, 2019. Throughout the 30 day public period public notice was provided through the DMAS website (http://www.dmas.virginia.gov/#/hcbs), DBHDS "My Life, My Community" webpage (http://www.dbhds.virginia.gov/developmental-services/my-life-my-community-waiver). On Sunday, March 3, 2019 a printed legal notice was placed in a large Virginia newspaper, the Richmond-Times Dispatch, carried in libraries throughout the state. The notice was available on the paper's online news site for 7 days. Additional dissemination of the notice was achieved through other state agencies posting the notice, postings/announcements disseminated by advocacy groups and trade organizations, electronic newsletters, list serves, and social media.

The public input process was designed to allow individuals receiving waiver services and their families, individuals likely to receive services, providers, stakeholders, advocacy groups and other organizations an opportunity to provide input and recommendations into the plan. All public comments and dates of public notice for the Statewide Transition Plan will be retained on record and available for review.

DBHDS and DMAS will maintain on an ongoing basis an HCBS email address; hcbscomments@dmas.virginia.gov, for individuals and families to provide ongoing comment and feedback, and as a means of reporting on provider compliance status and for targeted training and technical assistance. It is expected that the transition plan will continue evolve with the incorporation of additional stakeholder input, and through review of provider data, as the state works to come into compliance with the HCBS setting requirements. Any substantive changes to the transition plan will be posted for public input.

DMAS formally notified the following tribes of this Statewide Transition Plan Addendum and provided an opportunity for them review and comment on the STP:

- Pamunkey Indian Tribe

- Chickahominy Indian Tribe
- Chickahominy Indian Tribe, Eastern Division
- Monacan Indian Nation
- Nansemond Indian Tribe
- Rappahannock Tribe

Nursing Facility LOC: CCC Plus Waiver ADHC Settings

In Virginia's April 2016 revised STP two settings providing ADHC services were identified as presumed to be institutional due to co-location. The settings were:

- Bedford Adult Day Services
- Riverside Adult Day Services

Since submission of the revised STP, additional guidance from CMS on settings presumed institutional because of co-location clarified that the co-location is with a public institutional setting: *Public institution* (42 CFR 435.1010) means the public institutional setting *is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.* Bedford Adult Day Services is on the grounds of a private hospital in a separate building not operationally related to the hospital in any way and Riverside Adult Day Services is associated with a private continuing care community. For this reason, these settings do not meet the presumed institutional settings criteria due to co-location and will not be submitted to CMS for Heightened Scrutiny review.

The two settings referenced completed the self-assessment, remediation and validation process which included onsite visits by Quality Management Review staff. The settings were not identified as settings that may have the potential to isolate individuals. The basis of the original presumed institutional status was due to co-location. Upon further guidance from CMS, and one of the settings direct communication with CMS, it was clarified that such a determination of presumed institutional is based on co-location with a public institution as defined by CMS.

In April of 2017, CMS announced that it would be extending the deadline for states to bring all settings into compliance with the HCBS settings rule from March of 2019 to March of 2022. At that time, Virginia was solidly underway with its site-specific assessment activities for ADHC settings. The decision was made not to extend the compliance timeline for ADHC settings. The state's target date for all ADHC settings to be fully compliant was January 1, 2018. With the transition from Fee-for-Service to Managed Care the health plans would be assuming responsibility for monitoring and assuring HCBS compliance after January 1, 2018 (Appendix A.1). Additional information on the role of health plans and Virginia Medicaid's expectations are provided later in the STP.

ADHC Services

CCC Plus Waiver ADHC services are provided in Adult Day Care Centers (ADCC). The state identified ADCCs by site to include location, capacity and if the setting provides ADHC services through the CCC Plus Waiver. Individuals receiving services in ADCCs have different payer sources, which include Medicaid, private

insurance, Veterans Benefits, and private pay. Individuals receiving ADHC services through the CCC Plus Waiver comprise about 27% of the total capacity of licensed ADCC across the Commonwealth.

The CCC Plus Waiver has approximately 30,000+ enrollees. Of these enrollees, 1,140 (3.8%) participate in ADHC services. A breakdown of participants by age range is provided below. 76.7% of participants are age 66 and older.

Adult Day Health Care Services Participant Age Range					
Age Range	18-30	31-50	51-65	66-80	81-101
# of Participants	68	64	123	353	532
% of Participants	5.9%	5.6%	10.7%	30.1%	46.6%

All individuals receiving CCC Plus Waiver services, including those receiving ADHC services, live in their own home or family home. Individual participation in ADHC services ranges from 2 to 3 days per week to 5 days per week. The CCC Plus Waiver does not include a provider owned/controlled residential service option. The services available include:

- Adult Day Health Care
- Assistive Technology (AT)
- Environmental Modification (EM)
- Personal Care Services (Agency and Consumer- Directed)
- Private Duty Nursing (RN and LPN)
- Personal Emergency Response System (PERS), includes Medication Monitoring
- Respite Services (Agency- and Consumer-Directed)
- Services Facilitation
- Transition Services

The ADHC services providers and settings are not responsible for connecting individuals with employment opportunities in competitive integrated settings. The process for assessing interest in employment is completed by the Care Coordinator during the completion of the Global Health Risk Assessment. If an individual is interested in employment they are connected with resources to access employment services at that time. Employment services are not a waiver service in the CCC Plus waiver, however resources are available to support employment discovery, job training and supported employment through the Virginia Department of Aging and Rehabilitation Services, Virginia's

Vocational Rehabilitation services agency. Personal Assistance services are available in the CCC Plus waiver and these services can be used to support employment related personal assistance needs while at work. Of CCC Plus beneficiaries, 3.8% choose ADHC services and approximately 96% choose other supports including non-Medicaid funded employment, school/higher education, volunteering in the community, and other natural supports. Individuals receiving ADHC services through the CCC Plus Waiver comprise about 27% of the total capacity of licensed adult day care centers (ADCC) across the Commonwealth. The population of individuals in these settings is diverse with the majority of participants being non-Medicaid HCBS participants.

The state's settings assessment did assess how access to the greater community is assured and supported in these settings. Assessment and remediation activities included transportation supports available, how individual preferences are taken into consideration when determining community activities, frequency of community activities, community resources made available to individuals and families, communication with family members on expressed interest in activities, a setting's engagement with the broader community and community partnerships, and cultural interests and preferences.

In addition, Adult Day Care Centers providing ADHC services do not have access to an individual's personal financial resources. Centers were assessed for an individual's privacy and control of personal belongings and autonomy with respect to their belongings while at the center.

ADHC Settings Assessment

The state reviewed day-to-day operational practices and requirements of ADHC services and ADCCs. This review included discussions with Virginia Department of Social Services (VDSS) licensing staff, DMAS Quality Management Review (QMR) staff, and ADHC providers. The state has met with representatives from the Virginia Adult Day Health Service Association (VADHSA) to provide information on the HCB settings requirements, answer questions, and provide technical assistance.

In January of 2017 DMAS conducted web-based (survey monkey) provider self-assessments of all ADHC settings. Fifty-four ADHC providers completed the self-assessment, a 100% response rate. Self-assessment questions and a Companion Guide (Appendix A.2) were developed using the CMS exploratory questions and HCBS settings requirements as guidance. The self-assessment consisted 16 questions requiring a Yes/No response, a narrative description/explanation for the Yes/No response and the submission of evidence validating responses. A webinar was held with all ADHC providers on January 18, 2017 to review the mandatory requirement for completion of the self-assessment, review the assessment process and Q-n-A.

DMAS worked in collaboration with VADHSA to pilot the self-assessment prior to implementation. A follow up conference call with all ADHC providers was held to talk through the self-assessment process, self-assessment questions and needed clarifications. The information gleaned helped the state to refine a self-

assessment companion guide and clarify guidance provided. A webinar (Appendix A.3) was conducted with all providers in advance of the release of the self-assessment.

Aggregate self-assessment results are provided below.

Fully Comply	Do Not Comply and Require Modification	Cannot Meet Requirements	Require Heightened Scrutiny
1	53	0	0

Provided below is a summary of the self-assessment areas of non-compliance.

Areas of Non-Compliance: HCBS Compliance Elements	
1) Providers/settings did not have a rights policy that specifically detailed the HCBS rights afforded to individuals receiving Medicaid HCBS; 2) Providers did not have a policy requiring the annual disclosure of HCBS rights to individuals/families; and 3) Providers did not have a policy requiring annual staff training on HCBS rights and expectations.	
Additional Indicators of Non-compliance Reflected in Self-assessment Responses	
HCBS Compliance Elements: The setting is integrated in and supportive of full access to the greater community	• Some providers did not submit photos of: 1) the outside of their buildings, and 2) an aerial or neighborhood map that showed the surrounding neighborhood with key business, residences, and other buildings or landmarks identified. • Narrative descriptions did not adequately describe how access to the greater community is provided and/or facilitated. • Some descriptions of access to the greater community focused on medical services and not a broad explanation for access and community integration. • Self-assessment was completed by one person and did not incorporate the input, experience, and

	perspective of others, including individuals served and their families. • Some self-assessments made statements about the overall participant level of disability or cognitive impairment for all participants served by the provider was a barrier to community integration and as a way to "exempt" providers from community integration requirements.
Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	• Some providers offered broad rights statements that noted a provider-wide policy that prohibited restraints and others provided policies and procedures and training documents for the application of restraints as needed or appropriate.
Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	• Submitted person centered service plan (PCSP) tools did not clearly provide space for detailing an individual's or family's feedback or input into the process, and space for documenting when and how often such input occurs. • PCSP processes did not clearly show opportunities to update service plans based on an individual's request or a family's request because the individual has developed a new interest or hobby, or they no longer feel able to participate physically in something that was previously included, or any similar reason. • Activities reflected on activity calendars were not broad with numerous options and reflective of the interests of individual participants. Evidence did not demonstrate these aspects of determining and offering activities.
Facilitate individual choice regarding services and supports, and who provides them.	• Self assessment responses did not reflect person centered planning practices and opportunities to ensure choice.

The fifty-three settings not in full compliance were each required to submit an HCBS compliance remediation plan (Appendix A.4) to DMAS.

ADHC Settings Remediation

To support ADHC providers with completion and submission of remediation plans DMAS conducted a series of webinars, small group technical assistance calls, individual technical assistance calls, and onsite reviews that included observation and interviews with individuals receiving services. HCBS rights and remediation

skills training was held with DMAS QMR staff to increase HCBS knowledge, skills and compliance analysis. Tools to support review teams were developed and disseminated (Appendix A.5) and include desk review and site visit tools, guidance for onsite reviews and consultation with providers, remediation strategies, including deliverables, and indicators of compliance.

A webinar was conducted with all ADHC providers on April 17, 2017 (Appendix A.6) to review self-assessment results and remediation plan requirements. Forty-six providers submitted remediation plans by the May 5, 2017 deadline. Seven providers required more intensive technical assistance and submitted plans within two weeks of the deadline resulting in a 100% response rate for submission of remediation plans. Remediation plan progress updates were due from providers the first of each month.

Between June of 2017 and December of 2017 DMAS worked closely with all ADHC providers educating them on the HCBS settings requirements, the purpose, goals, and expectations for compliance. DMAS provided guidance and suggestions to update policies, procedures and practices in a manner that reflects the spirit and intent of ensuring ADHC settings fully reflect the characteristics of a home and community based setting.

By August of 2017 9 settings were fully compliant, 36 partially compliant and 8 partially or non-compliant. Providers were assigned a specific DMAS staff to monitor and oversee completion of remediation actions. Providers submitted monthly compliance remediation plan updates. Monthly updates and evidence submitted were reviewed and follow-up calls were held with providers to discuss remediation plan feedback, additional evidence needed and to provide technical assistance. DMAS conducted on-site visits and on-site consultation with ADHC providers including interviews with individuals supported and observations. By December 30, 2017, all 53 ADHC settings were determined to be fully compliant with the HCBS settings rule. All compliance determinations went through a first and second level review to verify a determination of full compliance.

Adult Day Health Care Settings Provider Remediation & Compliance: December 30, 2017		
Fully Compliant	Partially Compliant: Approved Remediation Plan in Place	Partially or Non-Compliant: Remediation Plan in Place & Needing Significant Technical Assistance
53	0	0

ADHC Settings: On-going Monitoring

On August 22, 2017 CCC Plus MCO's were provided with training on the HCBS settings rule, expectations for compliance, self-assessment process of current providers, tools used, evidence and service practices that demonstrate compliance, red flags to be aware of and ongoing monitoring responsibilities.

Health plan contracts include requirements for ADHC settings compliance, compliance monitoring and remediation:

> 8.4.6 Credentialing of CCC Plus Waiver Providers: The Contractor shall monitor and ensure that network providers providing services to CCC Plus Waiver Members comply with the provider requirements as established in the DMAS provider manuals available at the DMAS Provider Portal and the following regulations: 12VAC30-120-900 through 12VAC30-120-995. **The Contractor shall require that all providers of CCC Plus Waiver services (including ADHC) maintain compliance with the provisions of the CMS Home and Community Based Settings Rule as detailed in 42 CFR § 441.301(c)(4)-(5) prior to executing a provider agreement. As part of the annual assessment and plan of care review, the Contractor's Care Coordinator or another entity as approved by the Department shall conduct, in a format prescribed by the Department, an Individual Experience Survey in order to ensure that the Member's services and supports are provided in a manner that comports with the setting provisions of the HCBS regulations in 42 CFR § 441.301(c)(4)-(5)**. DMAS will develop the survey in collaboration with the CCC Plus health plans. **The Care Coordinator shall be responsible for one hundred percent (100%) remediation of any instance in which the Member's services do not comport with requirements set forth in the HCBS regulations, and the Contractor shall analyze data from the Individual Experience Survey by provider and by setting as part of its ongoing quality monitoring and re-credentialing processes.** At a minimum, re-credentialing of CCC Plus Waiver providers shall include verification of continued licensure and/or certification (as applicable); quality of care provided, compliance with policies and procedures identified during credentialing, including background checks and training requirements, critical incident reporting and management, **and compliance with the setting provisions of the CMS HCBS regulations detailed in 42 CFR § 441.301(c)(4) and 42 CFR § 441.301(c)(5)**

The Individual Experience Assessment was developed collaboratively with health plans (Appendix A.7). The tool is designed to reflect HCBS characteristics that individuals should experience in ADHC settings. The assessment is based on guidance from the Centers for Medicare and Medicaid Services. Guidance for administration of the assessment is included with the tool and includes the following elements:

1) The survey should include Care Coordinator observations. This is particularly important when/if a Member does not communicate verbally and/or is not able to respond to the questions due do cognitive limitations. Observations may include:

- Interactions between Members receiving ADHC services and ADCC staff
- Member's involvement in their service plan development
- If the setting is accessible to Members receiving ADHC services
- If the setting offers a variety of activities and choices
- Does the setting have the characteristics of a setting that is integrated in and engaged with the broader community
- Are there characteristics of a setting that isolates?

2) The survey approach should be conversational in nature. The questions are designed to promote dialog and can be expanded upon as part of the method of discovery of HCBS compliance based on the individual/family experience. When conducting the survey the surveyor should use their best judgement with phrasing and explaining the questions based on the needs of the individual being survey.
3) The Individual Experience Survey must be conducted in person. The survey must include the Member and also may include a family member or representative, as appropriate.
4) As the Care Coordinator conducting the assessment, *do not influence the individual's responses*.

Enhancements to the assessment tool will be made in response to public comment. Additional training of MCOs will be conducted as will shadowing of MCO staff conducting the assessment as a DMAS MCO monitoring activity.

At this time, all ADHC providers contracted with the CCC Plus program managed care health plans are Virginia Medicaid-enrolled providers. As previously described, DMAS worked with the providers to remediate any deficiencies, and all were determined to be fully compliant with the settings rule by December 30, 2017. DMAS will continue to provide monitoring of the sites to ensure ongoing compliance with the rule, identify any compliance issues and work with providers on remediation of areas of concern. As required in the CCC Plus Contract, the health plans will be responsible for ensuring ADHC providers are in compliance with the setting provisions during the initial and re-credentialing process.

DMAS will require that health plans notify DMAS of all potential new contracts with ADHC providers prior to the completion of the credentialing process. If the provider is a Virginia Medicaid-enrolled provider, DMAS will confirm to the plan that the provider is in compliance with the settings rule and allow the plan to finalize credentialing. If the provider is not a Virginia Medicaid-enrolled provider, DMAS will require the health plan to submit documentation for review of the assessments completed, results, remediation, and follow-up as evidence that the plan has fully evaluated and confirmed the ADHC provider is fully compliant with all requirements. DMAS will work with the health plans to provide information and technical assistance prior to completion of the credentialing process.

Since the CCC Plus managed care program was implemented on August 1, 2017, there has not yet been re-credentialing activities by the health plans. As these provider Contracts come up for renewal, DMAS will work with the plans to evaluate the provider's ongoing compliance with the settings rule. In addition, by September 2020, DMAS quality staff will conduct onsite reviews of every ADHC setting to assess continued HCBS compliance and address any area of concerns with the provider and the health plans.

The Individual Experience Assessment is a critical element in monitoring the compliance of ADHC providers with the settings rule. DMAS has provided training to the plans regarding the requirements of performing these assessments. More importantly, DMAS has provided training and had ongoing discussions with health plan staff including care coordinators regarding person-centered approaches to care planning and interview/assessment techniques. DMAS has a dedicated Care Management Unit devoted to providing technical assistance to health plan care coordinators.

DMAS will monitor the health plans compliance with all aspects of the requirements for performing the Individual Experience Assessment. As previously mentioned, the monitoring plan will include DMAS shadowing health plan staff during the performance of these assessments. DMAS contract monitoring will also include a review of the results of the health plans Individual Experience Assessments and their analysis of the data by provider.

DMAS will include in the contract monitoring plan a review of how the health plans are meeting the requirement for 100% of remediation of any instance in which the Member's services do not comport with the requirements set forth in the HCBS regulations.

Heightened Scrutiny

All ADHC settings were reviewed to determine if a setting met criteria for presumed institutional status based on the following rubric:

Heightened Scrutiny Identification Rubric	
Criteria	Examples
A setting that is **located in a building** that is also a publicly or privately operated facility that provides inpatient institutional treatment.	Publically or privately operated facilities include a public or private: **Nursing Facility (NF)** – a Medicaid Nursing Facility – (42 CFR 488.301) **Institution for Mental Disease (IMD) Facility** - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)** ICF/IID means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) **Hospital** - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, sick persons. (SEC. 1861. **[**42 U.S.C. 1395x**])**
A setting that is located on	• Settings that are located on the same or contiguous property to a public

Heightened Scrutiny Identification Rubric	
the grounds of, or immediately adjacent to, a public institution.	institution or are sharing space with a public institutional setting such as a Virginia State Training Center, public hospital setting, Virginia State Psychiatric Hospital, Nursing Facility. ✓ *Public institution* (42 CFR 435.1010) means the public institutional setting is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.
Settings that Isolate: A setting designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities. People in the setting have limited, if any, interaction with the broader community. (Criteria for settings that isolate needing HS review)	• Settings clustered/collocated congregating people with developmental disabilities and people in the setting have limited, if any, access to the broader community. • A farmstead or disability specific community, often described as a life sharing community, for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting. Farmstead communities for people with disabilities tend to be segregated settings where people receiving HCBS may work, live and recreate with limited opportunities to work/socialize side by side with people who do not have disabilities and to engage in the broader community.

There were no ADCC's providing ADHC services identified that met Heightened Scrutiny criteria. In March of 2019, CMS issued additional guidance to states on Heightened Scrutiny and settings that have the potential to isolate individuals from the broader community. The sub-regulatory guidance states the following

> CMS intends to take the following factors into account in determining whether a setting may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS:
>
> • Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities* for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
>
> • The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or

• The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary's person-centered service plan.

DMAS applied this new guidance to ADHC settings and did not identify any settings meeting the CMS factors of settings that isolate individuals from the broader community. DMAS and MCOs are interested in hearing from stakeholders, individuals and/or family members who have a concern about a particular setting. HCBS compliance concerns should be reported to an individual's MCO Care Coordinator and can be reported to DMAS at hcbscomments@dmas.virginia.gov.

The state has not identified settings that cannot come into compliance. All new providers/settings must be determined HCBS compliant prior to enrolling with Medicaid and a health plan.

If a setting falls out of compliance, and is determined to not be able to come into compliance and a health plan will dis-enroll a setting/provider, the health plan must submit a transition plan to DMAS, identifying the members impacted. DMAS reviews, approves, and monitors the plan. The plan must include the steps for transitions:

- Provide DMAS with a spreadsheet roster of impacted members;
- Member notifications: When DMAS receives a notification for disenrollment from an MCO due to HCBS non-compliance, a DMAS staff will be assigned to monitor and support the transition process. Each impacted member will be notified in writing of the planned disenrollment at least 45 days in advance of the setting being dis-enrolled. Member letter templates require approval by DMAS prior to mailing. The letter will be followed up with a phone call or visit by the care coordinator;
- DMAS will notify the State Ombudsman and Department of Social Services to inform them of the disenrollment within 45 days of the setting being disenrolled;
- The health plan will contact alternate providers to determine capacity;
- The health plan must offer each impacted member a choice of CCC Plus waiver services, including Adult Day Health Care and personal care. This will be done individually with each impacted beneficiary and their families, as appropriate, 30 days prior to disenrollment of the setting;
- The plan must offer the member a choice of available contracted service providers and information about the ADHC setting, including activities offered, and assist with facilitating visits to the setting if the member chooses to visit. The health plan must support the transition to the chosen new setting and/or service including person centered service plan development with the individual and family;
- On a regular basis, the plan must update the spreadsheet with information for each member related to the transition including services chosen, the name of the new provider, and the effective date of the transition.

DMAS monitors each step of the plan and actions taken to ensure members experience a smooth transition to services and providers of their choice.

Private Homes

Individuals enrolled in the CCC Plus managed care program are assigned a care coordinator responsible for the oversight of the person-centered plan of care. The care coordinator communicates with participants at a minimum of every 90 days to assess the provision of services including outcomes, assessing appropriate changes or additions to services and facilitate referrals when needed. Care coordinators are responsible for ensuring services and supports are provided in a manner that comports with the settings provisions of the HCBS regulations. Additionally, on-going monitoring of HCBS regulations will be conducted by quality management reviewers. Staff will review provider records and conduct participant overviews to ensure services are provided in accordance with HCBS requirements.

Timeline and Milestone Tracking

Milestone	Description	Proposed End Date	Comments
Systemic Assessment and Remediation			
Completion of systemic assessment	**Nursing Facility Level of Care (NF LOC) waiver programs:** Review of regulations, policies, licensing requirements and service definitions	**10/2016**	Complete
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	**Nursing Facility Level of Care (NF LOC) waiver programs:** Changes to provider manuals to ensure providers have the information and instruction needed for ongoing compliance with settings requirements. (ADHC services)	**1/2019 NF/LOC**	Complete
Implementation of new rules and regulations: 50% complete	**Nursing Facility Level of Care (NF LOC) waiver programs:** Changes to provider manuals to ensure providers have the information and instruction needed for ongoing compliance with settings requirements. (ADHC services)	**1/2019 NF/LOC**	Complete

Milestone	Description	Proposed End Date	Comments
Implementation of new rules and regulations: 100% complete	**Nursing Facility Level of Care (NF LOC) waiver programs:** Changes to provider manuals to ensure providers have the information and instruction needed for ongoing compliance with settings requirements. (ADHC services)	**1/2019 NF/LOC**	Complete
Completion of site-specific assessment	**Nursing Facility Level of Care (NF LOC) waiver programs:** Provider self assessment of ADHC settings completed – 100% provider response.	**NF/LOC**	Complete
Completion of site-specific assessment	Individual provider remediation to include remediation plan, technical assistance calls, submission and review of evidence for 100% of providers and site visits and technical assistance with providers needing targeted remediation.	**April 2017 through December2017**	Complete
Completion of site-specific assessment	All providers of ADHC services transitioned to full compliance.	**January 2018**	Complete
Completion of site-specific assessment	ADHC services transition from FFS to Managed Care. MCOs validate new provider compliance and are responsible for the completion of Individual Experience Assessments for all individuals receiving ADHC services and ongoing monitoring of compliance	**January 2018**	Complete
Incorporate results of settings analysis into final version of the STP and release for public comment	Results included in STP and released for public comment	**2/2019**	

Milestone	Description	Proposed End Date	Comments
Submit final STP to CMS	STP submitted to CMS	**3/2019**	
Provider Remediation			
Completion of nonresidential provider remediation: 25%	Adult Day Health Care Services Settings in NF/LOC waivers	**1/2018 NF/LOC**	Complete
Completion of nonresidential provider remediation: 50%	Adult Day Health Care Services Settings in NF/LOC waivers	**1/2018 NF/LOC**	Complete
Completion of nonresidential provider remediation: 75%	Adult Day Health Care Services Settings in NF/LOC waivers	**1/2018 NF/LOC**	Complete
Completion of nonresidential provider remediation: 100%	Adult Day Health Care Services Settings in NF/LOC waivers	**1/2018 NF/LOC**	Complete
Heightened Scrutiny			
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider	**Nursing Facility Level of Care (NF LOC) waiver programs:** No ADHC settings have been identified as needing Heightened Scrutiny.	**8/15/2018**	Complete
Submit STP with Heightened Scrutiny information to CMS for review	**Nursing Facility Level of Care (NF LOC) waiver programs:** There were no ADHC settings identified as presumed institutional and needing to go through heightened scrutiny.	**N/A**	N/A
Relocations			

Milestone	Description	Proposed End Date	Comments
No relocations required	**Alzheimer's Assisted Living (AAL) Waiver:** This waiver was not renewed and ended 6/30/2018.	**6/2018**	

ICF/IID LOC Settings (DD Waivers)

Assessment of Settings

Virginia's November 2016 Statewide Transition Plan detailed results of a provider self-assessment of HCBS compliance. While some valuable information was gleaned from that self-assessment, provider response was low and did not include an assessment of every setting operated by the provider. It was determined that the provider self-assessment results included in the November 2016 STP did not satisfactorily meet the requirement that all settings be assessed and validated.

One of the challenges with the original self-assessment was the limited capability of Survey Monkey to allow providers to complete the self-assessment for every setting and submit evidence to support responses. Five features were identified as necessary for a robust self-assessment tool:

1. Each provider would need their own unique self-assessment portal that they could access anytime via username and password;
2. Functionality to add multiple unique settings;
3. Upload and storage capability for required evidence;
4. Data reporting options using multiple data points and logic; and
5. Management and oversight capability of provider/setting remediation activities.

The tool identified and used for the second provider self-assessment was Research Electronic Data Capture (REDCap). REDCap is a mature, secure web application for building and managing online surveys and databases. REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.

All providers of Medicaid HCBS group home, sponsored residential, supported living and group day services were identified and verified through Medicaid claims data and cross-referenced with DBHDS Office of Licensing data. Providers of group supported employment services/settings were identified by cross-referencing Medicaid claims data and the Department of Aging and Rehabilitative Services approved supported employment vendor list.

A Medicaid Memo notifying providers of the mandatory requirement to complete the provider self-assessment was issued in May 2017. The memo informed providers that *"Failure to comply with the*

provider self-assessment requirement will result in the termination of enrollment as a Medicaid provider." The Medicaid Memo together with notification sent to all providers through the DBHDS waiver provider listserv, Virginia Network of Private Providers' listserv, and a series of statewide operator assisted calls informed the provider network in Virginia of this mandatory requirement.

Self-assessment questions were designed to address specific HCBS requirements and were modeled after CMS exploratory questions and the self-assessment tool used in Tennessee. For its self-assessment framework and philosophy, Virginia expanded upon concepts promoted by the HCBS settings rule. A team of providers, state agency representatives and advocacy organizations participated in the development of the self-assessment and Virginia's process (Appendix B.1).

In August 2017, several provider organizations and state agency staff pilot-tested the survey tool and portal. Following pilot testing and addressing needed modifications and clarifications, the portal opened on September 11, 2017. For the purposes of the self-assessment, a setting was defined as each individual physical address or location owned and/or operated by a provider where identified HCBS services were provided. The self-assessment was released as a mandatory requirement with the provider's ability to reenroll as a Medicaid provider directly tied to completion of the self-assessment.

Prior to release of the assessment, providers were educated on the self-assessment and process through provider trainings and multiple provider roundtable meetings conducted throughout the state. Statewide operator assisted provider calls explained the purpose and intent of the assessment, provided instruction, and answered provider questions.

Self-assessment information was posted on the DMAS website in advance of activating provider portals for self- assessment completion. This information included a Word copy of the self-assessment questions in the REDCap portal and companion guide to support the completion of the self-assessment of all settings (Appendix B.2). DMAS and DBHDS conducted a webinar in coordination with the notification to providers that the provider self-assessment portal was open. The webinar provided information on the self-assessment, including a demonstration of the web-based portal and the process for providers to access the portal, create log-in credentials and complete the provider self-assessment. The webinar was recorded and posted to both the DBHDS and DMAS websites (Appendix B.3). Providers were encouraged to include individuals and families in their assessment process.

Providers were given approximately eight weeks from mid-September to mid-November of 2017 to complete the provider self-assessment for each required setting where HCBS services are provided. The self-assessment consisted of three parts:

Part 1: Completed one time by the provider organization.

<u>Gather general provider information and demographics including</u>:

- Provider Business Name and Business Address
- Provider Number
- Contact name, title, email and phone number

HCB services provided, including:

- Service types
- Number of settings

A series of 11 questions designed to determine organizational and systemic approach to compliance with HCBS settings requirements.

- Submission of evidence to support narrative responses to questions was required.

Part 2: Completed for each setting/site. That is, each physical address where HCBS services are provided. This included each residential and day service setting listed below. Which could involve multiple Part 2's completed by a provider (one for each setting).

Questions pertain to assessment of compliance with HCBS general requirements for all settings in which the following HCBS services were provided:

- Residential: Supported Living; Sponsored Residential; and Group Home Residential
- Day Services: Group Day, Group Supported Employment

Gather general provider information about the setting:

- Setting Address
- Service Provided & number served
- Contact name, title, email and phone number

A series of 7 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services.

- Submission of evidence to support narrative responses to questions was required.

Part 3: Competed for each residential setting/site. Which could involve multiple Part 3's completed by a provider (one for each setting).

- Residential: Supported Living; Sponsored Residential; Group Home Residential

A series of 16 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services in all provider owned/controlled residential settings.

- Submission of evidence to support narrative responses to questions was required.

A self-assessment designed specifically for group supported employment settings to address the unique nature of the service and ensure a meaningful assessment of those settings was developed. The self-assessment included Part 1 and Part 2 as described above with supported employment service specific questions (Appendix B.4).

Over 80% of providers completed the self-assessment by the November 17th deadline. Some providers who had partially completed the self-assessment were permitted deadline extensions which were managed on an individual basis. 100% of identified providers have completed the self-assessment survey to date. The state will continue to ensure all providers have been identified and have complied with completion of the self-assessment. If there are providers that have not completed the self-assessment for every setting they will be identified and required to complete the self-assessment or risk disenrollment as a provider of Medicaid HCBS.

Settings Assessed

Group Day Service	Supported Living	Sponsored Residential	Group Home	Group Supported Employment
253	48	1327	1303	47

Self-Assessment Results

The HCBS settings requirements reflect a new paradigm in home and community based services. This paradigm embraces new and enhanced expectations for services that include an individual's meaningful experience in community life, individual autonomy and opportunities for personal growth. The experience of the individual receiving services is a predominant factor when providing services and supports. A self-assessment review team consisting of DMAS and DBHDS staff participated in training on the HCBS settings rule, values and principles inherent in the rule and settings requirements, organizational compliance standards (described in greater detail below) and a review rubric with indicators of compliance and non-compliance to support their review and compliance status determinations (Appendix B.5).

To support providers with ensuring that the culture of their organizations fully embrace the HCBS settings rule and compliance is achieved in every setting, foundational requirements for HCBS compliance were identified. The term used is "provider organizational compliance". Provider organizational compliance is achieved when a provider demonstrates that it has incorporated the HCBS settings requirements into its policies, procedures, staff training and operating practices. These are considered critical components necessary for a provider to transition services and supports and all settings to the new HCBS paradigm

Provider organizational compliance ensures providers have the tools needed to facilitate full compliance across ALL settings. These tools provide a foundation to identify and implement needed changes, strengthen competence and consistency among direct support professionals, and fully incorporate HCBS values and principles into the culture of their organization. If a provider is not compliant on an organizational level, all of the settings they operate are not compliant. This is reflected in the aggregate results presented below.

Virginia has established three foundational prerequisites to demonstrate organizational compliance with the HCBS settings requirements. A provider must have:

1. a rights policy that specifically details the HCBS rights afforded to individuals receiving Medicaid HCBS;
2. a policy requiring the documented annual disclosure of HCBS rights to individuals/families; and
3. a policy requiring annual staff training on HCBS rights and expectations; this requirement can be incorporated into an existing policy.

These prerequisites demonstrate a provider's commitment to enforce, **within their organization and ALL settings,** the HCBS rights and expectations afforded to individuals receiving Medicaid waiver services. Additional guidance to the review team and providers:

- To demonstrate organizational compliance with the HCBS settings requirements, organizations should incorporate HCBS rights and expectations into policies, procedures, staff training and practices for supporting individuals receiving waiver services.
- The incorporation of these rights and expectations should be holistic and represent the culture of the organization.
- An organization's policies, practices, rules and lease agreements should not be in conflict with HCBS requirements.
- Mission statements, policies, rules, etc. should represent HCBS values and principles.
- Policies, procedures, training materials, etc. should use person-centered and people first language that reflect the characteristics of HCBS services provided in a community setting versus the characteristics of an institutional setting.

The self-assessment results showed that the overwhelming majority of Virginia providers and settings do not comply with the HCBS settings requirements but can with modifications. These results are consistent with the presumption of provider noncompliance conveyed to CMS in the 2016 STP.

Using the guidance provided by CMS, self-assessments were reviewed and settings aggregated into the following compliance categories 1) Fully comply, 2) do not comply/partially comply and require modifications, 3) cannot comply, and 4) presumed institutional.

Compliance Status of Settings

Compliance Categories	Group Day Service	Supported Living	Sponsored Residential	Group Home	Supported Employment
Fully comply	1	0	6	15	0
Do not comply/partially comply and require modifications	235	45	1321	1242	47
Cannot comply	0	0	0	0	0

Compliance Categories	Group Day Service	Supported Living	Sponsored Residential	Group Home	Supported Employment
Presumed institutional	17	3	0	46	0

Organizational Compliance: Areas of Non-Compliance	
1) Majority of providers/settings did not have a rights policy that specifically detailed the HCBS rights afforded to individuals receiving Medicaid HCBS; 2) Majority of providers did not have a policy requiring the annual disclosure of HCBS rights to each individual/families in every setting; and 3) Majority of providers did not have a policy requiring annual staff training on HCBS rights and expectations.	
Additional Indicators of Non-compliance Reflected in Self-assessment Responses	
HCBS Compliance Elements: 1) The setting is integrated in and supportive of full access to the greater community	• No evidence submitted • Narrative responses do not address the question and describe how community participation supported • Provider Philosophy/Goal/Mission Statement is not provided • Individuals/families not included in self-assessment process • No evidence of community participation and/or expectation of community participation is provided • Narrative and evidence submitted uses outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Response narrative and evidence does not reflect person centered principles
2) Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights

Organizational Compliance: Areas of Non-Compliance	
	• Individuals/families not included in self-assessment process • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS)
3) Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values • Individuals/families not included in self-assessment process • Activities reflected on activity calendars were not broad with numerous options and reflective of the individual interests of the participants. Evidence did not demonstrate aspects of determining and offering choice of activities. • "House rules" in conflict with HCBS requirements
4) Facilitate individual choice regarding services and supports, and who provides them.	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values • Individuals/families not included in self-assessment process

Organizational Compliance: Areas of Non-Compliance	
5) Provider Owned/Operated Residential Settings Compliance Elements	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values • Narrative response and evidence submitted incorporates some of the indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and culture • Conflict in lease agreements and "house rules" with HCBS settings rights. • Individuals/families not included in self-assessment process

Virginia completed validation activities for all settings. As reported in the STP, 99% of settings were determined to be non-compliant. Desk review validation methods include a 13 person review team reviewing provider self-assessments for organizational compliance status. Validation methods also included a review of multiple data reports detailing provider response and evidence.

An overview of individual settings criteria reviewed include the following:

- The physical location of settings
- A review of proximity to other settings (clustered settings)
- A review for co-location with institutional settings
- Location of the setting within the community
- The size of settings
- Review for a specific HCBS rights policy detailing all HCBS rights and requirements including person centered planning requirements and modification of rights requirements.
- Disclosure of HCBS rights to all individuals/guardians in the setting including policy requiring annual disclosure of HCBS rights.
- Training of all staff in a setting on HCBS rights including a policy requiring annual training of staff on HCBS rights.

- How access to the greater community is assured and how person centered planning requirements and expectations are enforced.
- Policies assuring freedom from coercion and restraint and principles of positive behavioral supports.
- Description and evidence for how individual choices are honored and respected.
- Input of individuals, families, staff and other stakeholders in the self-assessment process.

If a provider organization does not have foundational elements of HCBS compliance in place, all of their settings are non-compliant and must remediate and resubmit self-assessment responses and evidence for their organization and each setting. We are currently in the third round of resubmissions to establish organizational compliance standards in all settings. Provider remediation of non-compliance is occurring in phases, compliance validation activities of remediation actions for each setting is underway and occurring until March of 2021 during the period of remediation. Validation of remediation activities and compliance for all HCBS standards will be assured during this process.

All HCBS requirements have been reviewed and validated for settings identified as fully compliant. Validation activities include a desk review of self-assessment responses and evidence, education and technical assistance calls with providers, on-site visits to each setting by Office of Human Rights staff to validate compliance. Support coordinators facilitate the completion of the of person centered service plan (PCSP) with individuals and families/allies, assure choice of providers and settings, and monitor implementation of the PCSP.

A statewide operator assisted provider call was hosted on September 10, 2018 to communicate the self-assessment review process, provide an overview of results, answer questions, and provide information about expectations and next steps. Providers were notified of their compliance status using a phased approach between mid-September and mid-October 2018. By October 19, 2018, the state completed notification to all providers through individual REDCap provider portals.

Providers were also given guidance to strengthen organizational compliance:

- Develop and implement a policy on community integration/participation that describes expectations for staff and for how and when opportunities and preferences of individuals will be sought.
- Include in staff position descriptions and annual performance evaluations expectations for knowledge of and compliance with the HCBS settings requirements.
- Incorporate a policy and practice to regularly seek input from individuals supported and their families/guardians on their experience with services and recommendations to enhance community participation.
- Review policies, procedures, mission statements, forms, marketing materials to acknowledge and incorporate HCBS rights and settings requirements.

- Update outdated language and terminology in policies, procedures, mission statements, forms, marketing materials, etc.
- Develop and implement an HCBS compliance self-assessment for direct support professionals to determine staff perceptions of each setting's compliance with HCBS rights and expectations and recommendations for improvement.
- Develop and implement an internal HCBS team with direct support professionals at each setting operated by the provider organization. This team can be cultivated to be HCBS subject matter experts at their specific setting. The team can discuss HCBS implementation, troubleshoot and brainstorm on specific situations and questions, discuss new and creative strategies to facilitate increased community participation, facilitate discussions with individuals supported about their experiences, preferences, ideas, etc.

In addition, providers were asked to consider the following questions:

- Is your organization structured in a way that promotes the accomplishment of its mission and HCBS compliance?
- Is there an ongoing system for monitoring HCBS compliance among all settings?
- Do staff members receive ongoing, meaningful feedback regarding performance?
- Do staff members feel supported to fulfill HCBS settings requirements?
- Are individuals engaged in discussions about friendships, personal relationships, community participation, hobbies, etc.
- Do the services individuals receive reflect their preferences and desired outcomes?
- Does leadership/management act as a role model for staff? Are they well versed in HCBS settings requirements?

Review and analysis of self-assessments provided valuable information to the state on remediation needs. One concern expressed by providers was inconsistent guidance from Quality Management Review staff, Office of Licensing staff, Office of Human Rights staff and Community Resource Consultants (CRC). The need to equalize knowledge and HCBS interpretations/guidance among various entities was clear. To mitigate provider concerns and fulfill the state's responsibility to transition its monitoring and oversight processes, robust training across compliance and monitoring entities was conducted. It was also determined that the development of an HCBS Toolkit providing technical assistance, guidance and consistency was needed to transform HCBS at the state, provider and settings level. Each of the monitoring entities referenced participated in the development of the HCBS Toolkit. To accomplish this, a series of meetings and conference calls were held to collaboratively develop, review and finalize Toolkit content. DMAS Director, Dr. Jennifer Lee, introduced the Toolkit with an introductory video on the Toolkit's homepage.

The Toolkit targeted educational needs of providers and areas of non-compliance/partial compliance in need of remediation. Providers could access the resources at any time to self-educate on the HCBS requirements and identify strategies to address needed actions to achieve compliance within their specific organization and settings. Virginia's goal was to provide a framework for compliance that facilitates modernization in culture and practice assuring the fidelity of HCBS compliance across all settings. The HCBS Toolkit went live on September 10, 2018. By January 1, 2019 the Toolkit had over 5,000 page views and received many compliments and appreciative comments from providers and advocates.

Ongoing monitoring of remediation activities of settings compliance will be managed through the REDCap self-assessment portal. All providers not fully compliant are required to remediate areas of non-compliance and implement required policies and practices across all settings. To support the validation of remediation efforts, providers are required to resubmit Part 1 of their self-assessment in REDCap (called Part 1.2). The DBHDS and DMAS self-assessment review team will review Part 1.2 to validate organizational compliance and implementation across settings. For individual provider remediation of identified areas of non-compliance, providers were encouraged to review the HCBS Toolkit's posted webinars, fact sheets and other resources to learn about the settings rule, their obligation as a provider of HCBS to come into full compliance, and strategies for remediation. Providers were also encouraged to participate in technical assistance calls, provider roundtable meetings held across the state, statewide provider calls and to reach

out to their DBHDS CRC for one-on-one technical assistance. An updated companion guide was provided for the resubmission. Providers were given until February 12, 2019 to complete and submit Part 1.2. Once providers are determined to be organizationally compliant and affirm the implementation of policies, disclosure of HCBS rights and staff training across all settings, additional validation of settings compliance activities will occur. The following monitoring entities will participate as members of the compliance review team during the remediation phase of the transition:

- DMAS Quality Management Review
- DBHDS Office of Licensing
- DBHDS Office of Human Rights
- CSB Support Coordinators
- DBHDS Community Resource Consultants/Provider Development
- Assigned DMAS HCBS staff
- Assigned DBHDS HCBS staff

Members of compliance review teams have experience and expertise in audit, review and monitoring activities. In addition, each team will include team members with expertise in working with and communicating with individuals with developmental disabilities and person centered practices. This expertise will be enhanced with training and education on the HCBS settings rule including the history of disability policy, the community integration mandate of the ADA and the Supreme Court's decision in Olmstead *v* L.C. This will facilitate deeper understanding about the origin of the HCBS settings rule and its purpose. Additional training priorities will include HCBS settings rule requirements and indicators of compliance for each requirement, indicators of non-compliance, using the site review tool, observation skills and physical environment, interviewing staff members, and interviewing individuals receiving HCBS about their experience in the setting. Following an onsite review, team members will participate in a debrief with DMAS and DBHDS staff. The debrief will be organized and structured to identify any issues or inconsistencies with interpretations, the review process, site review tool and guidance, reviewer training and technical assistance needs and site review outcomes. The debrief process provides an opportunity for continuous assessment and improvement activities for onsite reviews.

Each onsite review will include interviews with individuals who receive HCBS in the setting. The state anticipates that 1,100 to 1,200 interviews will be conducted through the onsite review process. Individuals interviewed/surveyed will be randomly selected. Individuals will be interviewed individually and outside of the presence of staff. It will be made clear to individuals that interviews are confidential and responses will not be shared with staff. A minimum of 25% of individuals receiving services in a setting will be interviewed and no less than 2 individuals for smaller settings of 2 or more persons receiving services.

An additional 800 interviews will be conducted through the National Core Indicators project. In September of 2019, DMAS Quality Management Review analysts will begin conducting HCBS interviews with individuals in HCBS settings during their regular QMR review process. In addition, DMAS will be conducting statewide calls with individuals and families to educate them on the HCBS settings rule, answer questions and provide information on where concerns and complaints can be shared.

Activities will include:

- 400 Onsite reviews to observe settings, review records, interview staff and individuals. The 400 onsite reviews represent a statistically significant sample of onsite reviews, which is a CMS expectation.
- Desk reviews of evidence in REDCap for settings validation and monitoring of remediation actions
- National Core Indicator data linked to location
- A review of HCBS compliance requirements across on-going monitoring entities (described in greater detail below) during regular review cycles linked to HCBS remediation efforts.

In a prior version of this STP, Virginia made the determination that all of the settings in which the settings regulation applies would need some level of remediation. The state has determined that the large majority of providers will be able to achieve full compliance with specific remediation actions. The state will invest time, energy and resources validating implementation of remediation actions in individual settings as outlined above. In addition, DMAS will be hiring two employees with the sole responsibility of REDCap database management, oversight of remedial actions, and compliance validation. DBHDS will also be hiring staff to support validation activities.

Providers/settings needing to undergo heightened scrutiny will be included in the 400 onsite reviews. Each setting type will participate in onsite reviews. Additional settings for on-site reviews will be determined based on a number of factors including 1) the size of the setting to ensure larger settings are included in the review; 2) targeting multiple provider organizations; 3) targeting specific settings/providers identified through the self-assessment and remediation process as needing significant remediation; and, 4) settings brought to the state's attention by individuals and family members.

DMAS and DBHDS are working in partnership to fulfill the requirements of the STP and CMS. DMAS and DBHDS will be responsible for each step of provider non-compliance determinations with DMAS as the responsible party for overall determinations.

Regional Quality Councils (RQC)

To support the state's transition to full compliance and provider remediation and compliance outcomes, Virginia's five RQCs will be engaged to advise on status of settings compliance regionally and opportunities for improvement. The RQCs were developed in response to Virginia's DOJ Settlement Agreement. The agreement states:

> **DOJ Settlement Agreement, Section V.D.5.**
> a. The councils shall include individuals experienced in data analysis, residential and other providers, CSB's individuals receiving services, families and may include other relevant stakeholders.
> b. Each council shall meet on a quarterly basis to share regional data, trends and monitoring efforts and plan and recommend regional quality improvements initiatives.

The work of the Regional Quality Councils shall be directed by a DBHDS improvement committee.

Responsibilities
Review regional data
Compare to state data
Identify trends
Recommend regional quality improvement initiatives
Monitor improvement initiatives

Stakeholder involvement through the RQCs will educate stakeholders and other participants, inform the transition process, track milestones, identify trends, share provider successes and best practices and provide an opportunity for recommendations at a regional level. Incorporating the HCBS systems transformation and STP activities into the RQCs quarterly meetings began in February 2019.

New Providers/Settings

Beginning in September 2017, DMAS provider enrollment no longer allows new providers to enroll as a provider of waiver services in HCBS settings requiring compliance without a compliance letter submitted with their application. In order to receive a compliance letter, potential new providers must complete a self-assessment and demonstrate compliance with all HCBS requirements (Appendix B.6). In order to validate compliance and implementation of a provider's HCBS policies and practices DMAS tracks provider claims data. Once the provider begins billing for services, the DBHDS Office of Human Rights is notified and conducts a site visit to validate full compliance and address any areas of concern. Ongoing monitoring of HCBS compliance will be completed as outlined in the on-going monitoring section of this plan. New providers that have come into Virginia's HCBS waiver system have successfully completed the self-assessment process and validation by the Office of Human Rights. These settings are represented in the data for fully compliant settings.

Heightened Scrutiny

If the state determines a setting that CMS has identified as a setting presumed to have institutional characteristics is in fact a HCB setting, the state must submit "evidence" to CMS for heightened scrutiny. Any setting presumed to have institutional qualities will not be approved as a HCB setting unless the U.S. Secretary of Health and Human Services determines that the state has submitted sufficient evidence to explain and document that the setting does not have the qualities of an institution and does have the qualities of a HCB setting. This process is called Heightened Scrutiny.

The Commonwealth used a multi-pronged strategy to identify settings presumed to have the characteristics of an institutional setting and therefore require heightened scrutiny.

Strategy	Characteristics/Action
Using self-assessment data, state staff	1. A setting in which HCBS are provided is located

Strategy	Characteristics/Action
identified settings that were classified as one that may have presumed institutional characteristics.	in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)? 2. A setting in which HCBS are provided is located in a building on the grounds of, or immediately adjacent to a public institution? Refer to Self-Assessment Companion Document for additional information. 3. A setting in which HCBS are provided is in a gated/secure "community" solely for people with disabilities. 4. A setting in which HCBS are provided is co-located and/or clustered on a street or property? 5. A setting in which HCBS provided are located in a farmstead community for people with disabilities?
State staff cross-referenced provider self-assessment data with the list of providers identified in the 2016 self-assessment as 1) presumed institutional and 2) needing targeted remediation.	The results of the cross- referenced information helped the state to: • Confirm presumed institutional status of settings from the 2016 list. • Identify settings that were on the 2016 list that had subsequently relocated mitigating the presumed institutional status. • Identify new settings not previously identified.
DBHDS worked with its Provider Development team to review the list of settings to confirm that the categorization was appropriate and to identify any settings that were not captured and in need of further assessment.	In some cases, Provider Development staff reached out to individual providers with questions about their site/setting and HCB qualities. The reviews resulted in confirmation of status changes in some settings through either setting closures or reductions in bed sizes and confirmation of status with other settings.
DMAS and DBHDS collaborated with Office of Licensing to further assess a setting's presumed institutional status and to identify any settings that were not captured and in need of further assessment.	The remaining settings were reclassified into three groups: existing settings presumed institutional by the state, newly-identified settings co-located and operationally related (clustered settings), and settings requiring targeted remediation.
DBHDS and DMAS analysis results found X settings presumed to have the quality of an institution and require heightened scrutiny.	All settings presumed institutional will undergo on-site evaluation include review of policies, procedures, staff training, how access to the community is fostered and achieved, observation and interviews with individuals and families. Specific information and documentation to include in evidentiary packages is pending additional guidance from CMS.

Settings were identified as "presumed institutional" following the above framework according to a rubric identifying settings with the following characteristics:

	Heightened Scrutiny Setting Identification Rubric
Criteria	Examples
A setting that is **located in a building** that is also a publicly or privately operated facility that provides inpatient institutional treatment.	Publically or privately operated facilities include a public or private: **Nursing Facility (NF)** – a Medicaid Nursing Facility – (42 CFR 488.301) **Institution for Mental Disease (IMD) Facility** - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)** – ICF/IID means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) **Hospital** - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (SEC. 1861. **[**42 U.S.C. 1395x**])**
A setting that is located on the grounds of, or immediately adjacent to, a public institution.	• Settings that are located on the same or contiguous property to a public institution or are sharing space with a public institutional setting such as a Virginia State Training Center, public hospital setting, Virginia State Psychiatric Hospital, Nursing Facility. ✓ *Public institution* (42 CFR 435.1010) means the public institutional setting is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.
Settings that Isolate: A setting designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or	• Gated disability specific communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances. • Group home located on same property as a group day services setting where individuals live and attend group day together with limited access to the broader community (both the group home and group day setting should be flagged). • Settings clustered/collocated congregating people with developmental disabilities and people in the setting have limited, if any, access to the broader community. • A farmstead or disability specific community, often described as a life sharing community, for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting. Farmstead communities for people with disabilities tend to be segregated settings where people receiving HCBS may work, live and recreate

	Heightened Scrutiny Setting Identification Rubric
social and recreational activities. People in the setting have limited, if any, interaction with the broader community. (Criteria for settings that isolate needing HS review)	with limited opportunities to work side by side with people who do not have disabilities and to engage in the broader community.

The state's rubric was developed consistent with guidance published by CMS's *Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community* to identify those settings needing heightened scrutiny that isolate individuals from the broader population of people who do not receive HCBS.

In March of 2019, CMS issued additional guidance to states on Heightened Scrutiny and settings that have the potential to isolate individuals from the broader community. The sub-regulatory guidance, which replaces previous guidance, states the following

CMS intends to take the following factors into account in determining whether a setting may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS:

- Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities* for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
- The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or
- The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary's person-centered service plan.

DMAS applied this new guidance to DD Waiver settings and did not identify additional settings meeting the new CMS factors of settings that isolate individuals from the broader community. In addition, DMAS concurs with its identification determinations for presumed institutional settings included in this STP. No previously identified settings have been removed from the list. Settings identified as needing targeted remediation due to size were removed from the list included in the 2016 STP as these settings do not fall

under the presumed institutional category. The following settings previously identified as presumptively institutional were also removed:

- L'Arche Blue Ridge Mountains, L'Arche Cosby Cottage, L'Arche Vince's Villa:
  Two of the L'Arche properties closed. The remaining property no longer met criteria for Heightened Scrutiny. Full compliance of the remaining property is being assured following the process and remediation activities for all settings:

DMAS and DBHDS are interested in hearing from stakeholders, individuals and/or family members who have a concern about a particular setting. HCBS compliance concerns should be reported to an individual's DBHDS Office of Human Rights Regional Advocate and can be reported to DMAS at hcbscomments@dmas.virginia.gov.

Settings identified as Presumed Institutional				
Sponsored Residential	Group Home	Supported Living	Group Day Support	Group Supported Employment
0	46	3	17	0

Sixty-six settings have been identified as presumed institutional (Appendix B.6). Presumed institutional settings are currently undertaking needed remediation activities and modification of practices to demonstrate and assure full compliance. This process will be completed by January 2021. The state will submit to CMS evidence for all settings requiring heightened scrutiny that the state determines have overcome presumed institutional status no later than March 2021. Prior to submission to CMS, Heightened Scrutiny evidentiary packages will go out for public review and comment.

Transition of Beneficiaries from Non-Compliant to Compliant Setting

The state has not identified any providers/settings unwilling or, at this point, determined to be unable to comply with the HCBS Settings Rule. There are 66 settings identified for heightened scrutiny review.

By January of 2021, the state will have identified if these settings are unable to come into full compliance with the HCBS Settings Rule. For individuals receiving HCBS in these settings, the Commonwealth of Virginia will utilize the following process to transition those individuals into a setting that meets requirements. DMAS and DBHDS, in conjunction with the Community Services Boards' (CSBs') Support Coordinators, will oversee all transitions from non-compliant to compliant settings. A timeline and description of the process to resolve beneficiary concerns through the person-centered planning process is as follows.

Notification

Communication Strategy

DMAS will notify the individual, Legal Guardian/Authorized Representative, family members, caregivers, (applicable parties) with a formal notification letter and DBHDS will follow-up with a call at least 120 days in advance of relocation. This letter will include, but not be limited to the following:

- Outline specific reasons for the needed relocation
- Explanation of due process and transition procedure
- Timeline to be expected
- Assurance that supports will continue uninterrupted during the transition process

The provider will receive a formal notification letter from DMAS at least 120 days in advance. This letter will include, but not be limited to the following:

- Indication of the intent to relocate the individual
- Guidance to participate in activities related to the transition process such as planning meetings, sharing of information, and other activities as needed
- Timeline to be expected
- Guidance to ensure that supports will continue uninterrupted during the transition process

Note: These letters will be sent/delivered in person to the individual and to the CSB ID/DD Services Director for notification of the individual's Support Coordinator.

Face-to-Face Visit

The individual's Support Coordinator will conducted a face-to face visit within 10 business days upon receipt of the notification to ensure the individual's understanding of the need to relocate and to reassure the individual that services will continue during the transition process. The individual will also be assured that he/she will be involved in the choice of another setting that meets HCBS requirements. Other parties may also take part in this meeting, if applicable. The purpose of this meeting is to bring clarity regarding the transition process and alleviate any concerns the individual or applicable parties may have about relocation.

Alternatives to Consider when Choosing another Setting

In the event an individual must relocate, the Support Coordinator will educate the individual and applicable parties about alternative services, providers and settings that include non-disability specific settings. Listed below are some options the individual may consider:

Residential Options	Day Options
Group Home Services (CL waiver)	Group Day Support Services (CL, FIS & BI waivers)
Sponsored Residential Services (CL waiver)	Community Engagement (CL, FIS & BI waivers)
Independent Living Services (BI waiver)	Community Coaching (CL, FIS & BI waivers)
In-Home Support Services (CL & FIS waivers)	Group Supported Employment Services

Residential Options	Day Options
	(CL, FIS & BI waivers)
Supported Living Services (CL & FIS waivers)	Individual Supported Employment Services (CL, FIS & BI waivers)
Shared Living Services (CL, FIS and BI waivers)	Workplace Assistance (CL & FIS waivers)

Preparing for Relocation

Reasonable Notice

A 120 day advanced notice timeframe will be utilized to ensure the Support Coordinator (SC) has time to implement the following:

- Face-to-face visit to deliver or follow-up after notification within 10 business days
- Research settings with availability and ability to meet individual's needs
- Arrange visits to considered providers and settings – schedules will be coordinated between Support Coordinator, individual, applicable parties, and provider
- If the individual chooses a group home with 5 beds or more, the process will have to include a review by the Regional Support Team

Note: If an individual is at risk of imminent harm, a shorter timeframe will be considered and every attempt made to protect the individual.

Individuals will be made aware of the timeline for the transition process with assurance that safety or imminent risks/needs will be considered for a more expedited timeframe. The individual and applicable parties will be provided with the HCBS policies regarding provider requirements to comply with the HCBS settings requirements and procedure for transition.

Choice of Provider/Settings

Step One	The SC will facilitate a discovery process to assist the individual and applicable parties in making an informed choice of a new compliant provider. The individual's preferences, needs, and interests and the provider's ability to meet those needs are to be considered during this process. The individual and applicable parties are educated regarding the demographics and logistics of each provider available.
Step Two	The SC will arrange for the individual to visit his/her selected providers. The applicable parties are invited to accompany him/her and the SC. The individual is encouraged to tour the setting, meet the staff, and ask questions (if able), to determine if this provider would be a good fit for him/her. Multiple visits, including overnight visits, can be arranged as part of the person centered planning process. The SC will ensure the provider can provide necessary supports seamlessly during the transition with no interruption of

Step One	The SC will facilitate a discovery process to assist the individual and applicable parties in making an informed choice of a new compliant provider. The individual's preferences, needs, and interests and the provider's ability to meet those needs are to be considered during this process. The individual and applicable parties are educated regarding the demographics and logistics of each provider available.
	services during the allotted timeframe.
Step Three	Full benefits of the person-centered planning process will be applied through scheduling a Planning Meeting, once the new provider and setting have been chosen. Attendees will include: Support Coordinator, individual, applicable parties, other providers in the plan, as well as both current and new provider to foster a seamless transition process. The individual's needs during and after transition will be addressed. Any necessary assessments will be completed by the Support Coordinator. Attendees are requested to ensure the continuum of services while maintaining delivery of needed supports during the transition process.
Step Four	The Support Coordinator will serve as liaison between the previous and newly selected provider to ensure pertinent information/documentation is relayed for the purpose of continuum of care. Any emergent needs will be addressed immediately and resources to prevent interruption in services will be put into place by Support Coordinator.

- It is important to note that the Support Coordinator will play an active role in monitoring the individual's status with relation to fear, anxiety, or concerns about relocation.

<u>During the Transition</u>

It is the responsibility of the current provider to continue services during the transition period with oversight provided by the Support Coordinator to ensure there is no break in services. The Commonwealth of Virginia will ensure the process incorporates individually accepted options of housing, work, or other day services. The Support Coordinator will be responsible for confirming services are in place and needs will be adequately addressed prior to the relocation and re-visit the newly selected provider if necessary. The new provider will begin services according to the amended Person-Centered Plan dates.

The amended Person-Centered Plan should address contingency plans during the transition process as a back-up to identify possible options within the community including:

- Plans for direct assistance

- Critical health needs
- DME malfunction
- Medication administration
- Transportation

Post Relocation:

The Support Coordinator will do the following after relocation:

- Visit individual in the new setting and document satisfaction within 15 business days
- Verify (by phone or e-mail) satisfaction with applicable parties within 15 business days
- Converse with provider/staff to ensure all needs are being met and determine if there are any issues related to the relocation that should be addressed
- Reach out to other providers in the plan to ensure absence of collateral issues
- Conduct face-to-face visits with the individual every 30 days for the first quarter
- After the first quarter, face-to-face visits will continue to be conducted at least quarterly

All parties are expected to comply with the process outlined above.

Ongoing Monitoring

The state is integrating on-going monitoring of HCBS compliance into its existing monitoring processes. DMAS conducted trainings for Licensing, Human Rights and QMR staff on the HCBS requirements and how compliance is to be interpreted for individual settings in specific circumstances. During the training, staff participated in brainstorming sessions to identify ways to ensure ongoing monitoring of HCSB compliance across state agencies/designees. Four key questions designed to assist with the development of an integrated, on-going monitoring system in Virginia were asked. The questions and feedback from the brainstorming session follow.

LICENSING/HUMAN RIGHTS/QMR HCBS TRAINING WORK GROUP DISCUSSION

Question 1: Describe what ongoing monitoring of HCBS compliance might look like; vision.

1. Shareable checklist
2. Shared database that multiple offices can view and use
   a. Integrated database
   b. Collaborative database to enter findings/each agency responsible for entering
   c. Ensure we are collecting data so it can be compared/collated (training) for interpretation
   d. Shared communication across divisions (email, website login for verification)

    e. Results in collaboration between agencies
3. Ongoing training across monitoring authorities to promote consistent interpretation
4. Provider training on the front end
5. Add some criteria into licensing review process
6. Division of tasks/oversight equals no duplications of efforts/tasks/even distribution of oversight
7. Recertification process
8. System can review during licensing renewal process
9. HCBS policies need to be incorporated into system regulations/manuals
    a. HCBS rule incorporated into Office of Licensing (OL) regs
10. Regional multidisciplinary team
    a. Create regional teams: licensing, DMAS, Provider Development, Office of Human Rights (OHR)
    b. 3 division team inspection by region
    c. Provider presents info to licensing during inspection then it is reported up the chain (monitoring compliance)
    d. Collaboration with Qlarant (DBHDS Quality Service Reviews contractor) since they do more extensive reviews. Possibly include them in the overall process
11. Communication at Provider/Support Coordinator Roundtable and stakeholder group meetings
12. Surveys
13. Consultation and technical assistance at time of review
14. DD dedicated specialist that works in conjunction with an integrated team
15. Parent/stakeholder group to be involved in the process to get their take on the providers success in integrating individuals into the community
16. Licensing implementation of informed choice and community integration
17. OHR monitoring choice and rights (i.e., food, visitors)

Question 2: What training tools and resources are needed to support implementation of ongoing monitoring?

1. Provider training before licensing application submitted
    a. System needs more training on HCBS requirements
    b. Outside mandated regional training to include all staff (webinar and in person) within a timeframe
    c. Mandatory training/refresh for providers
2. Opportunity for questions and answers when reviewing in-coming data
3. More staff
4. One system/database to input data
5. Specific tool for consistency across the state
    a. Share point or email group to see results of HCBS reviews
6. Innovative technology systems
    a. Technology that allows effective reviews/documentation. Tablet with checklist
7. Effective communication and access
    a. Communication among monitoring bodies (OL,DMAS,OHR)

8. Ensure it is included in the various manuals/interpretive guidelines
9. Start a stakeholder group
10. HCBS SWOT Team
11. Audit guide for HCBS
12. Internal self-directed study which will lead to consultation with providers
13. Provider roundtables and regional trainings to reach everyone
14. Assessments of Individual Supports Plans (ISPs)
15. Guidance on community integration

Question 3: What strategies should be employed to facilitate and ensure consistency with HCBS interpretations and guidance across systems?

1. Training
    a. Each region examines the settings and compliance areas. Have each region available at the training
2. Department collaboration
3. Guidance documents (keep existing guidance up to date)
    a. Regional guidance (docs) to address systemic issues
    b. Clear guidance
    c. Guidance documents examples
4. All regs should "sing the same song"
5. Perhaps a separate section of OL regs for waiver services
6. Uniform measuring tools
    a. Auditing tool/monitoring guide
7. Provider forums for continuing education
8. System updates (i.e., DMAS manual updates, listserve)
9. Providers offer peer coaching to other providers
10. Evaluate regional differences
11. External/internal groups
    a. Internal only stakeholder group
    b. Periodic meetings
12. Online ongoing dialog where providers can leave comments, suggestions, ask questions
13. Resources/staff

Question 4: What concerns, risks and potential barriers to success should be anticipated? What solutions do you have?

1. Lack of consistency regarding interpretations among offices
    - Solution – communication, guidance can help
2. Lack of staff and money
    - Solution – sharing responsibilities, hire staff
3. Staff and provider resistance (resistance to change at the state level & resistance to change by providers)
    - Solution – education, incentives for compliance/disincentives for non-compliance

4. Agencies not singing the same song
   - ➢ Solution – regular meetings

a. Not collaborating & consistency
   - ➢ Solution – communication

5. Workload specific to one department/agency
   - ➢ Solution (SC, OL, DMAS, OHR) review workload

6. Guardians, families, and other stakeholders (physicians) not onboard
   - ➢ Solution – education and information

7. Documented consequences/penalty for non-compliance

Solution – develop a process/system

8. System conflicts between authorities

Solution – cross training and equalization of knowledge

Other:

- Concerns regarding potential harm from unrestricted visitors and visiting hours
- State culture
- Provider culture

The information was categorized into key topics and strategies to support the integration of on-going monitoring into current processes were developed.

Category	Strategies
1) Tools	• Develop an HCBS Toolkit that can be used by providers and monitoring entities. (complete) • Identify specific monitoring responsibilities for each monitoring authority and develop the tools needed to conduct on-monitoring. (responsibilities identified, tools updated as needed by Sept. 2019) • Develop a database and process to share on-going monitoring outcomes. (REDCap database for on-going monitoring developed by Sept. 2019)
2) Communication/Collaboration	• Develop an HCBS Toolkit that can be used by providers and monitoring entities. (complete) • Incorporate HCBS training, discussion topics and time for question and answer opportunities into the Provider and SC quarterly round table meetings. (ongoing) • Promote the hcbscomments@dmas.virginia.gov email box as the go to place to get questions answered and needed follow-up. (ongoing) • Develop a process and expectations for regular communication across monitoring entities (May 2019) • Continue to ensure collaboration across monitoring entities on the development of resources, responding to provider questions, communication with stakeholders
3) Training	• Develop an HCBS Toolkit that can be used by providers and monitoring entities. (complete)

Category	Strategies
	• Incorporate HCBS training requirements of all staff in all settings into provider requirements for HCBS compliance. (complete) • Offer and conduct HCBS cross training across monitoring entities; collaboratively identify TA needs of providers and development of guidance resources. (ongoing) • Provide DBHDS CRC/Provider development with needed tools/resources for provider technical assistance and training. (ongoing)
4) Processes	• Alignment of on-going monitoring tasks with appropriate entity and assure policy supports the task. (complete) • Develop a cross-agency/department process for tracking providers/settings that fall out of compliance. (Sept. 2019)
5) Resources	• Assure monitoring responsibilities will be appropriately distributed across monitoring authorities. (complete) • Identify additional needed resources/staff and develop a plan for acquiring needed resources. (Oct. 2019)

Ongoing Monitoring Responsibilities of HCBS settings requirements have been identified across monitoring entities. There is overlap in monitoring of a number of the requirements which will further imbed the HCBS settings regulation into the system as a whole. These processes will be used to both validate self-assessment remediation activities of individual settings and for on-going monitoring once a setting has been determined fully compliant. Once a setting has been determined fully compliant, on-going monitoring will occur on an on-going basis consistent with the review authority detailed below for the following monitoring practices: DBHDS Office of Licensing reviews; DMAS Quality Management reviews; complaints filed with the Office of Human Rights; Community Resource Consultant recommendation; support coordination and monitoring of services and implementation of the ISP. Ongoing monitoring responsibilities will be incorporated in each entity's review and monitoring tools. In addition, and to support the integration of HCBS settings compliance in Virginia's system of services and supports, DMAS and DBHDS will align principles and activities in the STP with the work of the Employment First Advisory Group and the work of the Commonwealth with the DOJ settlement agreement.

The DBHDS Office of Human Rights will be the contact entity for individuals and families to file an HCBS rights complaint. This will be communicated to individuals/families annually as part of the required annual disclosure of HCBS rights process. The state is developing process details, including response time expectations and documentation tools. When finalized, the process and information will be made available to the public, stakeholder community and individuals receiving services for comment.

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
DBHDS Office of Licensing: 1. Supports full access to the community to the same degree as someone not receiving HCBS	(HCBS 1&2) OL - Review CM/SC records for compliance with licensing regulation: 12VAC35-105-1240. Service Requirements for Providers of

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
2. Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. 3. Ensures right to privacy, dignity and respect and freedom from coercion and restraint 4. Privacy in their unit including entrances lockable by the individual (staff have keys as needed) 5. Freedom to furnish and decorate their unit 6. Access to food at any time 7. Setting is physically accessible to individual	Case Management Services. Article 5. Case Management Services Providers of case management services shall document that the services below are performed **consistent with the individual's assessment and ISP**. 1. **Enhancing community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment including**, to the maximum extent possible, **the use of local community resources available to the general public;** OL - Reviews provider records for compliance with licensing regulation: (HCBS 3) 12VAC35-105-800. Policies and procedures on behavior interventions and supports. A. The provider shall implement written policies and procedures that describe the use of behavior interventions, including seclusion, restraint, and time out. The policies and procedures shall: 1. **Be consistent with applicable federal and state laws and regulations;** 2. Emphasize positive approaches to behavior interventions; 3. List and define behavior interventions in the order of their relative degree of intrusiveness or restrictiveness and the conditions under which they may be used in each service for each individual; 4. Protect the safety and well-being of the individual at all times, including during fire and other emergencies; 5. Specify the mechanism for monitoring the use of behavior interventions; and 6. Specify the methods for documenting the use of behavior interventions. B. Employees and contractors trained in behavior support interventions shall implement and monitor all behavior interventions. (HCBS 4) Confirm compliance during initial inspection of new setting and ongoing compliance during annual reviews. (HCBS 5) During initial and annual reviews look at bedrooms for individualized and personal belonging reflected the preference of individual. (HCBS 6) Confirm compliance during initial inspection of new setting and ongoing compliance during annual reviews.

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
	(HCBS 7) Review for compliance with regulations: 12VAC35-105-280. Physical environment. (Revised 12/2/2016) A. The physical environment, design, structure, furnishings, and lighting shall be appropriate to the individuals served and the services provided. B. The physical environment shall be accessible to individuals with physical and sensory disabilities, if applicable. C. The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained. D. Floor surfaces and floor coverings shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions.
DBHDS Office of Human Rights: 1. Supports full access to the community to the same degree as someone not receiving HCBS 2. Ensures right to privacy, dignity and respect and freedom from coercion and restraint 3. A lease or other legally enforceable agreement to protect from eviction. Privacy in their unit including entrances lockable by the individual (staff have keys as needed) 4. Choice of roommates 5. Freedom to furnish and decorate their unit 6. Control of their schedule and activities 7. Access to food at any time 8. Setting is physically accessible to individual **9.** Visitors at any time	(HCBS 1) Review for compliance with regulations: 12VAC35-115-60. Services. B.7. When preparing or changing an individual's services or discharge plan, providers shall ensure that all services received by the individual are integrated. (HCBS 2) Review for compliance with regulations: 12VAC35-115-110. Use of Seclusion, Restraint, and Time Out. A. Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out. Review providers required HCBS Rights policy, annual disclosure of right to individuals, and annual training of DSPs on HCBS rights and provider expectations. (HCBS 3) Review provider lease for compliance during initial provider licensing process when human rights requirements are reviewed (HCBS 4, 5, 6, 7, 8 & 9) Review providers HCBS Rights policy, disclosure of rights to individuals and staff training on HCBS Rights during initial licensing/on-boarding of new provider. Monitor compliance requirement has been implemented when onsite. (HCBS 10) Review providers HCBS Rights policy, disclosure of rights to individuals and staff training on HCBS Rights during initial licensing/on boarding of new provider. Monitor compliance in regulations. 12VAC35-115-50. Dignity. (Part III. Explanation of Individual Rights and Provider Duties) 8. Have or refuse visitors. a. An individual's access to visitors may be limited or supervised only when, in the judgment of a licensed professional, the visits result in demonstrable harm to the individual or significantly affect the individual's treatment or

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
	when the visitors are suspected of bringing contraband or threatening harm to the individual in any other way. b. The director or his designee shall discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation and the restriction shall be documented in the individual's services record. The need for the restriction shall be reviewed by the team every month and documented in the individual's services record. NOTE: Office of Human Rights Regional Advocates will be the contact in the event an individual/representative believe HCBS rights are not being enforced and/or violated.
DMAS Quality Management Review: 1. Supports full access to the community to the same degree as someone not receiving HCBS 2. Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources 3. Setting is chosen by the individual from among residential and day options that include generic settings 4. Ensures right to privacy, dignity and respect and freedom from coercion and restraint 5. Optimizes autonomy and independence in making life choices 6. Facilitates choice of services and who provides them 7. A lease or other legally enforceable agreement to protect from eviction 8. Privacy in their unit including entrances lockable by the individual (staff have keys as needed) 9. Choice of roommates 10. Freedom to furnish and decorate their unit 11. Control of their schedule and activities 12. Access to food at any time 13. Visitors at any time 14. Setting is physically accessible to individual	(HCBS 1,2,3,4,5,6,7,8, 9, 10, 11, 12, 13, 14) Monitor for compliance with DD Waiver Regulations 12VAC30-122-1180. Group home residential services.12VAC30-122-1340. Supported living residential services. 12VAC30-122-1330. Sponsored residential services. 12VAC30-122-1190. Group and individual supported employment services. 12VAC30-122-1170. Group day services 12VAC30-122-380. **"...settings shall comply with the HCBS setting requirements per 42 CFR 441.301."** Review providers HCBS Rights policy, and documentation confirming disclosure of rights to individuals and staff training on HCBS Rights. Reviews provider records for compliance during QMR. Interview individuals receiving services. Onsite observations for compliance/non-compliance indicators.
CSB Support Coordination: 1. Supports full access to the community to the same degree as someone not receiving HCBS 2. Provides opportunities to seek employment and work in competitive integrated settings, engage in	(HCBS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14) 12VAC30-50-490. Support coordination/case management for individuals with developmental disabilities including autism and 12VAC30-50-440 Support coordination/case management for individuals

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
community life, and control personal resources 3. Setting is chosen by the individual from among residential and day options that include generic settings 4. Ensures right to privacy, dignity and respect and freedom from coercion and restraint 5. Optimizes autonomy and independence in making life choices 6. Facilitates choice of services and who provides them 7. A lease or other legally enforceable agreement to protect from eviction 8. Privacy in their unit including entrances lockable by the individual (staff have keys as needed) 9. Choice of roommates 10. Freedom to furnish and decorate their unit 11. Control of their schedule and activities 12. Access to food at any time 13. Visitors at any time 14. Setting is physically accessible to individual	with intellectual disability. D.1. Support coordination/case management services that may be provided include: e. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and to use vocational, civic, and recreational services; f. Making collateral contacts with the individual to promote implementation of the ISP and community integration; - *Support Coordinator ensures all required parts of the ISP are completed and is responsible for reviewing provider quarterly reports. QMR and the Office of Licensing monitor support coordinators.* 12VAC30-122-80. FIS, CL, and BI Waivers: C.2. The support coordinator/case manager shall provide the individual with choice of needed services available in the assigned waiver, alternative settings, and providers. Once the service providers are chosen, a planning meeting shall be arranged by the support coordinator/case manager to develop the ISP based on the individual's assessed needs and the preferences of the individual and the individual's family/caregiver's, as appropriate. * * Support coordinator ensures all required parts of the ISP are completed 12VAC30-50-490 and 12VAC30-50-440 D.7. Following up and monitoring to assess ongoing progress and ensuring services are delivered; and, D.8. Education and counseling that guides the individual and develops a supportive relationship that promotes the ISP. When a residential provider has a roommate situation Support Coordinator ensures individuals choice of roommate. Validate and ensure any needed modification of rights in provider owned/controlled residential setting is included in the ISP Ongoing and regular monitoring of services and supports. Talks with individual/family noting satisfaction and documenting any concerns. Ensures setting is accessible for individuals served.
Individualized Support Plan Requirements: Support coordinator is required to ensure all required parts of the ISP are completed. QMR and Office of Licensing monitor support coordination service.	**REQUIRED Parts of ISP:** **Part 1: Essential Information:** o Friends and Community Contacts o Annual review of most integrated settings o Plans for transitions to more integrated settings

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
	○ Self-directed supports ○ Separate Employment Section ○ Describe the supports necessary to achieve employment if desired ○ **Part 2: Important TO and Important FOR** ○ Discussion including strategies to explore more integrated opportunities of the individual's preference ○ Describe how the individual has been, or will be, educated about employment ○ Preferences considered in service planning ○ The Life I Want discussion **Part 4: Agreements** Added question about opportunity to plan for private matters apart from the larger team Question about any restrictions/modifications that need to be reviewed/discussed **Part 5: Plan for Supports** Added documentation page to record any restrictions or modifications and consent; and for modifications to be routinely reviewed
Quality Service Review (QSRs)/NCI: QSRs are conducted as a joint, best practice effort by the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to improve service quality. QSRs are intended to evaluate the quality of services and supports individuals receive through the person centered planning process and the outcomes of services provided to individuals. DBHDS also contracts with the VCU Partnership for People with Disabilities (Virginia's University Center on Excellence in Developmental Disabilities) to conduct the National Core Indicators (NCI) survey.	Virginia's DOJ Settlement Agreement. Per the Settlement Agreement: • Section V.E.3.The Commonwealth shall use Quality Service Reviews and other mechanisms to assess the adequacy of providers' quality improvement strategies and shall provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. • Section V.I.1: Virginia shall use QSRs to evaluate the quality of services at the individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to the individuals' needs and choice. • Section V.I.2: QSRs shall evaluate whether individuals' needs are being identified and met through person-centered planning and thinking (including building on individuals' strengths, preferences, and goals), whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice, and whether individuals are having opportunities for integration in all aspects of their lives (e.g., living arrangements, work and other day activities, access to community services and activities, and opportunities for

On-going Monitoring Entity/HCBS settings requirement	Regulation/Authority/Required Practice
	relationships with non-paid individuals). In order to align QSR and NCI interview data with HCBS validation and ongoing monitoring activities individuals participating in the process will be informed of the matching of interview data with the address/setting where an individual receives HCBS services. The individual will be given full disclosure of the process, this will be included in their disclosure statement and their information will only be incorporated with their approval.

On-going monitoring activities and status for each setting will be tracked by each monitoring entity, respectively. Tools used by each monitoring entity will be updated, as needed, by September 2019 to incorporate HCBS settings monitoring per activity and associated authority.

If non-compliance is identified, monitoring findings will be reported to the provider with actions needed to remedy areas of non-compliance. Technical assistance will be provided with corrective action measures and expected timeframe to remediate areas of non-compliance. In addition, Virginia's proposed permanent DD waiver regulations include a requirement for mandatory training and technical assistance. If a provider/setting does not maintain full compliance with the HCBS settings requirements, it may be determined that the provider/setting fails to address identified needs of individuals. For circumstances that warrant remediation beyond individual technical assistance due to multiple infractions or blatant non-compliance, providers will be required to go through mandatory training and technical assistance and remediate areas of non-compliance to continue as a provider of Medicaid HCBS. It is anticipated that final regulations will be in force in July/August 2019. The language included in the regulations is below:

> D. Providers with a history of noncompliance, which may include multiple records with citations of failure to comply with regulations or multiple citations related to health and welfare for one service plan, resulting in a corrective action plan or citation by either DMAS or DBHDS in key identified areas will be required to undergo mandatory training and technical assistance in the specific area(s) of noncompliance. These areas of noncompliance may include health, safety, or failure to address the identified needs of the individual. Failure to complete the mandatory training or identified technical assistance may result in referral to DMAS Program Integrity or termination of the provider's Medicaid participation agreement. *12VAC30-122-120.*

DBHDS and DMAS are working together to develop a process to implement this new regulation. This process is being developed using the Continuous Quality Improvement Cycle framework: design, discovery, remediation, improvement. A part of the design will include cross agency/department sharing of discovery and remediation data. A database using REDCap as the platform will be developed to track mandatory remediation activities across monitoring entities. This process will be implemented in coordination with the DD waiver regulations being finalized, target date is September 2019. Remediation plans may include the following additional remediation actions:

- Weekly submission to the state of progress notes
- Weekly submission to the state of scheduled and unscheduled community activities individuals participate in demonstrating the same degree of access as individuals not receiving HCBS
- The submission and review of schedules of individuals who live in the same setting to assure variation from others in the setting
- The development of policies supportive of HCBS settings requirements, e.g. Community Participation Policy, and a detailed description of implementation activities and staff training on expectations
- HCBS compliance onsite observation and state facilitated interviews with individuals receiving services and staff providing services
- Demonstration that individuals have access to his/her funds (checking account, savings account, or other means to control personal resources)
- A review of ISPs and evidence that individual participated in planning process.

In addition, the DBHDS Licensing Regulations, effective 9/1/2018, state the following:

12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies.

The provider including its employees, contractors, students, and volunteers shall comply with:

1. This chapter;
2. The terms and stipulations of the license;
3. All applicable federal, state, or local laws and regulations including:
    a. Laws regarding employment practices including the Equal Employment Opportunity Act;
    b. The Americans with Disabilities Act and the Virginians with Disabilities Act;
    c. **For home and community-based services waiver settings subject to this chapter, 42 CFR 441.301(c)(1) through (4), Contents of request for a waiver;**
    d. Occupational Safety and Health Administration regulations;
    e. Virginia Department of Health regulations;
    f. Virginia Department of Health Professions regulations;
    g. Virginia Department of Medical Assistance Services regulations;
    h. Uniform Statewide Building Code; and

i. Uniform Statewide Fire Prevention Code.

4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; and
5. The provider's own policies. All required policies shall be in writing.

Per licensing regulations, providers are responsible for compliance with HCBS settings requirements. In addition, providers are responsible for compliance with their own policies. This is significant because, to be compliant as an organization a provider must have an HCBS rights policy, a policy requiring annual disclosure of HCBS rights to individuals/families and a policy requiring annual staff training on HCBS rights. Providers are required in regulation to comply with their own policies including all requirements for HCBS settings.

Implementation of Tiered Standard

The CMS Home and Community Based Services (HCBS) regulations (42 CFR 441.301) establish new and enhanced expectations for HCBS waiver services. The regulations require HCBS setting to 1) be fully integrated in the community 2) ensure full access to the greater community, and 3) ensure services are provided only in settings that have the characteristics of a home and community based setting and not that of an institutional setting. CMS is supporting states to adopt tiered standards to elevate the quality and level of integration. In a June 25, 2016 CMS guidance document, CMS included the following in the Frequently Asked Questions:

State Flexibility

Q16. May states establish requirements that are more stringent than requirements in the federal regulation?

A16. Yes. In addition, using their transition plan, a state may establish that certain settings currently in use in a home and community-based services waiver may continue within the waiver, as long as they will be able to meet the minimum standard set in the rule on or before the end of the transition period, but the state may suspend admission to the setting or suspend new provider approval or authorizations for those settings. Simultaneously, the state may establish or promote new or existing models of service that more fully meet the state's standards for home and community-based services. This arrangement, though established through the transition plan, may continue beyond the transition period. In this arrangement, all settings must meet the minimum standards established by CMS for home and community-based settings, but the state may identify a tiered standard so that only those meeting the optimal standards established by the state will be developed in the future.

In addition, research and evidence based best practice indicates the size of a residence does have an impact on an individuals' quality of life and outcomes. The National Council on Disability's October 2014 National Disability Policy: A Progress Report states that:

> *"more positive individual and support-related outcomes are associated with smaller, more family-scale settings."* And that *"people with disabilities living in smaller settings are more likely to achieve positive outcomes and to experience an improved personal and support related quality of life than are individuals who live in larger settings."* The report further states the numerous studies reviewed *"provide strong evidence suggesting individuals with IDD living in smaller settings on average experience superior quality of life outcomes across all domains, than do people with IDD living in larger settings."*

The Commonwealth of Virginia has determined that adopting a tiered standard for group home size is a

consistent and appropriate way to facilitate compliance and enhance an individual's experience. After June 30, 2019, group homes larger than 6 beds will not be able to enter the Virginia HCBS program. Settings that were operational prior to June 30, 2019 may continue to operate; however, they must come into full compliance with the HCBS settings rule per Virginia's STP timeline and maintain ongoing compliance. An implementation plan is under development.

Timeline and Milestone Tracking

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
Completion of systemic assessment	**DD waiver programs:** Review of statutes, regulations, policies and provider agreements	**10/2016**	Completed. Included in 12/2016 STP. Initial approval received
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	**DD waiver programs:** Provider manuals will be updated and revised to comport with the final regulations and all HCBS requirements and compliance guidance to ensure providers have the information and instruction needed to comply with settings requirements.	**8/2019**	Permanent Proposed Final Regulations out for public comment: 2/4/2019-4/5/2019
Implementation of new rules and regulations: 50% complete	**DD waiver programs:** Develop, propose and implement regulatory and policy requirements for HCBS settings in final DD waiver regulations.	**2/2019**	Regulations have been developed and are out for public comment. Policy implementation activities

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
			underway
Implementation of new rules and regulations: 100% complete	**DD waiver programs:** Develop, propose and implement regulatory and policy requirements for HCBS settings in final DD waiver regulations.	**8/2019**	Target date for regulations and manual completion
Settings Assessment & Remediation			
Completion of site-specific assessment	**DD waiver programs:** All required providers complete site specific self-assessments through a dedicated electronic self-assessment portal. **DD waiver programs:** determination of provider organizational compliance with HCBS settings requirements. **DD waiver programs:** Validation of settings compliance review	**1/2018** **5/2018** **10/2018**	Complete Complete Complete
Incorporate results of settings' analysis into final version of the STP and release for public comment	**DD waiver programs**	**2/2019**	Complete
Submit final STP to CMS	**DD waiver programs**	**3/2019**	
Provider/Settings Compliance Timeline			

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
Completion of residential provider remediation: 25%	**DD waiver programs:** Completed interview forms and supporting documentation will be filed as part of the compliance record for the provider. A summary of the remediation actions contained in the plan, with associated timelines, will be added to the HCBS provider database for tracking. DBHDS Waiver Operations staff will provide a monthly data report of provider milestones for technical assistance and follow-up as needed.	**12/2019**	
Completion of residential provider remediation: 50%	Settings include group home, sponsored residential and supported living settings available in DD Waivers.	**4/2020**	
Completion of residential provider remediation: 75%	Settings include group home, sponsored residential and supported living settings available in DD Waivers.	**10/2020**	
Completion of residential provider remediation: 100%	Settings include group home, sponsored residential and supported living settings available in DD Waivers.	**3/2021**	
Completion of nonresidential provider remediation: 25%	Group Day and Group Supported Employment settings in DD Waivers	**12/2019**	
Completion of nonresidential provider remediation: 50%	Group Day and Group Supported Employment settings in DD Waivers	**4/2020**	

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
Completion of nonresidential provider remediation: 75%	Group Day and Group Supported Employment settings in DD Waivers	**10/2020**	
Completion of nonresidential provider remediation: 100%	Group Day and Group Supported Employment settings in DD Waivers	**3/2021**	
Identification of settings that will not remain in the HCBS System	**DD waiver programs:** State determines that settings are/are not HCB.	**3/2021**	
Heightened Scrutiny			
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider	**DD waiver programs:** Settings "presumed to be institutional" are identified.	**2/2019**	Complete
Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS	**DD waiver programs:** Determinations of HCB status and submission for heightened scrutiny institutional status no later than January 2021.	**1/2021**	The state will submit to CMS evidence for all settings requiring heightened scrutiny that the state determines have overcome presumed
Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment	The state anticipates having final approval of its STP prior to the release of this information. An Addendum to the STP will be released for public comment with information on settings requiring heightened scrutiny and any additional updates	**1/2021**	

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
	for the public.		
Submit STP with Heightened Scrutiny information to CMS for review	**DD waiver programs:** If the state determines that the settings are in fact HCB the state will notify CMS and submit evidence for heightened scrutiny by January of 2021.	**3/2021**	
Relocation			
Complete notifying individual, guardians, support coordinator, provider support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 25%	**DD waiver programs:** Individuals/families notified of states determination. Settings may include group home, supported living, sponsored residential, group day and group supported employment settings.	**3/2021**	To date no settings identified requiring relocation
Complete notifying individual guardians, support coordinator, provider support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 50%	**DD waiver programs:** Individuals/families notified of states determination. Settings may include group home, supported living, sponsored residential, group day and group supported employment settings.	**3/2021**	To date no settings identified requiring relocation
Complete notifying individual, guardians, support coordinator, provider support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 75%	**DD waiver programs:** Individuals/families notified of states determination. Settings may include group home, supported living, sponsored residential, group day and group supported employment settings.	**4/2021**	To date no settings identified requiring relocation
Complete notifying individual, guardians, support coordinator, provider support staff and any other identified responsible	**DD waiver programs:** Individuals/families notified of states determination. Settings may include group	**5/2021**	To date no settings identified requiring relocation

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
parties that the setting is not in compliance with HCBS settings requirements and that relocation is required: 100%	home, supported living, sponsored residential, group day and group supported employment settings.		
Complete beneficiary relocation across all providers: 25%	**DD waiver programs:** Transition process initiated for individuals living/receiving services in settings determined not to be HCB. Support coordinators/case managers for individuals needing to relocate will begin working with the individuals needing to transition to alternate settings in June 2021. It is anticipated that by October 2021 all needed transitions will be complete.	**6/2021**	To date no settings identified requiring relocation
Complete beneficiary relocation across all providers: 50%	**DD waiver programs:** Transition process initiated for individuals living/receiving services in settings determined not to be HCB. Support coordinators for individuals needing to relocate will begin working with the individuals needing to transition to alternate settings in June 2021. It is anticipated that by October 2021 all needed transitions will be complete.	**8/2021**	To date no settings identified requiring relocation
Complete beneficiary relocation across all providers: 75%	**DD waiver programs:** Transition process initiated for individuals living/receiving services in settings determined not to be HCB. Support coordinators	**9/2021**	To date no settings identified requiring relocation

Milestone	Description	Proposed End Date	Comment
Systemic Assessment and Remediation			
	for individuals needing to relocate will begin working with the individuals needing to transition to alternate settings in June 2021. It is anticipated that by October 2021 all needed transitions will be complete.		
Complete beneficiary relocation across all providers: 100%	**DD waiver programs:** Transition process initiated for individuals living/receiving services in settings determined not to be HCB. Support coordinators for individuals needing to relocate will begin working with the individuals needing to transition to alternate settings in June 2021. It is anticipated that by October 2021 all needed transitions will be complete.	**10/2021**	To date no settings identified requiring relocation
Full Compliance			
All state rules, regulations and monitoring processes are fully operational and settings determined to be 100% compliant with HCBS settings requirements.	**DD waiver programs**	**2/2022**	

Private Homes

All individuals who reside in private homes have support coordinators who ensure all aspects of the Individual Support Plan are complete, implemented and monitored. Requirements for ISPs include five parts. Information in each part relevant to integrated settings, employment, non-disability specific options, an individual's satisfaction are highlighted below:

Part 1: Essential Information

- Friends and Community Contacts

- Annual review of most integrated settings
- Plans for transitions to more integrated settings
- Self-directed supports
- Separate Employment Section
- Describe the supports necessary to achieve employment if desire

Part 2: Important TO and Important FOR

- discussion including strategies to explore more integrated opportunities of the individual's preference
- Describe how the individual has been, or will be, educated about employment
- Preferences considered in service planning
- The Life I Want discussion

Part 4: Agreements

- Added question about opportunity to plan for private matters apart from the larger team
- Question about any restrictions/modifications that need to be reviewed/discussed

Part 5: Plan for Supports

- Added documentation page to record any restrictions or modifications and consent; and for modifications to be routinely reviewed

Support Coordinators are required to conduct quarterly face-to-face visits to assess an individual's satisfaction with services and supports provided, determine if there are any changes that require an update to the ISP, determine if there are any additional services the individual may benefit from, and observe general well-being, health and safety. If there are any concerns noted, the support coordinator shall ensure those concerns are addressed. This includes concerns about limited access to the broader community and determining if changes to the ISP to facilitate greater integration is needed.

Individuals living in private/family homes are included in the National Core Indicators survey. Information gleaned from this survey (in the aggregate) will be used to identify systemic needs including how to support individuals and families with providing opportunities for greater community involvement/integration and supporting individuals with exercising individual choices and autonomy.

New Services & Options

As previously mentioned, Virginia's DD waiver system has been redesigned. This redesign incorporated additional service options that facilitate greater choice, individual lifestyle preferences, non-disability

specific options and enhanced opportunity for community integration and meaningful involvement in community life. An overview of these new services is provided below:

- **Benefits Planning**: Benefits planning is an individualized analysis and consultation service provided to assist individuals receiving waiver services and social security benefits (SSI, SSDI, SSI/SSDI) to understand their benefits and explore the possibility of work, to start work, and the effect of work on local, state, and federal benefits. This service includes education and analysis about current benefits status and implementation and management of state and federal work incentives as appropriate.
- **Community Coaching:** Community coaching is a service designed for individuals who need one-to-one support in a variety of community settings in order to build a specific skill or set of skills to address a particular barrier or barriers that prevent individuals from participating in activities of Community Engagement. In addition to skill building, this service includes routine and safety supports.
- **Community Engagement**: Community engagement means services that support and foster an individual's abilities to acquire, retain or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability, and personal choices necessary to access typical activities and functions of community life such as those chosen by the general population. This may include community education or training and volunteer activities. Community engagement shall provide a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment.
- **Community Guide/Housing Guide**: Community Guide Services include direct assistance to promote individuals' self-determination through brokering community resources that lead to connection to and independent participation in integrated, independent housing or community activities so as to avoid isolation.

  Community Guides:

  - investigate and coordinate as necessary available, naturally occurring community resources of interest to enable an individual's participation in those resources which are of interest.
  - provide information and directed assistance that facilitate the development of supportive community relationships.
  - explore community resources that promote implementation of the person-centered plan.

  <u>There are two categories of Community Guides:</u>

  I. General Community Guide services: Utilizes an individual's existing assessment information regarding the individual's general interests in order to determine specific activities and venues that are available in the community (e.g., clubs, special interest groups, physical activities/sports teams, etc.) to promote

inclusion and independent participation in community life. The desired result is an increase in daily or weekly natural supports, as opposed to increasing hours of paid supports.

II. *Community Housing Guide:* Supports an individual's move to independent housing by helping with transition and tenancy sustaining activities. The community housing guide will collaborate with the support coordinator, regional housing specialist, and others to enable the individual achieve and sustain integrated, independent living.

- **Electronic Home-Based Supports:** This service provides devices, equipment, or supplies, based on current technology to enable the individual to more safely live and participate in his community while decreasing the need for other services such as staff supports. These devices and services support an individual's greater independence and self-reliance in the community.
- **Employment & Community Transportation**: This service enables individuals to gain access to a place of employment or volunteer activity, other community services or events, activities and resources, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the support plan and when no other means of access is available. The goal of this service is to promote independence and participation in community life. Use of this service must be related to the individual's desired outcomes as stated in the ISP. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a), and does not replace them.
- **Independent Living Supports:** Independent living supports is a service provided to adults 18 years of age and older that offers skill building, supports necessary to secure and reside in an independent living situation in the community, and maintain community residence. Individuals receiving this service typically live alone or with roommate(s) in their own homes or apartments. The supports may be provided in the individual's residence or in other community settings.
- **Peer Mentor Supports:** Peer Mentor Supports provide information, resources, guidance, and support from an experienced, trained peer mentor to an individual receiving CL, FIS or BI waiver supports. Individuals with developmental disabilities who are or have received services, have shared experiences with the individual, and provide support and guidance to him/her deliver this service. The service is designed to foster connections and relationships which build individual resilience.
- **Shared Living:** Shared living means Medicaid coverage of a portion of the total cost of rent, food, and utilities that can be reasonably attributed to a live-in roommate who has no legal responsibility to financially support the individual who is enrolled in the waiver. The types of assistance provided are expected to vary from individual to individual and

shall be set out in a detailed, signed and dated agreement between the individual and roommate. This service requires the use of a shared living administrative provider enrolled with DMAS which shall be responsible for directly coordinating the services and directly billing DMAS for reimbursement.

- **Supported Living Residential:** Supported living residential services shall take place in an apartment setting operated by a DBHDS-licensed provider of supervised living residential services or supportive in-home services. These services shall consist of skill-building, routine and general supports, and safety supports that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Providers shall be reimbursed only for the amount and type of supported living residential services that are included in the individual's ISP.
- **Workplace Assistance Services:** Workplace assistance services means supports provided to an individual who has completed job development and completed or nearly completed job placement training (i.e., individual supported employment) but requires more than the typical job coach services, as in 12 VAC 30-122-1190, to maintain stabilization in his employment. These services are supplementary to individual supported employment services.

To support the implementation of more integrated housing options and to develop provider capacity, DBHDS released flexible funding opportunities for CSBs and other providers of new waiver services.

<u>Integrated Independent Housing:</u>

Six CSBs were provided with flexible funding to increase independent living opportunities. Flexible funds may only be used to help eligible individuals transition to and sustain tenancy in the following unit types:

- Legal dwelling units with a full kitchen and bathroom that are integrated into the community (e.g., surrounded by units that house people with and without disabilities in natural proportions). Units that are integrated into the community include:
    - units in a multifamily apartment building OR
    - A single family home (e.g., a 2BR house) OR
    - A mobile or manufactured home OR
    - a unit in a single family home, if permitted as an accessory dwelling unit under the local zoning ordinance
- Units owned, but not occupied by, parents, grandparents siblings, children and grandchildren of the eligible family.
- Shared housing: a single housing unit occupied by an individual and another resident or residents. The shared unit consists of both common space for use by the occupants of the unit and separate private space for each assisted family. An assisted family may share a unit with other persons. The owner of a shared housing unit may reside in the unit. The resident owner may not be related by blood or marriage to the assisted family.

Flexible Funding may be used in a variety of ways to support an eligible individual's initial transition to a home of his/her own from a less integrated setting (e.g., nursing facility, intermediate care facility, group home, family home, etc.). Requests for funding to obtain housing may include:

1. **Temporary Rental Assistance** of up to two months rent to allow for environmental modifications to be made in a unit;

2. **Housing Transition Services and Supports** –for the purchase of services or essential goods to enable an eligible individual to transition into their own home. (e.g., security deposit, utility connection fees and deposits, moving expenses, reasonable and essential fixture and furniture purchases, etc.) These funds may only be accessed when an eligible individual and their support coordinator have made a good faith effort to access other resources (e.g., Medicaid Waiver, Dominion's assistance vouchers) and those resources are not available within the timeframe needed and/or accessible to an applicant.

Flex funds may be used to pay a third party provider for any of the following activities:

a. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.

b. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.

c. Assisting with the housing application process.

d. Assisting with the housing search process.

e. Assisting with securing a roommate or a live-in aide.

f. Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.

g. Ensuring that the living environment is safe and ready for move-in.

h. Assisting in arranging for and supporting the details of the move.

i. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

3. **Non-Reimbursable Environmental Modifications** of equipment or modifications of remedial or medical benefit to the individual's primary home, primary vehicle, worksite when these exceed the Americans with Disabilities Act (ADA) reasonable accommodations requirement to ensure an individual's health and safety, enable an individual to live in their own home and function with greater independence. Funds cannot be utilized for environmental

modifications if there are other resources available to cover said expenditures, but may be used in conjunction with other funds (match);

4. **Non-Reimbursable Assistive Technology** such as specialized medical equipment, durable/non-durable medical equipment, adaptive devices, appliances and controls which enable greater independence and equipment and devices which enable communication. Funds cannot be utilized if there are other resources available to cover said expenditures, and may be used in conjunction with other funds (match);
5. **Temporary Support Staffing** for 1) short term, temporary staffing needed to assist an eligible individual with becoming acclimated to their new housing; 2) housing location services; and 3) help with budgeting/packing/shopping for furniture. Staffing that is reimbursable via the Medicaid Waiver or Medicaid is not funded. These funds will likely assist eligible individuals who are on the DD waiver waitlist for transitional services/staffing.

Flexible Funding also supports eligible individuals who have transitioned into homes of their own and later experience temporary financial setbacks that jeopardize their housing stability and place them at risk of eviction. Requests for funding to maintain housing may include emergency rent and associated late fees, last resort utility assistance, household management activities (e.g., specialized cleaning, pest extermination, trash removal), unit repairs caused by tenant damage, and temporary relocation (e.g., if the rental unit is damaged, flooded, contaminated or condemned). Individuals work with their Support Coordinators to complete a Housing Stability Plan that outlines steps the individual and his/her person-centered planning team will take to address the issue that precipitated the Flexible Funding request, as well as other issues that may jeopardize the individual's housing stability.

Conclusion

Virginia is taking a systems transformation approach for HCBS settings compliance. This transformation emphasizes S*ystemic Change* as "a fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms" (Srik Gopal & John Kania*).* Virginia's STP provides the framework that the state is implementing to facilitate systemic change at every level.

Appendix A: 1915(c) Nursing Facility Level of Care Waiver (ADHC)

A.1 ADHC Info Flyer

A.2. ADHC Self-Assessment & Companion Guide

A.3. January 2017 Provider Webinar

A.4. Remediation Plan Template

A.5. ADHC Review Team Tools

A.6. April 2017 Provider Webinar

A.7. Individual Experience Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate Home and Community Based Settings (HCBS) to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports (LTSS) through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
Per federal regulations (42 CFR 441.301), individuals enrolled in LTSS waivers are permitted specific rights. For individuals receiving Medicaid ADHC, the ADHC setting must:
Be integrated in and supports full access to the greater community.

- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitate individual choice regarding services and supports, and who provides them.

This handout provides Virginia's CCC Plus health plans information on key responsibilities for evaluating Adult Day Health Care (ADHC) providers for HCBS compliance.
KEY INFORMATION:
• In order to assess ADHC provider compliance with these requirements, DMAS launched a self-assessment and remediation plan process **for current ADHC providers.**
• DMAS is committed to working with **current** ADHC providers through December 31, 2017 to ensure that they are fully compliant with all HCBS requirements.
• For ADHC providers who are unable or unwilling to come into HCBS compliance by December 31, 2017, DMAS will work with them to transition individuals to other compliant settings and services by December 31, 2017.
Health Plan Credentialing of New ADHC Providers
• AFTER August 1, 2017, health plans will be responsible for evaluating HCBS compliance initially (before ADHC services are delivered) **for new ADHC providers/settings**. New settings where ADHC services are provided **are required to be in full HCBS compliance prior to the start of ADHC services in the new setting.**
• Health plans should build the evaluation and remediation of HCBS compliance for ADHC providers into the plan's standard credentialing process.
Health Plan Monitoring of HCBS Compliance
• AFTER January 1, 2018, health plans will be responsible for conducting ongoing monitoring of compliance for all ADHC providers in the health plan's network.
• As outlined in the CCC Plus contract, health plans, specifically health plan care coordinators, are required to conduct annual "Individual Experience Surveys" with individuals receiving ADHC services. This survey will serve as a process for ongoing monitoring of compliance. ("SECTION 8.4.6" of the CCC Plus contract).
• In addition, ongoing monitoring includes a review of member or member representative complaints and periodic on-site observations confirming ongoing HCBS compliance, e.g. staff interactions, choice of and options for a variety of activities, information and resources shared, individual preferences supported.

The chart below outlines the ADHC provider HCBS compliance process, including timeframes.

ADHC Services Provider Type	Lead for Review	Self-Assessment	Compliance Determinations	Remediation Plans & Determinations	Compliance Deadline
Current Providers[1]	DMAS	Jan.-Feb. 2017: DMAS Online Assessment	April 2017: DMAS determines Full, Partial, or Non	May-Dec. 2017: DMAS determines & validates	January 1, 2018 (health plans conduct on-going monitoring after January 2018)
New Providers[2]	Health Plans	Prior to Provider Contracting: Plan determines method	Prior to Provider Contracting: Plan determines method	Prior to Provider Contracting: Plan determines method	Before Providing ANY ADHC Services

RESOURCES

DMAS has developed a dedicated webpage for HCBS Final Rule activities. This webpage includes DMAS-developed resources to evaluate and remediate HCBS compliance of ADHC providers.

DMAS requires health plans to review these resources and consider adapting them for their own processes.

Key Resources include:

- ADHC Provider Self-Assessment Questions, including instructions, guidance, and an archived webinar
- ADHC Provider Remediation Plan Template, including instructions, guidance, and an archived webinar
- Person-Centered Service Planning requirements

LINK: DMAS website

DMAS TECHNICAL ASSISTANCE

Additional resources may be available for health plans, including on-site visit tool templates. For more information and technical assistance in understanding the HCBS Final Rule and health plan requirements for ADHC provider compliance:

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Program Manager
Division of Developmental Disabilities and Behavioral Health
(804) 371-4067
teri.morgan@dmas.virginia.gov

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Division of Aging and Disability Services
(804) 786-1835
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[1] For a list of DMAS-enrolled ADHC providers that DMAS is working through the HCBS compliance review process, please contact DMAS. All other ADHC providers not on this list are considered "New Providers".

[2] This includes providers who previously provided services but have been inactive or have not maintained a provider agreement with DMAS. DMAS has a short list of "future" or "interested" providers that it has been keeping abreast of the HCBS rule and compliance activities. This can be made available to the health plans as well.

ADCC/ADHC EDCD Waiver Services

Self-assessment Companion Guide

Instructions & Overview

The Self-Assessment is done through Survey Monkey.

Through Survey Monkey, DMAS will generate an email to the contact email provided for the 1/18/2017 Webinar registration and/or what is listed in the MMIS. The email will come from HCBScomments@dmas.virginia.gov.

Using the self-assessment link in the e-mail you receive, you can go in and out of the self-assessment. It will save your place. You can also go back and change responses up until the point you submit the survey. Additional notes:

- If you inadvertently receive two emails, delete one and use only one link consistently in order to access your saved work.
- Stick to the same internet browser each time.
- DMAS still recommends that you walk through the materials prior and gather as much as you can in advance.

Through Survey Monkey, DMAS will generate several reminder emails to those who have not completed or have only partially completed the self-assessment.

During the SA you will be asked to upload "evidence" demonstrating compliance with HCBS requirements. Evidence can be uploaded as Word, PDF document or JPEG file.

- The maximum file size for each uploaded document is 16 megabytes
- Evidence for some questions may be duplicative. You do not need to upload the same evidence multiple times. Simply reference it in the text box that the evidence was uploaded, reference the question associated with the uploaded evidence and indicate how the evidence demonstrates compliance.
- Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.
- Only one document can be uploaded per question. If you are submitting multiple pieces of evidence for one question they MUST be merged into one document/file. Multiple documents can be scanned into one document.

The following sections contain instructions to provide guidance for completing the self-assessment. Each instruction is preceded by a short description of the corresponding question.

Provider Information	**Instruction**
Provider information & Contact person	Complete all information

Number of people served	Enter the total number of people served in the setting that is included in this self-assessment.

Questions	Instruction
Question 1: The service setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?	A YES response indicates agreement with the statement. Nursing Facility (NF) – a Medicaid Nursing Facility – (42 CFR 488.301) IMD Facility - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) ICF/IID – Intermediate facility for Individuals with Intellectual Disability means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) Hospital - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (SEC. 1861. **[**42 U.S.C. 1395x**])**
Question 2: The service setting is NOT located in a building on the grounds of, or immediately adjacent to a public institution?	A YES response indicates agreement with the statement. Settings that are located on the same or contiguous property to an institution or are sharing space with an institutional setting such as a Virginia State Training Center, community-based ICF/IID, Virginia State Psychiatric Hospital, Nursing Facility. *Public institution* (42 CFR 435.1010) means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.
Question 3: The service setting is NOT in a gated/secure "community" for people with disabilities?	A YES response indicates agreement with the statement. Gated communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances.

Question 4: The service setting is NOT located in a farmstead or disability-specific community?	A YES response indicates agreement with the statement. A farmstead or disability specific community is often described as a life sharing community for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting.
Question 5: Do individuals have options for activities in the community and use community services/resources in lieu of onsite services (medical services, recreational activities, meals out, barber/haircut)?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true*. Evidence may include activity schedules, documentation of types and frequency of recreational activities taking place in the community, a list of options provided to individuals, examples of community services accessed, a listing of transportation and other supports provided to facilitate community engagement, etc…
Question 6: Does the ADHC setting have partnerships with other community organizations and volunteers?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include a list of volunteer activities and organizations, partnerships with other community organizations, policies, training for volunteers, etc…
Question 7: Do individuals have the opportunity to access the community as part of their service in the ADHC setting?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true*. Evidence may include activity calendars, community activities and frequency, policies on how individual preference to participate in activities is determined, a listing of transportation and other supports provided to facilitate community engagement, etc…
Question 8: Are individuals aware of or do they have access to materials and/or resources to become aware of activities occurring outside the setting?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence includes examples of materials and resources that are made available to individuals including schedule of events, brochures, internet search opportunities, sign-up sheets to participate in activities, etc...

Question 9: Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include training policies, training logs, example of training materials, training calendar, etc…
Question 10: Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true*. As evidence attach policies outlining rights of individual receiving services and how that information is made available to individuals.
Question 11: Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include documentation of reassessment of provider policies, training logs, revision date of policies and procedures, notification to staff of policy revisions, etc…
Question 12: Does the setting engage with the broader community?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may consist of activity calendars, examples of community activities, policies on how individual preference to participate in activities is determined, etc…
Question 13: Do individuals receiving services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may consist of an overview of the service planning process, policies and procedures, verification from individuals/families of their participation etc…
Question 14: Does the setting ensure freedom from coercion and restraint?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may consist of, staff training, policies and procedures, etc…

Question 15: How does the person centered service planning process ensure individuals' choices and preferences are honored and respected?	Describe your person centered service planning process and how choice and preferences are honored. Examples of evidence may consist of policies and procedures, staff training, forms and documentation, etc…
Question 16: Please describe your agency's approach to completing the self-assessment process.	Describe your approach, for example, did you convene meetings or conference calls? Were multiple people involved, e.g. a member of a stakeholder group, individual receiving services, family member, direct support staff, volunteers? How did you get to agreement on results of the self-assessment before submission?

ADULT DAY HEALTH CARE
CMS HCBS WEBINAR

Teri Morgan, DMAS
Charlotte Arbogast, DMAS

January 18, 2017

Agenda

- ✓ Virginia's STP
  - EDCD Waiver ADHC Setting Determinations
  - CMS Response
  - REVISED STP
  - EDCD Waiver ADHC Setting Determinations
- ✓ ADHC Assessment, Validation & Remediation
- ✓ ADHC Provider Self-Assessment
- ✓ Resources for Completing the Self-Assessment and Maintaining Compliance
- ✓ CMS Guidance Of Particular Importance
- ✓ FAQs and Additional DMAS Guidance

✓ Virginia's STP

Initial STP submitted to CMS in March 2015

- ADHC Systemic Assessment Determination
- ADHC Site Assessment Determination

CMS Response

- August 2015 Clarifications and Modifications for Initial Approval (CMIA) Letter

✓ Virginia's STP (STP submission)

Revised STP submitted to CMS in April 2016

- ADHC Systemic Assessment Determination
- ADHC Site Assessment Determination

CMS Response

- September 2016 email response
- October 2016 – December 2016: DMAS Q-n-A and Technical Assistance Calls

✓ Virginia's STP (site specific)

Revised STP submitted to CMS on December 2, 2016

- ADHC Systemic Assessment Determination
- ADHC Site Assessment Determination

December 9, 2016 Virginia receives initial approval of its STP

Site Specific Assessments of all ADHC settings are required

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✓ ADHC Assessment, Validation & Remediation

January 2017: Provider Webinar & Self-Assessment Release

February/March 2017: DMAS Preliminary Review

March/April 2017: On-Site or Desk Reviews of ADHC Settings (Random Assign)

May 2017: Compliance Determinations & Technical Assistance

June – September 2017: Report Findings to CMS
As Needed, Remediation Plans & Monitoring

September – December 2017: If Needed, DMAS Review & Determination

January 2018: Full Compliance

Indefinitely: Ongoing Monitoring

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✓ ADHC Provider Self-Assessment

- Web-based Survey Monkey Self-Assessment
- Through Survey Monkey, DMAS will generate an email to the contact email provided during the registration for the webinar and/or what is listed in the MMIS. The email will come from HCBScomments@dmas.virginia.gov.
- Using the self-assessment link in the e-mail you receive, you can go in and out of the self-assessment. It will save your place. You can also go back and change responses up until the point you submit the survey. Additional notes:
  - If you inadvertently receive two emails, delete one and use only one link consistently in order to access your saved work.
  - Use to the same internet browser each time.
  - DMAS still recommends that you walk through the materials beforehand and gather as much as you can in advance.

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✓ ADHC Provider Self-Assessment (1)

- **IN ADDITION**: You will receive an email from HCBScomments@dmas.virginia.gov with the Instructions and a Word document Self-Assessment as attachments. These documents, as well as the webinar slides, will be posted to the DMAS LTC webpage (link to DMAS website). The recording of the webinar will be available here: DMAS recommends that providers use the Word document to draft responses to all of the questions and identify evidence prior to inputting the responses into the online self-assessment

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✓ ADHC Provider Self-Assessment (2)

- The self-assessment consists of 16 questions requiring both narrative responses and submission of "evidence"
- Anticipate that it will take 2-3 hours to complete the self assessment once started
- A Word document template of the self-assessment and guidance/instructions will be emailed to providers

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✓ ADHC Provider Self-Assessment (3)

- Involving staff, individuals and families in developing and validating responses is strongly encouraged. Consider surveying individuals/families on their experience at the ADCC.
- Through Survey Monkey, DMAS will generate several reminder emails to those providers that have not completed or have only partially completed the self-assessment.

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✓ ADHC Provider Self-Assessment (4)

Self Assessment Instructions:

1. The self-assessment contains a set of questions designed to measure a provider's level of compliance with the HCBS settings requirements.

2. Each Adult Day Care Center (ADCC) provider providing EDCD waiver ADHC services must complete a separate self-assessment for each ADHC services setting.
   - *TO REITERATE:* Each Adult Day Care Center (ADCC) provider providing EDCD waiver ADHC services must complete a separate self-assessment for **EACH** ADHC services setting.

✓ ADHC Provider Self-Assessment (5)

Self Assessment Instructions:

3. ADHC service providers must demonstrate compliance with the HCBS settings provisions by responding to each question and indicating the evidence available for review in order to validate that policies and procedures are in place to ensure compliance and ongoing monitoring.
   - *NOTE:* As you assess your setting's compliance with the HCBS settings provisions keep in mind not only the setting itself, but also whether or not compliance with the requirements is applied to each EDCD waiver individual served.

✓ ADHC Provider Self-Assessment (6)

Self Assessment Instructions:

4. Please review the guidance/instructions emailed to providers. The instructions pertain to the questions and will assist with completing the self-assessment.

5. Again, DMAS recommends that providers use the Word document template of the survey to draft responses to all of the questions and identify evidence prior to inputting the responses into the survey online.

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✓ ADHC Provider Self-Assessment (7)

Self Assessment Instructions:

6. Settings not in full compliance with the HCBS settings provisions will need to develop and submit remediation plans to bring the ADHC setting into full compliance with the HCBS settings provisions. Once the self-assessments have been completed and submitted, DMAS will follow-up with ADHC providers with further details on developing and implementing remediation plans.

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✓ ADHC Provider Self-Assessment

General Examples of Possible Evidence

- Provider Policies & Procedures
- Participant Handbook
- Staff Training Curriculum
- Training Schedules
- Activity Schedules
- Menus
- Person-Centered Service Plans
- DSS Survey Findings
- DSS ADCC Regulations
- Community or Volunteer Agreements

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✓ ADHC Provider Self-Assessment (8)

REMINDER:

DMAS recommends providers review the HCBS Final Rule requirements prior to completing the self-assessment.

Resources are include at the end of this presentation.

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ADHC Provider Self-Assessment (9)

Home and community-based settings must:

- Be integrated in and supports full access to the greater community *(Questions 1 – 8, 12)*
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint *(Questions 9, 10, 14)*
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. *(Questions 9,11, 13)*
- Facilitate individual choice regarding services and supports, and who provides them. *(Question 15)*

✓ ADHC Provider Self-Assessment (10)

Instructions
The following sections contain instructions to provide guidance for completing the self-assessment.
Each instruction is preceded by a short description of the corresponding question.

Provider Information	Instruction
Provider information & Contact person	Complete all information
Number of people served	Enter the total number of people served in the setting that is included in this self-assessment.

Questions	Instruction
Question 1: The service setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?	A YES response indicates agreement with the statement. Nursing Facility (NF) – a Medicaid Nursing Facility – (42 CFR 488.301) IMD Facility - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) ICF/IID – Intermediate facility for Individuals with Intellectual Disability means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) Hospital - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (Sec. 1861. [42 U.S.C. 1395x])
Question 2: The service setting is NOT located in a building on the grounds of, or immediately adjacent to a public institution?	A YES response indicates agreement with the statement. Settings that are located on the same or contiguous property to an institution or are sharing space with an institutional setting such as a Virginia State Training Center, community-based ICF/IID, Virginia State Psychiatric Hospital, Nursing Facility. *Public institution* (42 CFR 435.1010) means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

ADCC/ADHC EDCD Waiver Services
Self-assessment guidance

Question 3: The service setting is NOT in a gated/secure "community" for people with disabilities?	A YES response indicates agreement with the statement. Gated communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances.
Question 4: The service setting is NOT located in a farmstead or disability-specific community?	A YES response indicates agreement with the statement. A farmstead or disability specific community is often described as a life sharing community for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting.
Question 5: Do individuals have options for activities in the community and use community services/resources in lieu of onsite services (medical services, recreational activities, meals out, barber/haircut)?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include activity schedules, documentation of types and frequency of recreational activities taking place in the community, a list of options provided to individuals, examples of community services accessed, a listing of transportation and other supports provided to facilitate community engagement, etc...
Question 6: Does the ADHC setting have partnerships with other community organizations and volunteers?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include a list of volunteer activities and organizations, partnerships with other community organizations, policies, training for volunteers, etc...
Question 7: Do individuals have the opportunity to access the community as part of their service in the ADHC setting?	A YES response indicates this statement is true of the service setting you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence may include activity calendars, community activities and frequency, policies on how individual preference to participate in activities is determined, a listing of transportation and other supports provided to facilitate community engagement, etc...
Question 8: Are individuals aware of or do they have access to materials and/or resources to become aware of activities occurring outside the setting?	A YES response indicates this statement is true of the service setting(s) you are assessing. *Evidence of Compliance provides examples demonstrating that this statement is true.* Evidence includes examples of materials and resources that are made available to individuals including schedule of events, brochures, internet search opportunities, sign-up sheets to participate in activities, etc...

January 18, 2017

Intention (Asked for the First of Two Times)

Before beginning your self-assessment, please indicate if you intend to meet all HCBS settings compliance requirements:

- Answer:
  - YES
    - You will proceed through the remaining survey elements.
  - NO
    - You will be instructed to indicate the number of EDCD participants who will need to be transitioned to other settings/services before March 2019.

✓ ADHC Provider Self-Assessment (11)

For each "No" response to a self-assessment question:

- In the text box: describe the actions and activities you will take to ensure compliance with the corresponding CMS HCBS element.
- Include a target date for completion
- **A "No" response is not punitive.** It is an opportunity to identify areas of needed remediation and action steps to ensure your ADCC compliance

Question 1

The service setting is NOT located in a building that is also publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?

- *DMAS Instructions* include CFR citations and definitions for the entities that qualify as inpatient institutions.
- Answer:
  - YES
    - A "yes" response indicates agreement with the statement.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

Question 2

The service setting is NOT located in a building or on the grounds of, or immediately adjacent to a public institution?

- *DMAS Instructions* include a definition of a public institution.
- Answer:
  - YES
    - A "yes" response indicates agreement with the statement.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

Question 3

The service setting is NOT in a gated/secure "community" for people with disabilities?

- *DMAS Instructions* include a description of gated communities.
- Answer:
  - YES
    - A "yes" response indicates agreement with the statement.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

Question 4

The service setting is NOT located in a farmstead or disability-specific community?

- *DMAS Instructions* include a description of farmstead or disability-specific communities.
- Answer:
  - YES
    - A "yes" response indicates agreement with the statement.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

Question 5

Do individuals have options for activities in the community and use community services/resources in lieu of onsite services (medical services, recreational activities, meals out, barber/haircut)?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC provides options for activities/services in the community. Please note your evidence elements.

- Examples of Evidence may include:
  - Activity Schedules
  - Documentation of types and frequency of recreational activities taking place in the community
  - List of options provided to individuals
  - Examples of community services/resources accessed
  - A listing of transportation and other supports provide to facilitate community engagement

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Question 6

Does the ADHC setting have partnerships with other community organizations and volunteers?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that your provide a brief written overview of how your ADCC partners with your community. Please note your evidence elements.

- Examples of Evidence may include:
  - A list of volunteer activities and organizations
  - Partnerships with other community organizations
  - Policies
  - Training for volunteers

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Question 7

Do individuals have the opportunity to access the community as part of their service in the ADHC setting?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC provides opportunities for access to the community. Please note your evidence elements.

- Examples of Evidence may include:
  - Activity calendars
  - Community activities and frequency
  - Policies on how individual preference to participate in activities is determined
  - A listing of transportation and other supports provided to facilitate community engagement

Question 8

Are individuals aware of or do they have access to materials and/or resources to become aware of activities occurring outside the setting?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC provides access to materials and resources. Please note your evidence elements.

- Examples of Evidence may include:
  - Materials and resources that are made available to individuals
  - Schedules of Events
  - Brochures
  - Internet search opportunities
  - Sign-up sheets to participate in activities

✓ ADHC Provider Self-Assessment (12)

Reminder!

For each "No" response to a self-assessment question:

- In the text box: describe the actions and activities you will take to ensure compliance with the corresponding CMS HCBS element.
- Include a target date for completion
- **A "No" response is not punitive.** It is an opportunity to identify areas of needed remediation and action steps to ensure ADCC compliance

Question 9

Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of your ADCC staff/volunteer training in rights of individuals. Please note your evidence elements.

- Examples of Evidence may include:
  - Training policies
  - Training logs
  - Examples of training materials
  - Training calendar

Question 10

Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

- Examples of Evidence may include:
  - Policies outlining rights of individuals receiving services and how information is made available to them

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Question 11

Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC assesses policies on member experience and HCBS rules. Please note your evidence elements.

- Examples of Evidence may include:
  - Provider policy on member experience and HCBS rules
  - Documentation of reassessment of provider policies
  - Training logs
  - Policies and procedures with revision dates
  - Notifications to staff of policy revisions

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Question 12

Does the setting engage with the broader community?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC setting engages with the broader community. Please note your evidence elements.

- Examples of Evidence may include:
  - Activity calendars
  - Examples of community activities
  - Policies on how individual preference to participate in activities is determined

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Question 13

Do individuals receiving ADHC services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC supports active participation of individuals/families in the person centered planning process. Please note your evidence elements.

- Examples of Evidence may include:
  - Overview of the service planning process
  - Policies and procedures
  - Verification from individuals/families of their participation

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Question 14

Does the setting ensure freedom from coercion and restraint?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you provide a brief written overview of how your ADCC complies with this element. Please note your evidence elements.

- Examples of Evidence may include:
  - Staff training
  - Policies and procedures

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Question 15

How does the person-centered service planning process ensure individuals' choices and preferences are honored and respected?

- Answer:
  - YES
    - A "yes" response indicates this statement is true of the service setting you are assessing.
  - NO
- If you indicate YES, DMAS asks that you describe your person-centered service planning process and how choices and preferences are honored.

- Examples of Evidence may include:
  - Policies and procedures
  - Staff training
  - Forms and documentation

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Question 16

Please describe your setting's approach to completing the self-assessment process.

- Describe your approach, for example:
  - Did you convene meetings or conference calls?
  - Were multiple people involved, e.g. a member of a stakeholder group, individual receiving services, family member, direct support staff, volunteers?
  - How did you get to agreement on results of the self-assessment before submission?
  - Did individuals/families complete a survey?

Intention (Asked for the Second of Two Times)

After reviewing information on the HCBS settings requirements and completing the self-assessment do you still intend to meet all HCBS settings compliance requirements?

- Answer:
  - YES
    - DMAS will review your self-assessment and proceed with validating it as outlined earlier.
  - NO
    - You will be instructed to indicate the number of EDCD participants who will need to be transitioned to other settings/services before March 2019.

✓ Resources for Completing the Self-Assessment and Maintaining Compliance

CMS HCBS Website:

- ❑ HCBS Rule Details
- ❑ HCBS Training and PowerPoint Presentations
- ❑ Guidance Documents
- ❑ Other Statewide Transition Plans

Virginia DMAS HCBS Website

- Virginia's Statewide Transition Plan
  - Revised Version with CMS Initial Approval Letter
    - Includes Details on the Additional Information Requested by CMS
  - Original Version
- Minimum Requirements for Person-Centered Service Plans (PCSP; one-page handout)

✓ CMS Guidance Of Particular Importance

Related to ADHC and/or Individuals with Dementia

- FAQs concerning Medicaid Beneficiaries in HCB Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior (Dec. 15,2016)
  - link to FAQ
- FAQ Regarding the Heightened Scrutiny Review Process and Other HCB Setting Information (June 26, 2015)
  - link to Heightened Scrutiny
- FAQ on Planned Construction and Person-Centered Planning Requirements (undated)
  - link to planned construction faq

Thank you!

The self-assessment will be released on Thursday, January 19 and will close on Monday, February, 27

Questions or Comments?

Email questions, comments and feedback to:
HCBSComments@dmas.virginia.gov

GENERAL INFORMATION			
Provider & Setting Information:	**ADCC Provider Name:** **Address:** **City/Town:** **State: Virginia** **ZIP/Postal Code** **Contact Person** **Name:** **Title:** **Email:** **Phone Number:** **Number of CCC Plus ADHC Waiver Participants:** **Current ADCC Census (all participants):** **Date Plan Submitted:**		
HCBS Settings Requirement 1: The setting integrated in and supportive of full access to the greater community **Criteria Met:** ☐ Yes ☐ No ***Brief Summary of Self-Assessment Findings:***			
NOTE: ONCE ALL COMPLIANCE ACTIONS FOR HCBS REQUIREMENT 1 ARE COMPLETE, FORWARD IDENTIFIED EVIDENCE FOR EACH COMPLIANCE ACTION FOR REVIEW AND VALIDATION. DO NOT SEND EVIDENCE FOR INDIVIDUAL COMPLIANCE ACTIONS UNTIL ALL COMPLIANCE ACTIONS ARE COMPLETE.			
Compliance Action 1	**Action:**	**Responsible Person:**	**Target Date:**

	Evidence Used to Validate:		
Interim Report Compliance Action 1	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
Compliance Action 2	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 2	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
Compliance Action 3	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**

Interim Report Compliance Action 3	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
HCBS Settings Requirement 2: The setting ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. **Criteria Met:** ☐ Yes ☐ No ***Brief Summary of Self-Assessment Findings:***			
NOTE: ONCE ALL COMPLIANCE ACTIONS FOR HCBS REQUIREMENT 1 ARE COMPLETE, FORWARD IDENTIFIED EVIDENCE FOR EACH COMPLIANCE ACTION FOR REVIEW AND VALIDATION. DO NOT SEND EVIDENCE FOR INDIVIDUAL COMPLIANCE ACTIONS UNTIL ALL COMPLIANCE ACTIONS ARE COMPLETE.			
Compliance Action 1	**Action: Provider will include the recommended rights disclosure document into the standard admission process and will get signed disclosures for all current participants** **Evidence Used to Validate: Update Rights Disclosure documents**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		

Compliance Action 2	**Action: Provider will conduct training with all current staff and volunteers on the HCBS rights** **Evidence Used to Validate: Training Logs/Sign-In Sheets**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 2	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
Compliance Action 3	**Action: Provider will update Admission, Plan of Care and Staff Training Policies to reflect: 1) use of the disclosure with participants upon admission; 2) reminders to participants about HCBS Rights during the plan of care processes; and 3) incorporation of HCBS Rights into annual training for staff and volunteers.** **Evidence Used to Validate: Policies and Procedures for Admission, Plan of Care, and Staff Training; List of all annual staff training subjects**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 3	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		

Compliance Action 4	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 4	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
HCBS Settings Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Criteria Met:** ☐ Yes ☐ No ***Brief Summary of Self-Assessment Findings:***			
NOTE: ONCE ALL COMPLIANCE ACTIONS FOR HCBS REQUIREMENT 1 ARE COMPLETE, FORWARD IDENTIFIED EVIDENCE FOR EACH COMPLIANCE ACTION FOR REVIEW AND VALIDATION. DO NOT SEND EVIDENCE FOR INDIVIDUAL COMPLIANCE ACTIONS UNTIL ALL COMPLIANCE ACTIONS ARE COMPLETE.			
Compliance Action 1	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1	**Monthly Report 1 – (Insert DATE):**		

	Monthly Report 2 – (Insert DATE): **Monthly Report 3 – (Insert Date):**		
Compliance Action 2	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 2	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
Compliance Action 3	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 3	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		

HCBS Settings Requirement 4: Facilitate individual choice regarding services and supports, and who provides them. **Criteria Met:** ☐ Yes ☐ No ***Brief Summary of Self-Assessment Findings:***			
NOTE: ONCE ALL COMPLIANCE ACTIONS FOR HCBS REQUIREMENT 1 ARE COMPLETE, FORWARD IDENTIFIED EVIDENCE FOR EACH COMPLIANCE ACTION FOR REVIEW AND VALIDATION. DO NOT SEND EVIDENCE FOR INDIVIDUAL COMPLIANCE ACTIONS UNTIL ALL COMPLIANCE ACTIONS ARE COMPLETE.			
Compliance Action 1	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		
Compliance Action 2	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 2	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):**		

	Monthly Report 3 – (Insert Date):		
Compliance Action 3	**Action:** **Evidence Used to Validate:**	**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 3	**Monthly Report 1 – (Insert DATE):** **Monthly Report 2 – (Insert DATE):** **Monthly Report 3 – (Insert Date):**		

ADHC HCBS Setting Assessment Desk Review Validation Tool

ADCC Provider Name:

Address:

City/Town:

State: Virginia

ZIP/Postal Code

Contact Person
Name:
Title:
Email:
Phone Number:
Provider ID Number:

Instructions for Use:

This site visit validation tool is designed to help guide the site visit team's assessment of each provider's compliance with the HCBS final rule. Site visit teams should review and have with them during the site visit the ADCC's completed self-assessment and remediation plan. Site visit teams should assess the accuracy of each of the statements as reported on the provider self-assessment and submitted remediation plan.

The team's assessment should be based on in-person observation of the setting and a review of provider evidence including documentation, policies, forms, schedules and discussions with providers, their staff, and individuals/family members receiving ADHC services at the ADCC.

ADHC HCBS Setting Assessment Desk Review Validation Tool

Remediation Plan (RP), Timeline & HCBS Compliance:

The setting is integrated in and supportive of full access to the greater community
RP target dates ☐ Met ☐ Not Met ☐ Fully Compliant
Note:

Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
RP target dates ☐ Met ☐ Not Met ☐ Fully Compliant
Note:

Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
RP target dates ☐ Met ☐ Not Met ☐ Fully Compliant
Note:

Facilitate individual choice regarding services and supports, and who provides them.
RP target dates ☐ Met ☐ Not Met ☐ Fully Compliant
Note:

C = Compliant; NC = Non-Compliant; PC = Partially Compliant

SITE VISIT VALIDATION TOOL				
The setting integrated in and supportive of full access to the greater community *(Self-Assessment Questions 1 – 8, 12)* **Rationale/ Comments:** ***(Describe evidence contributing to C/NC/PC findings)***				**Criteria Met:** ☐ Yes ☐ No

ADHC HCBS Setting Assessment Desk Review Validation Tool

SITE VISIT VALIDATION TOOL				
1. The service setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?				**Comments:**
2. The service setting is NOT located in a building on the grounds of, or immediately adjacent to a public institution?				
3. The service setting is NOT in a gated/secure "community" for people with disabilities?				
4. The service setting is NOT located in a farmstead or disability-specific community?				
5. Do individuals have options for activities in the community and use community services/resources in lieu of onsite services (medical services, recreational activities, meals out, barber/haircut)?				
6. Does the ADHC setting have partnerships with other community organizations and volunteers?				

ADHC HCBS Setting Assessment Desk Review Validation Tool

SITE VISIT VALIDATION TOOL				
7. Do individuals have the opportunity to access the community as part of their service in the ADHC setting?				
8. Are individuals aware of or do they have access to materials and/or resources to become aware of activities occurring outside the setting?				
12. Does the setting engage with the broader community?				
Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint *(Self-Assessment Questions 9, 10, 14)* **Rationale/ Comments:** **(*Describe evidence contributing to C/NC/PC findings)***				**Criteria Met:** ☐ Yes ☐ No **Comments:**
9. Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?				

ADHC HCBS Setting Assessment Desk Review Validation Tool

SITE VISIT VALIDATION TOOL				
10. Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?				
14. Does the setting ensure freedom from coercion and restraint?				
Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. ***(Self-Assessment Questions 9, 11, 13)*** **Rationale/Comments:** **(*Describe evidence contributing to C/NC/PC findings)***				**Criteria Met:** ☐ Yes ☐ No **Comments:**
9. Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in the HCBS rules?				
11. Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?				

ADHC HCBS Setting Assessment Desk Review Validation Tool

SITE VISIT VALIDATION TOOL				
13. Do individuals receiving ADHC services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?				
Facilitate individual choice regarding services and supports, and who provides them. ***(Self-Assessment Question 15)*** **Rationale/ Comments:** **(*Describe evidence contributing to C/NC/PC findings***				**Criteria Met:** ☐ Yes ☐ No **Comments:**
15. How does the person centered service planning process ensure individuals' choices and preferences are honored and respected?				

Site Visit Team Member: _____Date:_____

Site Visit Team Member: _____Date:_____

ADHC HCBS Setting Assessment Desk Review Validation Tool

ADCC Provider Name:

Address:

City/Town:

State: Virginia

ZIP/Postal Code

Contact Person

Name:
Title:
Email:
Phone Number:
Provider ID Number:

C = Compliant; NC = Non-Compliant; PC = Partially Compliant

DESK REVIEW VALIDATION TOOL				
The setting integrated in and supportive of full access to the greater community *(Self-Assessment Questions 1 – 8, 12)* **Rationale/ Comments:** **(*Describe evidence contributing to C/NC/PC findings)***				**Criteria Met:** ☐ Yes ☐ No **Comments (Needed Remediation):**
1. The service setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?				
2. The service setting is NOT located in a building on the grounds of, or immediately adjacent to a public institution.				

ADHC HCBS Setting Assessment Desk Review Validation Tool

DESK REVIEW VALIDATION TOOL				
3. The service setting is NOT in a gated/secure "community" for people with disabilities?				
4. The service setting is NOT located in a farmstead or disability-specific community?				
5. Do individuals have options for activities in the community and use community services/resources in lieu of onsite services (medical services, recreational activities, meals out, barber/haircut)?				
6. Does the ADHC setting have partnerships with other community organizations and volunteers?				
7. Do individuals have the opportunity to access the community as part of their service in the ADHC setting?				
8. Are individuals aware of or do they have access to materials and/or resources to become aware of activities occurring outside the setting?				

Appendix A.5

ADHC HCBS Setting Assessment Desk Review Validation Tool

DESK REVIEW VALIDATION TOOL				
12. Does the setting engage with the broader community?				
Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint ***(Self-Assessment Questions 9, 10, 14)*** **Rationale/ Comments:** ***(Describe evidence contributing to C/NC/PC findings)***				**Criteria Met:** ☐ Yes ☐ No **Comments(Needed Remediation):**
9. Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?				
10. Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?				
14. Does the setting ensure freedom from coercion and restraint?				
Optimize, but does not regiment, individual initiative, autonomy,				**Criteria Met:**

ADHC HCBS Setting Assessment Desk Review Validation Tool

DESK REVIEW VALIDATION TOOL				
and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. ***(Self-Assessment Questions 9, 11, 13)*** **Rationale/Comments:** (***Describe evidence contributing to C/NC/PC findings)***				☐ Yes ☐ No **Comments(Needed Remediation):**
9. Do paid and unpaid staff receive training and continuing education related to the rights of individuals receiving services and member experience as outlined in the HCBS rules?				
11. Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?				
13. Do individuals receiving ADHC services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?				
Facilitate individual choice regarding services and supports, and who provides them. ***(Self-Assessment Question 15)*** **Rationale/ Comments:**				**Criteria Met:** ☐ Yes

ADHC HCBS Setting Assessment Desk Review Validation Tool

DESK REVIEW VALIDATION TOOL				
(*Describe evidence contributing to C/NC/PC findings*				☐ No **Comments(Needed Remediation):**
15. How does the person centered service planning process ensure individuals' choices and preferences are honored and respected?				

NOTES: Question 16: Please describe your setting's approach to completing the self-assessment process. Did the ADHC center include staff, individuals and families in the assessment process?

Comments:

Desk Review Completed By: _____Date:_____

Secondary Review Completed By: _____Date:_____

Appendix A.5

On-Site Technical Assistance for
Adult Day Health Care (ADHC) Providers on the
HCBS Final Rule

GOAL – ADHC providers have the information and knowledge needed to revise and resubmit their Remediation Plans to DMAS and have those Remediation Plans approved for implementation.

ACTIVITIES – During the on-site visit, DMAS staff will:

- Provide general education about the CMS HCBS Final Rule requirements
    - Person-Centered Service Planning components (required already)
        - Handout in the binder
    - Transitioning to full compliance with the HCBS settings requirements
        - This is the remediation plan aspect
- Review the ADHC provider's compliance determination and the Remediation Template
- Brainstorm and provide instruction and guidance on possible remediation strategies that could be included in a revised Remediation Plan
    - Using guidance provided in the binder (CMS FAQs, DMAS documents and webinars, etc.)
- Answer ADHC provider questions
    - When the answer is not known or you do not feel comfortable responding, please feel free to offer to write it down, research it and get back to them later
- Outline reasonable timeframes for the submission of a revised Remediation Plan
    - This is NOT another or a "re-do" of the self-assessment exercise
    - Providers should start from scratch and use the template originally provided to them
    - Suggest 1-2 week turnaround
    - Email to: HCBSComments@dmas.virginia.gov
- Review the Monthly Reporting requirements (completed within the Remediation Plan itself)
    - First is due August 5, 2017
    - Email to: HCBSComments@dmas.virginia.gov

Our (Charlotte and Teri) Commitment to You (Chris, Darlene and Bonnie) –

- We will participate in an exit interview conference call at the end of your visit (if you would like)
- We will support you in the guidance and information you provide; "We will have your back"
- We will provide frequent emails to provider to remind them about submitting revised Remediation Plans and Monthly Reports

ADHC HCBS Setting Assessment Desk Review Validation Tool

COMMUNITY INTEGRATION

Question: Do ADHC providers have to take people out in the community in order to be compliant?

Answer: Not necessarily. CMS indicated on a 5/18 call that the state does have some discretion in making determinations of compliance with access to the broader community. Compliance determinations can take into consideration the number and age of individuals receiving ADHC services in a setting and their preference for community outings. Providers who do not have the capacity to *physically* take individuals out in the community as part of the service must be able to *thoroughly* demonstrate creative and alternative approaches to *facilitate* community integration. Such methods *could* include:

- Participants and families/caregivers receive information about community resources, activities and events, which could be provided as a bulletin board, resource corner, monthly newsletter, etc.
- Participant interests are considered and accommodated within the setting/ADCC, which could be demonstrated through participant councils, participant and family/caregiver surveys, discussed during care planning meetings, etc.
- Participants and families/caregivers are informed on how they can get ADHC provider staff to help them research community resources, activities and events
- Participants are afforded options for alternatives to group activities
- ADHC Provider staff help facilitate participation and transportation through natural supports, such as family, friends, community groups, faith based organizations, etc.
- ADHC Provider develops strong partnerships with other organizations and volunteers, such examples could be partnerships with Area Agencies on Aging, faith-based organizations, etc.

Adult Day Health Care (ADHC) Providers

Remediation Best Practices and Ideas

HCBS Requirement 1: The setting integrated in and supportive of full access to the greater community.	
Action Items	**Deliverables**
• Modify activity calendar to specify events in the activity and events out in the community, including field trips • Develop community event activity calendar and post in conspicuous place • Add community events listing into monthly center newsletter that is given to participants and caregivers/families • Revise Participant and Family Handbook to include information on community integration, how individuals and families can discuss community interests with staff and how staff will facilitate such interest • Develop a dedicated display area to post information about community resources, activities, services, events, etc. • Establish partnerships with organizations in our community • Establish cross collaboration and partnership with local area agency on aging (AAA) or other similar groups • Develop policy on alternatives to group activities • Add information on alternatives to group activities to the Participant and Family Handbook • Begin hosting participant council meetings to collect feedback on activity planning and field trip suggestions • Write and implement a Community Integration Policy which will be added to our participant handbook. This policy will identify how staff will gather information on the participant's interest regarding activities and community engagement. This information will be used to create the monthly calendar and integrate community interests. • Write and implement an Open Door Policy which clearly communicates our position on welcoming friends, family, and community visitors at our program. • Add a statement to the monthly activities calendar which will highlight the fact that all activities are optional and an alternative list of activities is available for the participants. • Develop a regular practice to inform/educate participants about community events. Review available resources and events with participants at least monthly. Develop a system to facilitate participation in community events (by informing natural supports, community partnerships, faith based organizations, cultural opportunities, etc.) Make information	• Pictures of the Building (Inside and Outside) • Google Maps with Identified Neighborhood Businesses, Residences, etc. • Activity Planning & Implementation Policy & Procedures • Activity/Interest Assessment for Participants • Activity Calendars with ADCC Activities • Activity Calendar with Community Activities • Pictures of the Informational Displays or Community Resources Bulletin Boards • Participant Council Meeting Minutes • Community Partnership List/Chart with Partners, Frequency, Role, etc. • Participant and/or Caregiver Satisfaction Survey • Field Trip Policy & Documentation (Calendar, Sign-Up Sheets, Feedback from Participants, etc.) • Participant and Family Handbook • Transportation Policy

Adult Day Health Care (ADHC) Providers

Remediation Best Practices and Ideas

HCBS Requirement 1: The setting integrated in and supportive of full access to the greater community.	
available in various formats. Provide information on resources and events. • Provide information to individuals and families about how staff can help them search the internet for information using the center computers • Send copy of all event flyers home with clients and caregivers. • Provide information packet regarding health and wellness activities provided throughout the community • Write up list of alternatives to group activities and post in activity areas and on calendar. Leave activity cart out with puzzles, games, coloring sheets, books and magazines. • Subscribe to local newspapers and magazines that are put out and made available to participant to look through	

HCBS Requirement 2: The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	
Action Items	**Deliverables**
DMAS Recommended Remediation Steps: • With regard to the HCBS Rights and Expectation Disclosure for ADHC, DMAS highly recommends that all ADHC providers adopt a process to notify individuals, upon acceptance into ADHC services, about their additional HCBS-specific rights. DMAS has developed a template statement on HCBS rights that ADHC providers may use. • The center will: Include this in your standard admission processes for individuals and their representatives; Share the statement with all staff and volunteers at least annually; and Incorporate the statement into your policies and procedures for admission of individuals and for staff and volunteer training **Informing individual of rights:**	• Participant Rights Policy • Participant Rights Disclosures • Medicaid Recipient Rights Disclosures • Policy on Staff Training on HCBS Rights • Volunteer Policies • Volunteer Orientation and Training Policy • Training Logs • Restraint Policies, if one • Participant and Family Handbook

Adult Day Health Care (ADHC) Providers

Remediation Best Practices and Ideas

HCBS Requirement 2: The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	
• Include the DMAS-developed disclosure as part of the admission information. Individual/Representative sign statement that they have received a copy of the rights (updated annually). • Staff sign copy of rights and review annually. • Participant rights to be posted in a conspicuous location within the building. **Organizational Policies and Staff Training:** • Revise Human Rights policies • Include the DMAS-developed disclosure in standard admission processes for individuals and their representatives. • Share the DMAS-developed disclosure with all staff and volunteers at least annually. • Incorporate the DMAS-developed disclosure into policies and procedures for admission of individuals. • Include the DMAS-developed disclosure as part of staff training at least annually. • Include the DMAS-developed disclosure in staff orientation training. • Develop policy that ensures the DMAS-developed disclosure is part of on-going training. • Develop and implement a restraint policy	• Food Menus

HCBS Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **AND** **HCBS Requirement 4: Facilitate individual choice regarding services and supports, and who provides them.**

Adult Day Health Care (ADHC) Providers

Remediation Best Practices and Ideas

HCBS Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **AND** **HCBS Requirement 4: Facilitate individual choice regarding services and supports, and who provides them.**	
Action Items	**Deliverables**
• Develop and implement a policy affirming that any modifications to personal autonomy and decision-making are individually determined based on an individual assessed need. • Ensure Plan of Care assesses individual preferences in daily activities, and with whom to interact. • Ensure that those preferences are honored and that the Plan of Care is regularly reassessed. • Create policy on how the ADCC will collect input on planned and unplanned activities, and participant rights. • Establish policy for an individual's rights to freely, without reproach, decline participation in an activity(s). (Policy: Participant Right to Refuse). • Policy on autonomy and decision-making in orientation packet for new employees; policy updated as needed, and presented as staff/volunteer training annually. • Training calendar developed annually with check-off log for completion of review. • Review/update of all Center policies annually, including individual Rights, and Rights to participate in Plan of Care. • Create policy narrative that a Plan of Care will be developed and Individual/Representative will be invited to participate in the writing of that plan. • Offer "Person-Centered 20 questions " on each assessment to further understand and implement participant likes/dislikes, choices, etc. • Request feedback (client/representative) satisfaction via Center newsletter minimum one time per year	• Initial Intake Assessment • Participant Care Plan Template • Activity/Interest Assessment for Participants • Intake, Admission and Assessment Policies • Care Plan Policy • Policy on Person Centered Care and HCBS Training • Person Centered Care Training and HCBS Power Point • Policy on Annual Review of Policies and Procedures Manual • Policies and Procedures Distribution Log • Policy Update Log • Policy and Procedures on HCBS Requirements and Annual Review • Annual Review and Update Log of

Adult Day Health Care (ADHC) Providers

Remediation Best Practices and Ideas

HCBS Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **AND** **HCBS Requirement 4: Facilitate individual choice regarding services and supports, and who provides them.**	
• Annual family caregiver survey for overall feedback • Revise Participant and Family/Caregiver Handbook to include… • Conduct monthly meetings with staff and participants (who are interested) to discuss activity planning, center food menus, etc. • Revise social history form to collect additional information about participant interests • Revise participant handbook to inform individuals about choices and options and how to make those known to the staff	HCBS • Participant and Family Handbook • Participant and Caregiver Satisfaction Surveys • Training Logs

ADULT DAY HEALTH CARE
CMS HCBS WEBINAR: REMEDIATION

Teri Morgan, DMAS
Charlotte Arbogast, DMAS
Carla Groff, Bedford Adult Day Center

April 14, 2017

Agenda

- ✓ Welcome & Opening Comments
- ✓ ADHC Provider Self-Assessment:
  - Desk Reviews
  - Determination Letters: Compliant/Partially Compliant/Non-Compliant
  - Remediation Plan
- ✓ Compliance Actions (HCBS Requirements 1,2,3,4)
  - Reporting
  - Monitoring
- ✓ Additional Observations & Information
- ✓ Additional DMAS/CMS Guidance
- ✓ Q-n-A

Appendix A.6

✓ Welcome & Opening Comments

April 4th call:
(http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx)

- Thank you for participating
- Trends, **Best Practices**, Issues/Concerns

Goals for Today's Webinar:

- Review Remediation Plan Template
- Provide ADHC Providers with Technical Assistance & Guidance for Successful Submission
- Review the Monitoring Process

3

Your ADCC Contact Person for HCBS Compliance

- It is vital that you notify us if your point-person or contact person changes
- Changes in contact person for HCBS compliance should be emailed to: HCBSComments@dmas.virginia.gov.
- It is your responsibility to be sure that you provide updated information to keep up-to-date on DMAS communications regarding HCBS compliance activities

4

ADHC Provider Self-Assessment

Home and Community-Based Settings (HCBS) must (42 CFR 441.301):

- Be integrated in and supports full access to the greater community *(Questions 1 – 8, 12)*
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint *(Questions 9, 10, 14)*
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. *(Questions 9,11, 13)*
- Facilitate individual choice regarding services and supports, and who provides them. *(Question 15)*

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✓ ADHC Provider Self-Assessment

Validation

- Process
- Desk Review Validation Tool

Determinations

- Compliant
- Partially Compliant
- Non-Compliant

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✓ ADHC Provider Self-Assessment

HCBS Compliance Summary:

The setting integrated in and supportive of full access to the greater community
☐ Compliant ☐ Non-Compliant ☐ Partially Compliant

Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
☐ Compliant ☐ Non-Compliant ☐ Partially Compliant

Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
☐ Compliant ☐ Non-Compliant ☐ Partially Compliant

Facilitate individual choice regarding services and supports, and who provides them.
☐ Compliant ☐ Non-Compliant ☐ Partially Compliant

Remediation Plan Needed:

☐ Yes ☐ No

DMAS Desk Review Contact:

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✓ Remediation Plan

Remediation:

1 **:** the act or process of remedying

2 **:** the act or process of remediating

In other words, that actions that the ADCC will take to fix or remedy areas of in which the center is not in full compliance with HCBS requirements.

- **Completed Remediation Plans are due by 5:00 p.m. on Friday, May 5 - no extensions**
- Submit to HCBScomments@dmas.virginia.gov

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✓ ADHC Validation, Remediation & Monitoring

March/April 2017: Desk Reviews of ADHC Settings Self Assessments

May 2017: Compliance Determinations, Remediation Plans Submitted, Technical Assistance & On-Site Reviews

June – Sept 2017: Report Findings to CMS, As Needed, Remediation Plan Monitoring

September – December 2017: If Needed, DMAS Review & Determination

January 2018: Full Compliance

Indefinitely: Ongoing Monitoring

**New ADCC providers must be fully compliant from the start of services

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✓ Remediation Plan Template

ADCC: ✓
Provider Number: ✓

Home and Community Based Services Remediation

GENERAL INFORMATION

Provider & Setting Information:	ADCC Provider Name: ✓ Address: ✓ City/Town: ✓ State: Virginia ✓ ZIP/Postal Code: ✓ Contact Person ✓ Name: Title: Email: Phone Number: Number of EDCD Waiver Participants:

HCBS Settings Requirement 1: The setting integrated in and supportive of full access to the greater community

Criteria Met: ☐ Yes ☐ No

Findings:

Compliance Action 1		Responsible Person:	Target Date:
Interim Report Compliance Action 1			

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Appendix A.6

✓ Remediation Template

HCBS Settings Requirement 1: The setting integrated in and supportive of full access to the greater community **Criteria Met:** ☐ Yes ☐ No ***Findings:***			
Compliance Action 1		**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1			

HCBS Settings Requirement 2: The setting ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. **Criteria Met:** ☐ Yes ☐ No			
Compliance Action 1		**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1			

✓ Remediation Template

HCBS Settings Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Criteria Met:** ☐ Yes ☐ No			
Compliance Action 1		**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1			

HCBS Settings Requirement 4: Facilitate individual choice regarding services and supports, and who provides them. **Criteria Met:** ☐ Yes ☐ No			
Compliance Action 1		**Responsible Person:**	**Target Date:**
Interim Report Compliance Action 1			

Appendix A.6

What is Meant by Compliance Actions?

- The specific steps (actions) you will take to bring your ADHC setting into full compliance with HCBS requirements
- Identify the person responsible for carrying out the compliance action
- Identify any evidence/deliverables that will be created to ensure or document compliance
- Include your target date to complete the compliance action
- **It may be necessary to have multiple compliance actions in order to become compliant with each requirement**

(Note: January 18 self-assessment webinar may be a helpful refresher on types of evidence and activities that can demonstrate compliance.)

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✓ Compliance Actions: HCBS Requirement 1

HCBS Settings Requirement 1: The setting integrated in and supportive of full access to the greater community **Criteria Met:** ☐ Yes ☐ No ***Findings:***			
Compliance Action 1		**Responsible Person:**	**Target Date:**

Be integrated in and supports full access to the greater community
(Self-Assessment Questions 1 – 8, 12)

Examples of Possible Compliance Actions:

- Development of a regular practice to inform/educate participants about community events
- Develop a system to facilitate participation on community events (informing natural supports, community partnerships, faith-based organizations, cultural opportunities, etc.)
- Information on community resources accessed when participant is at the ADCC is captured in the Plan of Care – gaps are identified and resources provided
- Build relationships and leverage partnerships with other organizations and volunteers

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✓ Compliance Actions: HCBS Requirement 1

Carla Groff, *Bedford Adult Day Center*:

Activities Policies

- ❑ Person centered assessment and planning
- ❑ Freedom to move about inside and outside facility, considering supervision needs
- ❑ Participants choose with whom they interact
- ❑ Encourage community presence in the center
- ❑ Review available resources and events with participants at least monthly. (Participant Council)
- ❑ Assist participants to research resources and events (multi-media)
- ❑ Reasonable efforts to accommodate requests. If can't accommodate a request, communicate it to participant
- ❑ Participant is in control of community integration. We make reasonable efforts to facilitate utilization of offsite resources.

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✓ Compliance Actions: HCBS Requirement 1

Community Partnerships

- Name, contact information
- What type of activity
- Details- how often available, any limitations, offsite or center-based etc…

Community Integration: make information available to individuals in various formats

Community Resources/Events

- Social Services agencies
- Transportation providers
- Medical care providers
- Others, such as sports and entertainment venues, recreation depts., museums, etc…

Activity Calendars

- Onsite-calendar
- Community outing calendar

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✓ Compliance Actions: HCBS Requirement 2

HCBS Settings Requirement 2: The setting ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. **Criteria Met:** ☐ Yes ☐ No			
Compliance Action 1		**Responsible Person:**	**Target Date:**

Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint (Self-Assessment Questions 9, 10, 14)

Examples of Possible Compliance Actions:

DMAS highly recommends that all ADHC providers adopt a process to notify individuals, upon acceptance into ADHC services, about their additional HCBS-specific rights. DMAS has developed a template statement on HCBS rights that ADHC providers may use. The template statement can be found here: http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx.

DMAS recommends that you:

1. Include this in your standard admission processes for individuals and their representatives;
2. Share the statement with all staff and volunteers at least annually; and
3. Incorporate the statement into your policies and procedures for admission of individuals and for staff and volunteer training.

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Compliance Actions: HCBS Requirement 2

Carla Groff, *Bedford Adult Day Center*:

Staff Training Policies – includes rights

- ❑ Concise list of orientation training
- ❑ Concise list of annual training

Participant Rights Policies

- ❑ Include actual rights statement in policy
- ❑ How do you inform participants of rights?
  - Posted in conspicuous place
  - Annual signature to confirm receipt of rights
  - Include DMAS rights addendum

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✓ Compliance Actions: HCBS Requirement 3

HCBS Settings Requirement 3: Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. Criteria Met: ☐ Yes ☐ No			
Compliance Action 1		**Responsible Person:**	**Target Date:**

Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. (Self-Assessment Questions 9,11, 13)

Examples of Possible Compliance Actions:

- Ensure the Plan of Care assesses individual preferences in daily activities and with whom to interact, and that those preferences are honored and the Plan of Care is regularly reassessed
- Develop and implement a policy affirming that any modifications for personal autonomy and decision making are individually determined based on an individual assessed need
- Demonstrate how individuals give input and feedback on planned/unplanned activities; document that input
- Establish a policy for when an individual declines participation in an activity.
  - Individuals should not be forced to participate & individuals should not be punished for not participating.

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Compliance Actions: HCBS Requirement 3

Carla Groff, *Bedford Adult Day Center*:

Staff Training: orientation and annual
- ❑ Person centered planning
- ❑ Training log for orientation and annual training

Record updating policy
- ❑ Review and/or update center policies at least annually-record on log

Intake and Assessment policy and Plan of Care policy
- ❑ Interdisciplinary team assesses participant and develops plan at admission
- ❑ Interdisciplinary team revises plan at least every 6 months
- ❑ Involve participant and participant representatives in assessment and planning process
- ❑ Assess capabilities, preferences, needs, choices, etc.

Forms to Include
- ❑ Assessment
- ❑ Person-centered plan with preferences section

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Compliance Actions: HCBS Requirement 4

HCBS Settings Requirement 4: Facilitate individual choice regarding services and supports, and who provides them. Criteria Met: ☐ Yes ☐ No			
Compliance Action 1		Responsible Person:	Target Date:

Facilitate individual choice regarding services and supports, and who provides them. *(Question 15)*

Examples of Possible Compliance Actions:

Method of Participant Notification (e.g. participant handbook, policies & procedures, operating practices, etc.)

- Determine how your center gathers individual/family input on services and supports they want. How often does this happen?
- Determine how your center gathers input from participants on what staff they want to work with
- Develop a policy that is made available to individuals and families explaining how and to whom to make a request to change activities or supports or to add new activities or supports.
- Determine how your center can accommodate individual requests.

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Compliance Actions: HCBS Requirement 4

Carla Groff, *Bedford Adult Day Center*:

Policies

- Intake and Assessment
- Plan of Care
- Nutrition and Food Services

Forms

- Assessment tool
- Person centered plan of care – include preferences (how do they prefer to have their needs/wishes met?)
- Menus
- Activity Calendar/Outings Calendar

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Interim Report

The Centers for Medicare and Medicaid Services (CMS) expects states to report quarterly milestone updates and progress toward HCBS compliance.

ADHC providers are required to submit monthly interim reports using the remediation plan template

Interim Report Must Include Compliance Action Progress:

- What specific action have you taken: staff training, draft new or updated policy, update forms, outreach to potential community partner(s), survey individuals & families, etc...
- Are you on track to meet your target date?

Compliance Action 1		Responsible Person:	Target Date:
Interim Report Compliance Action 1			
Compliance Action 2		Responsible Person:	Target Date:
Interim Report Compliance Action 2			

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Monitoring

- Monthly Interim Reporting
  - Due the 5th of every month starting in June
  - Report monthly until full compliance is validated by DMAS
  - Submit via HCBSComments@dmas.virginia.gov
- Technical Assistance
- On-Site Visits

Remediation Complete

- Submission of a Final Interim Report indicating ALL compliance actions have been completed
- Include updated evidence to reflect compliance with the requirements you remediated
- DMAS Validation of Compliance – via a Desk Review and/or an On-Site Visit

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Additional Observations & Information

- Beyond HCBS Compliance, be aware:
  - Hours of Operation (EDCD Manual, Chapter IV)
  - Charging extra for lunch while at the ADCC (EDCD Regulations, 12VAC30-120-924C)
- Stay tuned for more guidance on:
  - Participants paying for lunch while in the community/restaurant
  - Participants being asked to pack lunch while in the community
  - Charging for field trips (entrance fees, tickets, etc.)

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✓ ADHC Validation, Remediation & Monitoring

March/April 2017: Desk Reviews of ADHC Settings Self Assessments

↓

May 2017: Compliance Determinations, Remediation Plans Submitted, Technical Assistance & On-Site Reviews

↓

June – Sept 2017: Report Findings to CMS, As Needed, Remediation Plan Monitoring

↓

September – December 2017: If Needed, DMAS Review & Determination

↓

January 2018: Full Compliance

↓

Indefinitely: Ongoing Monitoring

**New ADCC providers must be fully compliant from the start of services

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Appendix A.6

Virginia DMAS HCBS Website

http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx

- Virginia's Statewide Transition Plan
  - Revised Version with CMS Initial Approval Letter
    - Includes Details on the Additional Information Requested by CMS
  - Original Version
- Minimum Requirements for Person-Centered Service Plans (PCSP; one-page handout)
- RECENTLY ADDED:
  - HCBS Desk Review Tool Template
  - HCBS Rights and PCSP Expectations Disclosure Template
  - Summary of 4/4 Conference Call Observations

✓ CMS Guidance Of Particular Importance

Related to ADHC and/or Individuals with Dementia

- FAQs concerning Medicaid Beneficiaries in HCB Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior (Dec. 15,2016)
  - https://www.medicaid.gov/federal-policy-guidance/downloads/faq121516.pdf
- FAQ Regarding the Heightened Scrutiny Review Process and Other HCB Setting Information (June 26, 2015)
  - https://www.medicaid.gov/medicaid/hcbs/downloads/home-and-community-based-setting-requirements.pdf
- FAQ on Planned Construction and Person-Centered Planning Requirements (undated)
  - https://www.medicaid.gov/medicaid/hcbs/downloads/faq-planned-construction.pdf

Thank you!

Questions or Comments?

Email questions, comments and feedback to:
HCBSComments@dmas.virginia.gov

Completed Remediation Plans MUST be submitted by 5:00 p.m. on Friday, May 5, 2017 to:
HCBSComments@dmas.virginia.gov

Overview

In March 2014, CMS issued federal regulations to ensure that individuals receiving Home and Community Based Services (HCBS) under 1915(c) Medicaid waiver authority have the opportunity to receive services in the most integrated setting appropriate. CMS requires states to review and evaluate settings where HCBS are provided to ensure compliance with the new federal HCBS setting rules. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities, including Adult Day Health Care (ADHC) services, have full access to benefits of community living.

CMS HCBS Regulatory Requirements (found here):

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)
- The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)
- The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)

The Contractor shall require that all providers of CCC Plus Waiver ADHC services maintain compliance with the provisions of the CMS HCBS rule as detailed above prior to executing a provider agreement. The Contractor shall also ensure Member experience with ADHC services reflects the characteristics of a home and community based setting.

Individual Experience Survey

The individual experience survey is intended to determine an individual's experience in the setting where ADHC services are provided to ensure their experience is consistent that of a home and community based setting. This requirement is for those Members receiving ADHC services only.

As part the annual assessment and plan of care review, the Contractor's care coordinator or another entity as approved by the Department shall conduct, an Individual Experience Survey in order to ensure that the Member's services and supports are provided in a manner that comports with the setting provisions of the HCBS regulations in 42 CFR § 441.301(c)(4)-(5).

The Care Coordinator shall be responsible for one hundred percent (100%) remediation of any instance in which the Member's services do not comport with requirements set forth in the HCBS regulations, and the Contractor shall analyze data from the Individual Experience Survey by provider and by setting as part of its ongoing quality monitoring and re-credentialing processes.

Conducting the Survey

The Individual Experience Survey must be conducted in person. Use this Word document to record the individual's responses during the face-to-face survey. The survey should be conducted as part of the individual's annual assessment and plan of care review. The survey must include the Member and also may include a family member or representative, as appropriate. ADHC services staff may participate as requested by the Member and his/her family member/representative. As the Care Coordinator conducting the assessment, *do not influence the individual's responses*.

Each Member receiving Medicaid ADHC services must receive an annual individual survey to determine their experience with their services and awareness of HCBS rights and requirements. The Individual

Experience Survey is designed to reflect the characteristics that individuals might experience, and that are expected to be present, in ADHC settings. The suggested questions are indicators of compliance with a required HCBS element of compliance and are based on guidance from CMS.

Talking points to introduce the Individual Experience Survey

The survey approach should be conversational in nature. The questions are designed to promote dialog and can be expanded upon as part of the method of discovery of HCBS compliance based on the individual/family experience. When conducting the survey the surveyor should use their best judgement with phrasing the explaining the questions based on the needs of the individual being survey. The talking points below are suggestions that may assist with conducting the survey:

- I'd like to spend 15 to 30 minutes with you today to talk about the services you receive and the Adult Day Care Center/adult day service center you attend.
- I am going to talk with you today about how you spend your day at (insert name of ADCC).
- ADHC services are community-based services. You should have options for activities and choose which activities you want to participate in, you should be able to decide who you spend your time with while at the center, and you should be treated with dignity and respect.
- I am going to ask you a few questions about your services. Your responses will help me make sure that your Adult Day Care Center/adult day service center supports you in the way you prefer to be supported. The reason we are talking about this is to make sure that you have all the rights and freedoms of people who live in the community. Please be honest in your answers, it is ok to say 'no'.
- Do you have any questions for me?

Observations:

The survey should include Care Coordinator observations. This is particularly important when/if a Member does not communicate verbally and/or is not able to respond to the questions due do cognitive limitations. Observations may include:

- Interactions between Members receiving ADHC services and ADCC staff
- Member's involvement in their service plan development
- If the setting is accessible to Members receiving ADHC services
- If the setting offers a variety of activities and choices
- Does the setting have the characteristics of a setting that is integrated in and engaged with the broader community

Are there characteristics of a setting that isolates? **Individual Experience Survey – ADHC Services**
Name of Member receiving ADHC Services:_____ Member's ADHC Provider Agency: _____ Member's Experience Assessment Location: _____Date:_____ Survey Participants:_____
Compliance Indicator/Care Coordinator Questions:

Are there characteristics of a setting that isolates? **Individual Experience Survey – ADHC Services**

The purpose of these questions is to offer considerations for MCOs as they assess whether ADHC settings meet the Medicaid HCB settings requirements. The survey is organized by each HCB setting regulation requirement. The bulleted questions are suggestions to assist MCOs in understanding what indicators might reflect the presence or absence of each quality in the ADCC. These questions are not designed to be a score sheet and a "No" response does not necessarily mean that a particular setting is non-compliant and needs remediation. The questions are intended to facilitate a conversation to survey the individual experience of the Member and determine if the HCBS setting requirement is met.

HCBS Requirement Element 1: The ADCC is integrated in and supports access to the greater community.

- If you want to, can you leave "insert ADCC name" and go out in the community during the day?
- Do you have the opportunity to participate in activities in the community like shopping, going to a community event or on a field trip or having lunch with family and friends?
- Do you know how to find out about upcoming events or activities?
- Do you have the help you need to participate in the activities you want to do? For example, are you able to get to the activities you want to participate in?

tes:

HCBS Requirement Element 2: The ADCC ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint

- Can you be alone if you want to be? For example, can you have a private conversation without others listening in while at "insert name of ADCC"?
- Do you feel that you have the opportunity to update or change your preferences? For example, the activities you participate in, who you sit with at meals, the center staff that support you.
- Do the people that help you treat you with respect and speak to you in a kind and respectful manner?

tes:

HCBS Requirement Element 3: The ADCC optimizes individual initiative, autonomy, and independence in making life choices Physically Accessible

- Can you eat what you want, when you want to eat it?
- Do you have access to a phone, computer or other technology?
- Do you have full access to "insert name of ADCC" common areas, such as the kitchen, dining area, shared areas, outdoor patio or garden?
- Do you get the opportunity to choose who you talk to or do things with while at the day program?
- Do you have access to transportation to go the places you want to go?

Notes:

HCBS Requirement Element 4: The setting facilitates individual choice regarding services and supports, and who provides them.

- Can you make decisions about your schedule and activities while at the Adult Day Care Center. For example, where you go, who you see and sit with?
- During meal/snack times at your day program, can you choose where you eat and the people you would like to eat with?
- Do the staff who support you while at "insert name of ADCC" treat you the way you want to be treated?

Are there characteristics of a setting that isolates? **Individual Experience Survey – ADHC Services**
For example, does the staff provide you with options for activities and respect your choices? • Did you choose to receive services from ”insert ADCC name here”? Were you offered other choices and options? lotes:
Observations: Findings (does the setting meet HCBS requirement elements 1-4):

Survey Completed By: _____

Date: _____

Appendix B: 1915(c) ICF/IID Level of Care Waiver (ADHC)

B.1. Self-Assessment and Process Development Meeting

B.2. DD Waivers Self-Assessment & Companion Guide

B.3. Provider SA Instructions

B.4. Group Supported Employment Self-Assessment & Companion Guide

B.5. Self-Assessment Review Rubric

B.6. Settings Requiring Heightened Scrutiny Review

CMS HCBS
PROVIDER SELF-ASSESSMENT

March 22, 2017

Agenda

- 9:30 -12:30 – **All providers (group day, group SE, group home, supported living, SRS)**
- Welcome & Goal for today's Meeting
- CMS Feedback
- Overview of process & timeline
- Review Self-Assessment Part 1: Provider Information and assessment of organizational compliance with HCBS settings requirements.
- Break
- Review Self-Assessment Part 2: Assessment of HCBS requirements for all settings providing HCBS services.

12:30-1:30 LUNCH ON YOUR OWN

- 1:30-4:30 – **Residential settings (supported living, sponsored residential, group home residential)**
- Review Self-Assessment Part 3: Assessment of compliance with HCBS requirements for provider owned/controlled residential settings.
- Break (time TBD by meeting participants)
- Wrap up

✓ Welcome

- Introductions

Goal for Today: Meeting participants will provide recommendations and critical feedback that will improve the provider self-assessment process, questions, companion guidance, and identification of evidence.

✓ CMS Feedback

Revised STP submitted to CMS in April 2016

CMS Response

- September 2016 email response
- October 2016 – December 2016: DMAS Q-n-A and Technical Assistance Calls

✓ CMS Feedback

DMAS received initial approval if it's STP on December 9, 2016

In order to receive final approval of Virginia's STP, the state will need to complete the following remaining steps and submit an updated STP with this information included:

- Complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP;

- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the home and community-based settings rule transition period (March 17, 2019);

✓ CMS Feedback

- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny;
- Develop a process for communicating with beneficiaries who are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based settings rule by March 17, 2019; and
- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

✓ Process & Timeline

January 2017 - April 1, 2017	**A provider self-assessment portal under development**
April 1 - April 15	The provider self-assessment portal is undergoing testing.
April 24 - June 15	The provider self-assessment portal is active. Providers complete self-assessments for each setting where HCBS services are provided.
July 2017	DMAS is required to report to CMS compliance status of providers based on self-assessment data. Providers not completing self-assessment may be disenrolled.
May 2017 - December 2017	DMAS and DBHDS validate each self-assessment. CMS requires the state to validate 100% of the self-assessments.
February, 2018	Final regulations for the DD waivers are effective and require compliance with the federal HCBS regulations.
June 1, 2018	The state begins to identify and plan for transitioning individuals who reside or receive services in non-compliant settings to compliant settings.
March 17, 2019	CMS requires all settings to be in full compliance with HCBS regulations. Provider in non-compliant settings cannot receive Medicaid payment for HCBS.

Review Small Group Process

Review Questions & Companion Document:
Format of Companion Document V.S. Self Assessment Questions

- Leader – gets the conversation started and knows when its time to move on…
- Recorder (one or more)
- Parking Lot (stay on task)
- Group Reporter
- All: Ideas, recommendations, "what if", needs clarification, questions, etc…

*We will give occasional time prompts. Don't get too "stuck" discussing wording or concerns…record issues/questions and move on…
*Note re: typos

✓ Self-Assessment Part 1

- Review Self-Assessment Part 1: Provider Information and assessment of organizational compliance with HCBS settings requirements.
  - Estimated Time: 1 hour
  - Overview Part 1
  - Small Group Work
  - Small Groups Report

Break

Review Self-Assessment Part 2:

- Review Self-Assessment Part 2: Assessment of HCBS requirements for all settings providing HCBS services.
  - Estimated Time: 1 hour
  - Overview Part 2
  - Small Group Work
  - Small Groups Report

WRAP UP!!

Review Self-Assessment Part 3:

- Review Self-Assessment Part 3: Assessment of HCBS requirements for all settings providing HCBS services.
  - Estimated Time: 2 hours (Break when needed)
  - Overview Part 3
  - Small Group Work
  - Small Groups Report

WRAP UP!!

All providers of Medicaid group home residential, sponsored residential, supported living, and group day Home and Community Based Services (HCBS) MUST complete Provider Self-Assessment Parts 1 and Part 2. Providers of group home residential, sponsored residential, supported living HCBS MUST also complete Part 3.

HCBS Provider Self-Assessment Overview Part 1, 2 & 3

Part 1: Completed one time by the provider organization.

Gather general provider information and demographics including:

- Provider Business Name and Business Address
- Provider Number
- Contact name, title, email and phone number

HCB services provided, including:

- Service types
- Number of settings

A series of 11 questions designed to determine organizational and systemic approach to compliance with HCBS settings requirements.

- Submission of evidence to support narrative responses to questions is required.

Part 2: Must be competed for each setting/site. That is, each physical address where HCBS services are provided. This includes both residential and day services listed below. There may be multiple Part 2's completed by a provider.

These questions pertain to assessment of HCBS requirements for each settings in which the following HCBS services are provided:

- Residential: Supported Living; Sponsored Residential; and Group Home Residential
- Day Services: Group Day

Gather general provider information about the setting:

- Setting Address
- Service Provided & # served
- Contact name, title, email and phone number

Note to HCBS providers authorized for supported living services: a supported living setting is identified as a single location which may include one or more apartments.

A series of 7 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services.

- Submission of evidence to support narrative responses to questions is required.

Note: If the HCBS setting being assessed is a group day service setting the self-assessment will take you to the final question and will end here. If the HCBS setting being assessed is a provider owned and operated residential setting/service, the provider will need to complete Part 3 of the self-assessment.

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

Part 3: Must be competed for each residential setting/site. There may be multiple Part 3's completed by a provider.

- Residential: Supported Living; Sponsored Residential; Group Home Residential

A series of 16 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services.

- **Submission** of evidence to support narrative responses to questions is required.

HCBS Provider Self-Assessment for DD Waiver Services

INSTRUCTIONS:

Providers of Medicaid HCBS must assess their level of compliance with the Centers for Medicare & Medicaid Services (CMS) HCBS settings requirements.

Providers must respond to each question. Responses must include a narrative response and, as appropriate, evidence to validate compliance. The types of documentation that will be deemed acceptable evidence to demonstrate compliance include, but are not limited to, the following:

- Provider Policies & Procedures
- Participant Handbook
- Staff Training Curriculum
- Training Schedules
- Activity Schedules
- Menus
- Person Centered Service Plan
- Pictures
- Google Map of service location
- Individual and Family Survey Results
- Documentation Records
- Forms
- Lease/Resident Agreement
- Meeting Agendas/Minutes

The Departments for Medical Assistance Services and Behavioral Health and Developmental Services will conduct a combination of on-site and desk reviews to validate provider self-assessments.

Settings not in full compliance with the CMS HCBS settings requirements will be required to develop and submit a remediation plan detailing the actions that will be taken to bring a setting into full compliance with the HCBS settings requirements.

Please review the self-assessment companion guide. The companion guide is intended to be a side by side tool that providers use when completing the self-assessment.

HCBS Self-Assessment Part 1

* Provider Information

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

DBHDS Licensed Provider Number
Organization Name
Address
Address 2
City/Town
State/Province
ZIP/Postal Code

All NPI/API numbers associated with HCBS services being billed:

* Contact Person/Responsible for completing assessment

Name
Title
Email
Phone Number

* Services/Settings

HCBS services provided (check all that apply):

- Day Services: ☐ Group Day
  Drop down box when checked: How many settings ___ (must be a number value)
- Residential Services: ☐ Supported Living ☐ Sponsored Residential ☐ Group Home Residential
  Drop down box when checked: How many settings ___ (must be a number value)

Part 1: If you are a provider of DD waiver services in settings requiring HCBS compliance your response to the questions, and evidence submitted, should reflect your organization's approach for ensuring all settings are compliant with HCBS settings requirements. It is strongly recommended that you use the Self-Assessment Companion Document as a side-by-side tool as you complete the self-assessment.

Questions:

1. Are ANY settings in which HCBS are provided located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?

☐ Yes

☐ No

If you replied "Yes," provide the address(s) of the setting requiring a yes response and a description of the setting(s):

2. Are ANY settings in which HCBS are provided located in a building on the grounds of, or immediately adjacent to a public institution? Refer to Self-Assessment Companion Document for additional information.

☐ Yes

☐ No

If you replied "Yes," provide the address(s) of the setting requiring a yes response and a description of the setting(s):

3. Are ANY settings in which HCBS are provided in a gated/secure "community" solely for people with disabilities?

☐ Yes

☐ No

If you replied "Yes," provide the address(s) of the setting requiring a yes response and a description of the setting(s):

4. Are ANY settings in which HCBS are provided co-located and/or clustered on a street or property?

☐ Yes

☐ No

If you replied "Yes," provide the address(s) of the setting(s) requiring a yes response and a description of the setting(s):

5. Are ANY settings in which HCBS are provided located in a farmstead community for people with disabilities? Refer to Self-Assessment Companion Document for additional information.

☐ Yes

☐ No

If you replied "Yes," provide the address(s) of the setting requiring a yes response and a description of the setting(s):

6. Do ALL individuals receiving services in ALL HCBS settings have the opportunity to use community services? For example, do individuals access services such as medical services, recreational activities, meals out, barber/beauty salon, in the broader community – meaning outside of the HCBS setting and where individuals not receiving HCBS would access similar community services.

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

☐ Yes

☐ No

(Describe how your organization ensures individuals have access to community services and resources):

Upload your evidence:

7. As an organization, do you have policies outlining the HCBS specific rights of individuals receiving services?

☐ Yes

☐ No

Upload your evidence:

8. Do paid staff and volunteers receive HCBS training and education related to the rights of individuals receiving HCBS and member experience as outlined in HCBS rules?

☐ Yes

☐ No

(As an organization, describe your process for staff training and education on individual's rights and experience as outlined in HCBS rules):

Upload your evidence:

9. As a provider of Medicaid HCBS, do you ensure freedom from coercion and restraint? And, if yes, describe the actions you take.

☐ Yes

☐ No

(Provide a brief overview of your process and/or policy and identify your evidence of compliance):

Upload your evidence:

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

10. Does the person centered service planning process ensure individuals' choices and preferences are honored and respected?

☐ Yes

☐ No

(Describe how your organization ensures individuals' choices and preferences are honored and respected):

Upload your evidence:

11. Please describe your agency's approach to completing the self-assessment process. The response should include the organizational approach as well as setting specific approach.

HCBS Self-Assessment Part 2

Part 2 should be completed for EACH unique setting/address where HCBS services are provided. In other words, Part 2 may be completed multiple times if you operate HCBS services in multiple sites (group day sites or residential supports).

Provider ID:
Provider Name:

HCBS setting
Name:
Address
Address 2
City/Town
State/Province
ZIP/Postal Code

This self-assessment is for the following HCBS setting (check one):

☐ Group Day # currently served in setting___
☐ Supported Living # currently served in setting___
☐ Sponsored Residential # currently served in setting___
☐ Group Home Residential # currently served in setting___

Person completing assessment Part 2:
Title:
Email:
Phone Number:

NOTE: Your responses to questions in Part 2 should be specific to the setting being assessed.

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

12) Is the location of the HCBS setting being assessed integrated into the community?

☐Yes or ☐No

(Describe the location of the setting you are assessing and how integration is assured):

Upload your evidence.

13) Do individuals have the opportunity to regularly access the community as part of their service?

☐Yes or ☐No

(Describe how individuals become aware activities outside of the setting and regularly access the community as part of their service):

Upload your evidence:

14) Are provider policies outlining the HCBS rights of individuals receiving services available to staff, volunteers and individuals receiving services?

☐Yes or ☐ No

(Please provide a brief overview of how those policies are made available):

Upload your evidence:

15) Are relationships with community members/people not receiving Medicaid HCBS fostered?

☐Yes or ☐ No

(Please tell us how and provide specific examples):

Upload your evidence:

16) Do individuals receiving services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?

☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence

17) Does the setting ensure freedom from coercion and restraint?

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

☐Yes or ☐ No

(Please provide specific examples):

Upload your evidence

18) How are individuals' choices and preferences honored and respected? For example, in daily activities, with whom to interact, and with control of personal resources.

(Please provide specific examples):

Upload your evidence

(Note: if self-assessment is for group day services, the self-assessment will take you to the final question: *Please describe your agency/setting's approach to completing the self-assessment process.)*

---- END PART 2----------
Assessment of HCBS requirements for all settings will end
(providers of services multiple sites will "add another setting")
Providers of residential services continue to Part 3

HCBS Self-Assessment Part 3

Part 3 (Questions 19-34) should be competed for EACH unique setting/address where services in a provider owned or controlled residential setting are provided. Part 3 may be completed multiple times if you operate HCBS services in multiple sites.

19. Do ALL individuals in the home setting participate in services/activities such as such as group day support, spiritual/religious services, or non-HCBS medical service, such podiatry care, outside of the home setting?
☐Yes or ☐ No

(If yes, describe types of services/activities individuals routinely participate in):

20. Are onsite services offered? (Part 1 of 2)
☐Yes or ☐ No

If yes, do individuals have the opportunity to decline receiving on-site services? (Part 2 of 2)

☐Yes or ☐ No

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

(If onsite services are offered, please describe the services offered. Provide a brief overview of how community services are offered and accessed):

Upload your evidence:

21. Do individuals have the opportunity to shop, socialize, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?

☐Yes or ☐ No

(Please provide a brief overview and examples):

Upload your evidence:

22. Are individuals able to come and go at any time?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

23. Do all individuals residing in the setting have a legally enforceable agreement with the setting landlord?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

24. Does each individual have lockable entrance doors to the home and their room, with the individual and appropriate staff only having keys to doors, as appropriate?

☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

25. Do individuals have the opportunity for privacy while in the bathroom?

☐Yes or ☐ No

(Please provide a brief of how privacy is provided):

Upload your evidence:

26. Are individuals permitted to have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

27. Do individuals sharing units/bedrooms have a choice of roommates?
(check N/A if the setting ONLY offers private rooms)
☐Yes or ☐ No ☐ N/A

(Please provide a brief overview of how roommates are determined and identify your evidence of compliance):

Upload your evidence:

28. Do Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

29. Do individuals move about the home freely with access to typical areas in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?

☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

Upload your evidence:

30. Do individuals have access to food anytime, as appropriate?
☐Yes or ☐ No

(Please describe how access to food is assured and identify your evidence of compliance):

Upload your evidence:

31. Can individuals have visitors at any time?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

32. Is the setting physically accessible to all individuals who live there?

☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

33. Where public transportation is limited, are other resources provided for the individual to access the broader community?
☐Yes or ☐ No

(Please provide a brief overview and identify your evidence of compliance):

Upload your evidence:

34. Please describe your setting/agency's approach to completing the self-assessment process. The response can include and organizational approach as well as setting specific approach.

HCBS Provider Self-Assessment Questions

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day

---- END PART 3----------

Assessment of provider owned/operated setting will end (providers with multiple sites will "add another setting")

Once all settings have been assessed, click SUBMIT the provider self-assessment. At this point access to the self-assessment portal will close.

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

rovider self-assessments will be completed and submitted to DMAS through an online self-assessment portal. Guidance and instructions for accessing the portal to complete the provider self-assessment will be provided when the self-assessment portal is goes live in.

This self-assessment companion document provides instructions and guidance for responding to questions and determining evidence.

Evidence means the types of documentation that confirm narrative responses and demonstrate compliance with the HCBS requirements. Evidence will be used to validate provider narrative responses and assist with compliance determinations. Such evidence/documentation includes but is not limited to, the following:

- Provider Policies & Procedures
- Participant Handbook
- Staff Training Curriculum
- Training Schedules
- Activity Schedules
- Sample Menus
- Sample of an Individualized Service Plan (ISP)
- Pictures
- Google Map of service location
- Individual and Family Survey Results
- Documentation Records
- Sample Forms
- Sample Lease/Resident Agreement
- Meeting Agendas/Minutes

Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.

Note: This companion document is for the following HCBS waiver services settings being assessed:

- Supported Living Settings
- Sponsored Residential Settings
- Group Home Residential Settings
- Group Day Service Settings

This companion document is designed to be used as a side-by-side tool while completing the provider self-assessment.

HCBS Self-Assessment Part 1: Provider Information	
Provider Information	**Instruction**

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

• Provider ID (DBHDS Licensed Provider Number) • Provider Name • Address, City, State, Zip • Provider NPI/API Number *HCBS Contact person • Name • Title • Email • Phone	• Complete all information • Requested information is required and necessary to complete to advance the self-assessment. • If you have more than one NPI and/or API number, **enter each number** used to bill HCBS Waiver services being assessed separated by a semi-colon (;). • HCBS Contact person is the individual the state will contact if there are questions about the self-assessment or evidence submitted.
HCBS Services Provided	Check **Yes or No** for each service provided by your organization. **For a Yes** response, where prompted, using a number value to record the number of unique settings (addresses) where you provide the service. If you provide more than one service type (e.g. you provide Group Home and Sponsored Residential services) enter the number of settings for each service type.
HCBS Self-Assessment Part 1: Provider Questions	
Questions:	**Instructions:** Evidence for some questions may be duplicative. You do not need to upload the same evidence multiple times. Simply reference in the narrative response that the evidence was uploaded and reference the question number associated with the uploaded evidence, indicate how the evidence demonstrates compliance. Each question allows up to three (3) documents to be uploaded as evidence. If you have more than 3 documents, combine the documents into one pdf file and upload that file. Evidence can be uploaded as a PDF, Word, Excel document or JPEG file. Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the
Part 1: Completed one time by the provider organization. A series of 11 questions designed to determine organizational and systemic approach to compliance with HCBS settings requirements. • Submission of evidence to support narrative responses to questions is required.	

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 1: Are ANY settings in which HCBS are provided located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)? **Q 1a.** If you replied "Yes" provide the address(s) of the setting requiring the yes response and a description of the setting.	Publically or privately operated facilities include a public or private: **Nursing Facility (NF)** – a Medicaid Nursing Facility – (42 CFR 488.301) **Institution for Mental Disease (IMD) Facility** - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID**) – ICF/IID means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) **Hospital** - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (SEC. 1861. **[**42 U.S.C. 1395x**])**
Question 2: Are ANY settings in which HCBS are provided located in a building on the grounds of, or immediately adjacent to a public institution? **Q 2a.** If you replied "Yes" provide the address(s) of the setting requiring the yes response and a description of the setting.	Settings that are located on the same or contiguous property to an public institution or are sharing space with a public institutional setting such as a Virginia State Training Center, public hospital setting, Virginia State Psychiatric Hospital, Nursing Facility. *Public institution* (42 CFR 435.1010) means the public institutional setting is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.
Question 3: Are ANY settings in which HCBS are provided in a gated/secure "community" solely for people with disabilities? **Q 3a.** If you replied "Yes" provide the address(s) of the setting requiring the yes response and a description of the setting.	Gated communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances.

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 4: Are ANY settings in which HCBS are provided co-located and/or clustered on a street or property? **Q 4a.** If you replied "Yes" provide the address(s) of the setting requiring the yes response and a description of the setting.	Co-located and/or clustered settings are a group of multiple settings co-located and/or clustered and operationally related. A cluster is a grouping of two or more settings in the same vicinity/geographic location in which predominantly people with DD and/or people receiving Medicaid HCBS are served. Co-located settings are those that are located on the same address/property or different floors. They may be units within the same building or different buildings on the same property where predominantly people receiving Medicaid HCBS are served. Settings are operationally related. (e.g., group home located **on same property** as a group day services sett group homes located **on same property** as administration building of the agency; group homes clustered/collocated congregating people with developmental disabilities; day settings co-located with other service typ such that people who participate do not leave the site/participate in the broader community.
Question 5: Are ANY settings in which HCBS are provided located in a farmstead community for people with disabilities? **Q 5a.** If you replied "Yes" provide the address(s) of the setting requiring the yes response and a description of the setting.	A farmstead or disability specific community is often described as a life sharing community for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting. Farmstead communities for people with disabilities tend to be segregated settings where people receiving HCBS may work, live and recreate with limited opportunities to work side by side with people who do not have disabilities and to engage in the broader community.
Question 6: Do ALL individuals receiving services in ALL HCBS settings have the opportunity to use community services? For example, do individuals access services such as medical services, recreational activities, meals out, barber/beauty salon, in the broader community – meaning outside of the HCBS setting and where individuals not receiving HCBS would	A YES response indicates this statement is true. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may include provider policies, provider community integration practices, a list of community service options provided to individuals, examples of community services accessed, a listing of transportation and other supports provided to facilitate community participation, etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 7: As an organization, do you have policies outlining the HCBS specific rights of individuals receiving services? **Q7a:** How are those policies made available to individuals and families? **Q 7b:** Upload Evidence	A YES response indicates this statement is true. Provide a narrative description of how policies are made available and identify your evidence*. Evidence of Compliance.* As evidence attach policies outlining HCBS rights of individual receiving services.
Question 8: Do paid staff and volunteers receive HCBS training and education related to the rights of individuals receiving HCBS and member experience as outlined in HCBS rules? **Q 8b:** Upload Evidence	A YES response indicates this statement is true Provide a narrative response and identify evidence. *Evidence of Compliance:* Provider policies specific to HCBS rights of individuals, staff training policy and records, how member experience is documented…
Question 9: As a provider of Medicaid HCBS, do you ensure freedom from coercion and restraint? And, if yes, describe the actions you take. **Q 9b:** Upload Evidence	A YES response indicates this statement is true Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of staff training, policies and procedures, strategies and practice for determining individual choices and preferences, organizational practices related to Positive Behavioral Supports.
Question 10: Does the person centered service planning process ensure individuals' choices and preferences are honored and respected? **Q 10b:** Upload Evidence	A YES response indicates this statement is true For example, how are choices and preference identified in the PCP meeting? And, how are an individual's choices and preferences incorporated into their services and life? Provide a narrative response and identify evidence. *Evidence of Compliance:* policies and procedures, staff training, forms and documentation, examples of choices and preferences being honored and how those examples represent an organizational practice, etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 11: Please describe your agency's approach to completing the self-assessment process. **Q 11b:** Upload Evidence	Provide a narrative response detailing the approach taken to complete the self-assessment. Providers are strongly encouraged to include individuals and families in their provider self-assessment process. For example, this could be accomplished through a survey or telephone interviews and/or focus group discussions with individuals and families. In addition, feedback from community partners, direct support professionals, neighbors, support coordinators, and other community connections could be sought to gain meaningful insight and input for the provider self-assessment. The engagement of stakeholders when completing the provider self-assessment may serve as evidence of compliance.

CBS Self-Assessment Part 2 should be competed for EACH unique setting/address where HCBS services are provided. Part 2 may be completed multiple times if you operate HCBS services in multiple sites (group day sites or residential supports). Part 2 consists of a series of 7 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services.

In the assessment portal you will be prompted to **enter setting specific information: Provider name, HCBS setting name, setting address, indicate the type of setting being assessed, number served in setting.**

Part 2 questions are designed to assess HCBS requirements for each unique settings in which the following HCBS services are provided:
Residential: Supported Living; Sponsored Residential; and Group Home Residential
Day Services: Group Day

ote to HCBS providers authorized for supported living services: a supported living setting is identified as a single location which may include one or more apartments.

If the setting being assessed is a residential setting **Part 3** will automatically populate for responses to assessment questions for provider owned/operated residential settings.

Questions	Instructions
Question 12: Is the location of the HCBS setting being assessed integrated into the community? **Q 12a**: Describe the location of the setting being assessed and how integration is assured. **Q 12b:** Upload Evidence	A YES response indicates this statement is true the purposes of HCBS settings requirements integration includes both physical integration and social integration. If you are a provider of Group Day services and the services are 100% community based indicate this in your narrative response. *Evidence of Compliance:* Evidence may consist of a pdf/scanned copy of a google map of the location, pictures of the setting, zoning information/certificate of occupancy, etc…
Question 13: Do individuals have the opportunity to regularly access the community as part of their service? **Q 13a**: Describe how individuals become aware of activities outside of the setting and regularly access the community as part of their service. **Q 13b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing. a setting to be integrated into the community it must support the participation of people receiving HCBS in regular environments and community experiences. A setting that is integrated into the community provides opportunities for participation in careers/employment, relationships, leisure, and a variety of interests and lifestyles. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of a service plan demonstrating community access, calendar of activities, transportation logs, verification of community participation from individuals/families, etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 14: Are provider policies outlining the HCBS rights of individuals receiving services available to staff, volunteers and individuals receiving services? **Q 14a**: Please provide a brief overview of how those policies are made available. **Q 14b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of sign off sheets/documentation of receipt of policy, notification of new policy, etc…
Question 15: Are relationships with community members/people not receiving Medicaid HCBS fostered? **Q 15a**: Please tell us how and provide specific examples. **Q 15b:** Upload Evidence	A YES response indicates this statement is true in the setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of verification from individuals/families, strategies to facilitate relationship building, staff training on community inclusion, expectations set forth in staff position descriptions, etc…
Question 16: Do individuals receiving services, or a person of their choosing, have an active role in the development and update of their person-centered service plan? **Q 16a**: Please provide a brief overview and identify your evidence. **Q 16b:** Upload Evidence	A YES response indicates this statement is true in the setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of an overview of the service planning process, verification from individuals/families of their participation, planning meeting letters (invitations) inviting participants, etc…
Question 17: Does the setting ensure freedom from coercion and restraint? **Q 17a:** Please provide specific examples. **Q 17b:** Upload Evidence	A YES response indicates this statement is true in the setting you are assessing. Describe specific actions and/or methods employed to ensure individuals' freedom from coercion and restraint. *Evidence of Compliance:* Evidence may consist of, staff training, policies and procedures, etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 18: How are individuals' choices and preferences honored and respected? For example, in daily activities, with whom to interact, and with control of personal resources. **Q 18a:** Please provide specific examples. **Q 18b:** Upload Evidence	Describe person centered service planning and how choice and preferences are honored. *Evidence of Compliance* will provide examples how choice and preference are honored and respected, such as - policies and procedures, staff training, forms and documentation, individual/family experience, etc…

HCBS Self-Assessment Part 3: Must be completed for each provider owned/controlled residential setting
Part 3 questions will auto populate when a residential setting type is selected as the type of setting being assessed.

ust be competed for each residential setting/site. There may be multiple Part 3's completed by a provider.

Residential: Supported Living; Sponsored Residential; Group Home Residential

series of 16 questions designed to demonstrate the setting's approach and practice of integrating HCBS requirements into daily operations and individualized services.

Submission of evidence to support narrative responses to questions is required.

Questions	Instructions
Question 19: Do ALL individuals in the home setting participate in services/activities such as such as group day support, spiritual/religious services, or non-HCBS medical service, such podiatry care, outside the home setting? **Q19a:** If yes, describe types of services/activities individuals routinely participate. **Q 19b:** Upload Evidence	A YES response indicates this statement is true If yes, describe the types of services/activities individuals routinely participate in. This does not include home health services available in one's home setting.

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 20: Are onsite services offered? **Q 20a:** If yes, do Individuals have the opportunity to decline receiving on-site services? **Q 20b:** If onsite services are offered, please describe the services offered. Provide a brief overview of how community services are offered and accessed. **Q 20c:** Upload Evidence	A YES response to part 1 and/or part 2 indicates the statement is true of the setting you are assessing. ovide a narrative response describing onsite services offered, if applicable. Tell us how individuals are informed that they can decline receiving onsite services, if applicable. And, describe how community services are offered and accessed. This does not include home health services available in one's home setting. *idence of Compliance* will provide examples of how options for community services are offered and respected, staff training, forms and documentation, policies, individual and family surveys, etc…
Question 21: Do individuals have the opportunity to shop, socialize, schedule appointments, and have lunch with family and friends, etc., in the community, as they choose? **Q 21a:** Please provide a brief overview and examples. **Q 21b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing Provide a narrative response and identify evidence *Evidence of Compliance* will include information verifying access to the community, such as – staff position descriptions that include expectation to support community integration, staff training, forms and documentation, individual/family experience, volunteer activities, photos, etc…
Question 22: Are individuals able to come and go at any time? **Q 22a:** Please provide a brief overview and identify evidence of compliance. **Q 22b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing Provide a narrative response and identify evidence *Evidence of Compliance* may include policies, forms and documentation, individual/family experience, lease/resident agreement, individualized service plan, etc…
Question 23: Do all individuals residing in the setting have a legally enforceable agreement with the setting landlord? **Q 23a:** Please provide a brief overview and identify evidence of compliance. **Q 23b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing Provide a narrative response and identify evidence *Evidence of Compliance* may include copy of a lease or legally enforceable agreement.
Question 24: Does each individual have lockable entrance doors to the home and their room, with the individual and appropriate staff only having keys to doors, as appropriate? **Q 24a:** Please provide a brief overview and identify evidence of compliance. **Q 24b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing Provide a narrative response and identify evidence *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 25: Do individuals have the opportunity for privacy while in the bathroom? **Q 25a:** Please provide a brief overview of how privacy is provided.	A YES response indicates this statement is true of the setting you are assessing
Question 26: Do individuals have privacy in their sleeping or living space? **Q26a:** Please describe how privacy is assured and identify your evidence of compliance. **Q 26b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing Provide a narrative response and identify evidence. Questions to consider when determining privacy: Do staff routinely knock and wait for a response prior to entering someone's bedroom? Is health information about an individual kept private? Are individuals who need support with grooming groomed as they desire and in private as appropriate? Are individuals afforded privacy when they have a guest or visitor? *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc…
Question 27: Are individuals permitted to have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time? **Q 27a:** Please provide a brief overview and identify evidence of compliance. **Q 27b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include policies, individual/family experience surveys, photos, list of types devices or technology individuals have access to, a copy of a lease or legally enforceable agreement etc…
Question 28: Do individuals sharing units/bedrooms have a choice of roommates? **Q 28a:** Please provide a brief overview of how roommates are determined and identify evidence of compliance. **Q 28b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 29: Do Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement? **Q 29a:** Please provide a brief overview and identify evidence of compliance. **Q 29b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc…
Question 30: Do individuals move about the home freely with access to typical areas in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas? **Q 30a:** Please provide a brief overview and identify evidence of compliance. **Q 30b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include individual/family experience, photos, copy of a lease or legally enforceable agreement etc…
Question 31: Do individuals have access to food anytime, as appropriate? **Q 31a:** Please describe how access to food is assured and identify your evidence of compliance. **Q 31b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement, etc…
Question 32: Can individuals have visitors at any time? **Q 32a:** Please provide a brief overview and identify evidence of compliance. **Q 32b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc…

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Question 33: Is the setting physically accessible to all individuals who live there? **Q 33a:** Please provide a brief overview and identify evidence of compliance. **Q 33b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing For example, there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to adapt to individual needs. *Evidence of Compliance* may include individual/family experience, photos, copy of a lease or legally enforceable agreement etc…
Question 34: Where public transportation is limited, are other resources provided for the individual to access the broader community? **Q 34a:** Please provide a brief overview and identify evidence of compliance. **Q 34b:** Upload Evidence	A YES response indicates this statement is true of the setting you are assessing *Evidence of Compliance* may include a list of transportation options (including natural supports) provided, how transportation barriers addressed to assure opportunities for community integration etc…

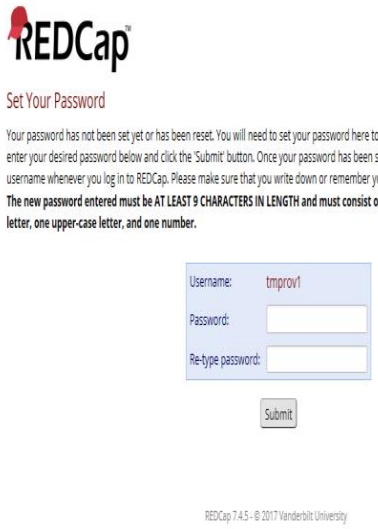
HCBS Provider Self-Assessment

REDCap Portal Access

Instructions for Providers of DD Waiver Services:

- ✓ Group Home
- ✓ Sponsored Residential
- ✓ Supported Living
- ✓ Group Day Services
- ✓ Group Supported Employment Service

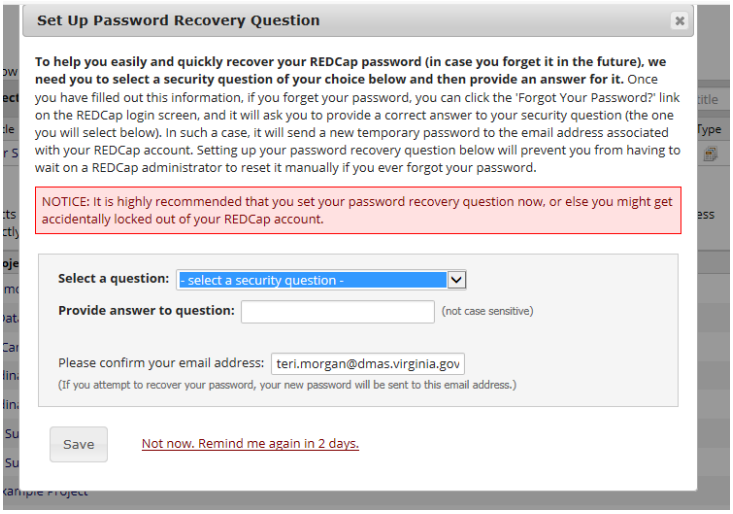
Create Your Password



1. Your NPI Number will be in the User Name field.

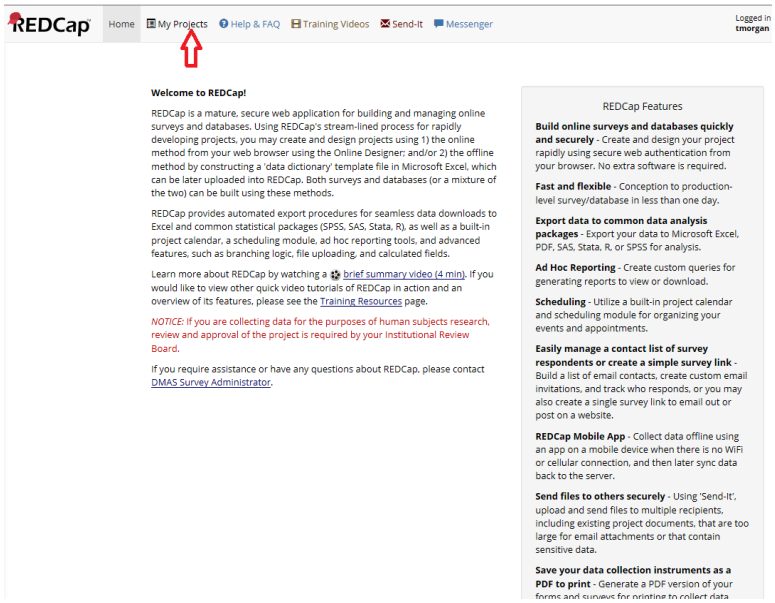
2. Create a unique password.

Password Recovery



Select a security question to reset password if needed.

Click My Projects Tab

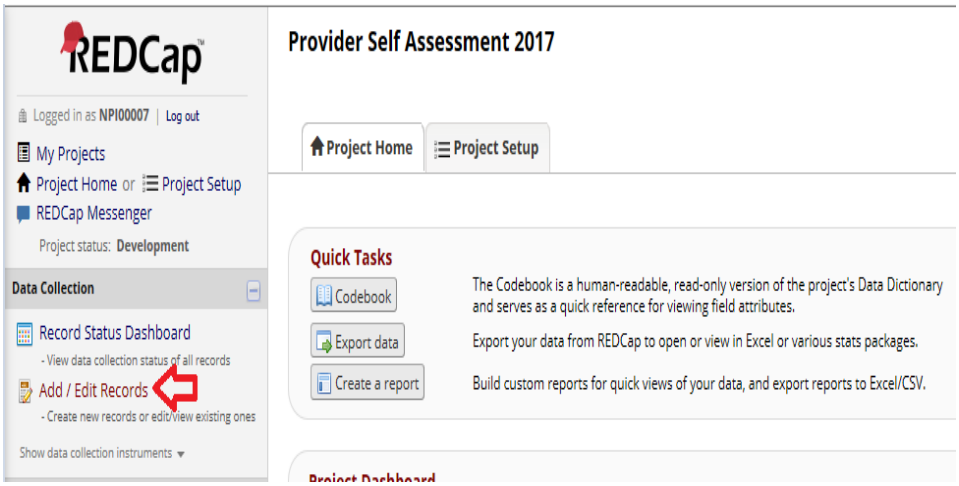


Click Provider Self Assessment 2017 OR Group Supported Employment Link

You may have the Provider Self-Assessment 2017 AND/OR Group Supported Employment Self-Assessment 2017 depending on the services you provide.

5

Click Add/Edit Records Link



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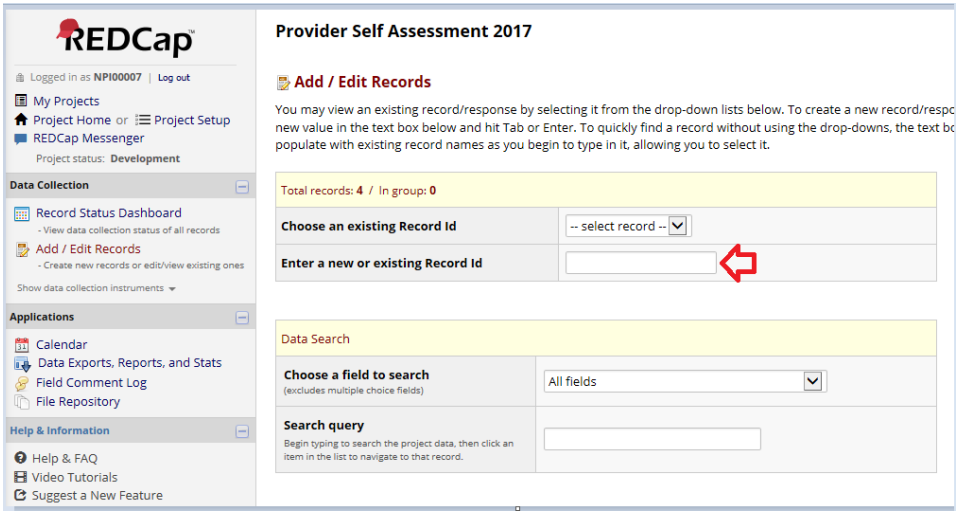

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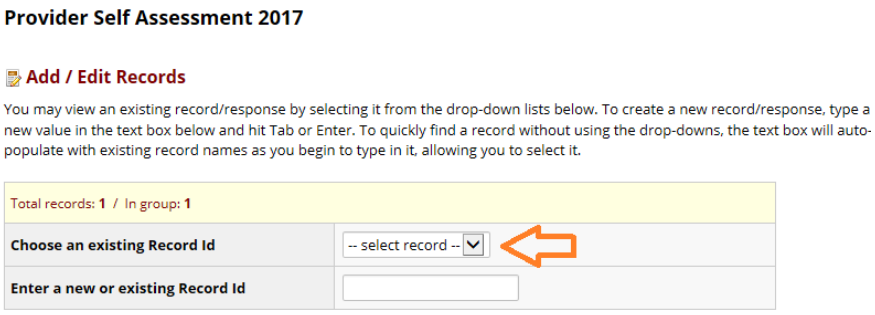

Provider Self-Assessment Home Page

Provider Self Assessment 2017

Record Home Page

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NEW Record Id **00007**

Data Collection Instrument	Status
Provider Information	
Contact Person	
Services/Settings	
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Self-Assessment

- Click on "Status" button to access self-assessment sections.

Data Collection Instrument	Status
Provider Information	
Contact Person	
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- Work your way through each section of the self-assessment.

SAVING DATA

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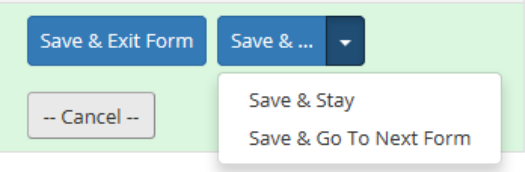

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PARTS 1 & 2

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PART 3

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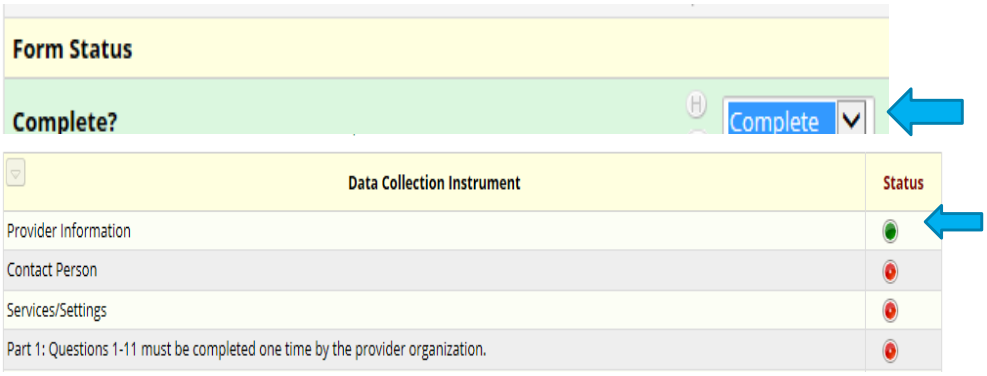

Adding A New Setting

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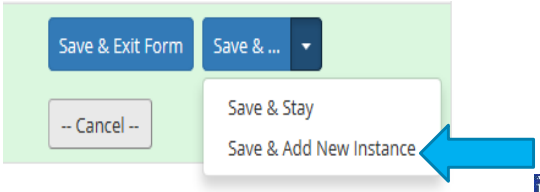

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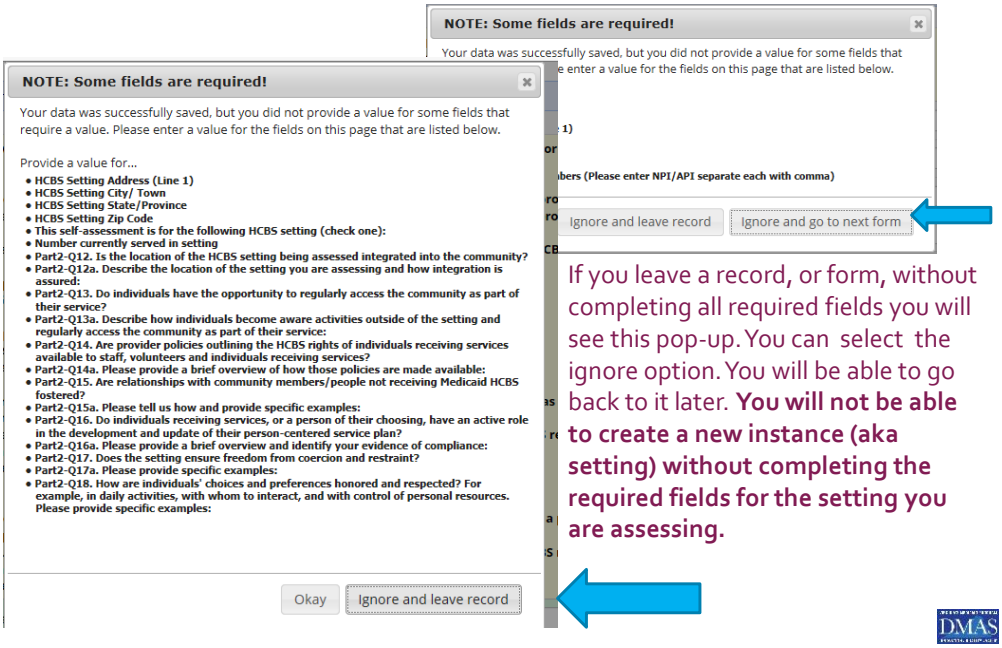

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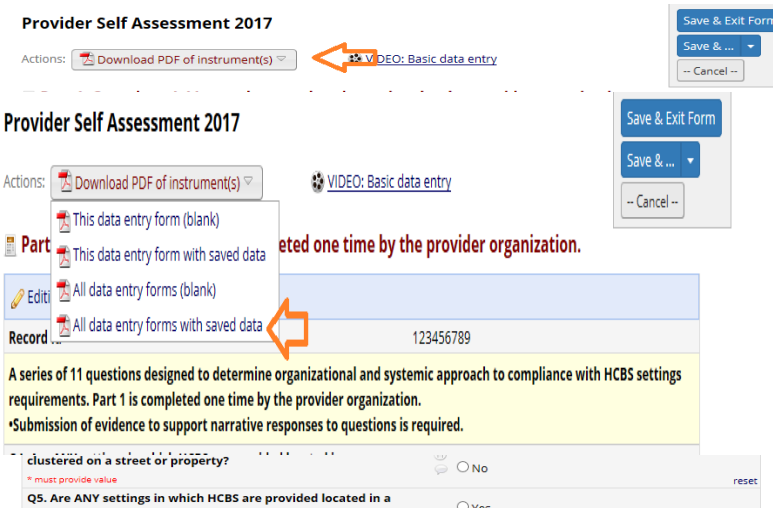

Ending the Self-Assessment

- When you have completed the self-assessment for all settings your dashboard status buttons should be GREEN.
- At this time, email hcbscomments@dmas.virginia.gov. **Put in the subject line: "DD Waiver self-assessment complete"** In the email include your provider name and NPI number used as your user name. You will receive a confirmation from hcbscomments@dmas.virginia.gov and your self assessment portal access will be ended.

Self-Assessment Portal Helpful Tips

- REDCap will automatically log you out after 30 minutes of inactivity.
- Use the self-assessment companion document as a side by side tool to assist with responding to questions and determining evidence.
- All of your settings will be a part of your record and included under your record Id.
- The portal does not have a spell check feature. On the DMAS website the self assessment is available in Word format. You can cut and paste responses from a Word document into the assessment: http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx

HCBS Provider Self-Assessment

REDCap Portal Access

Instructions for Providers of DD Waiver Services:

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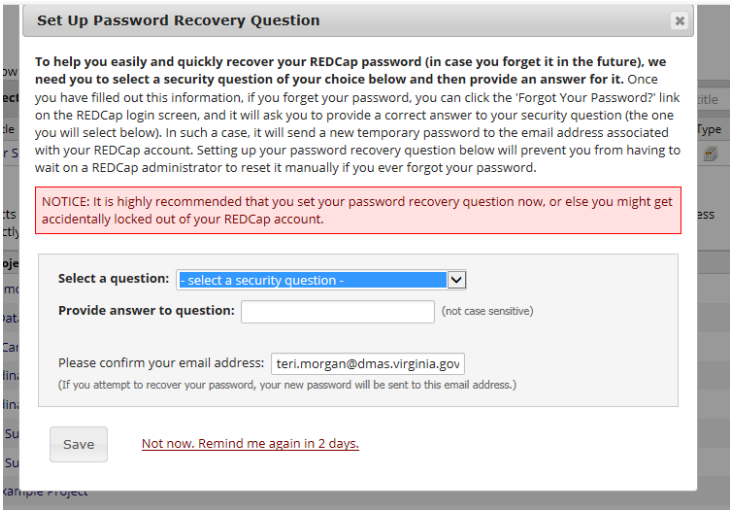

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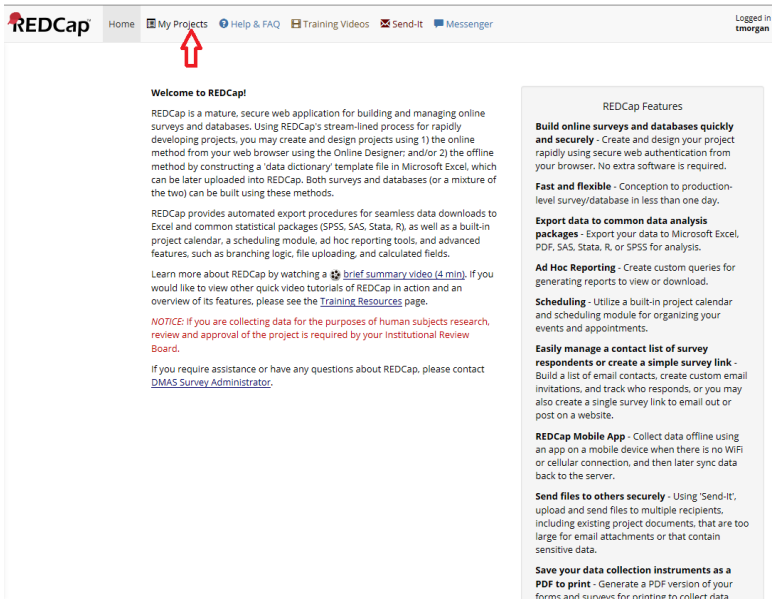

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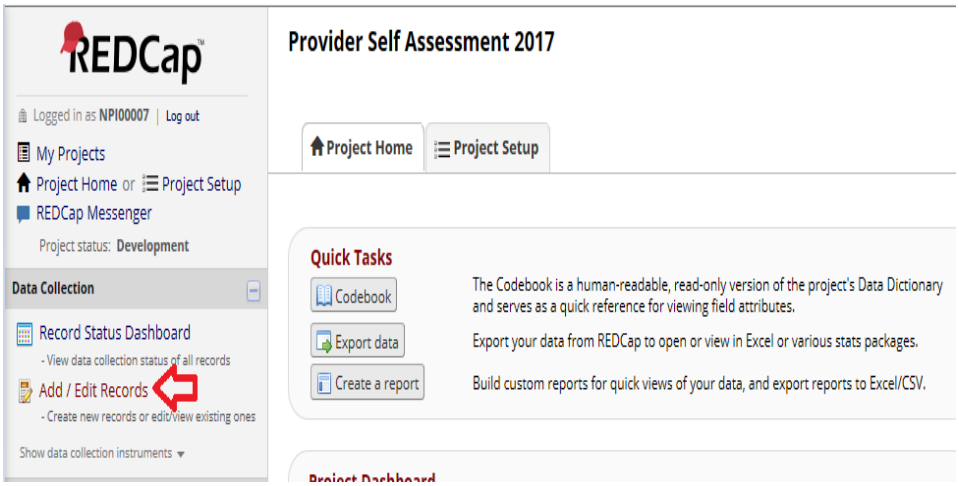

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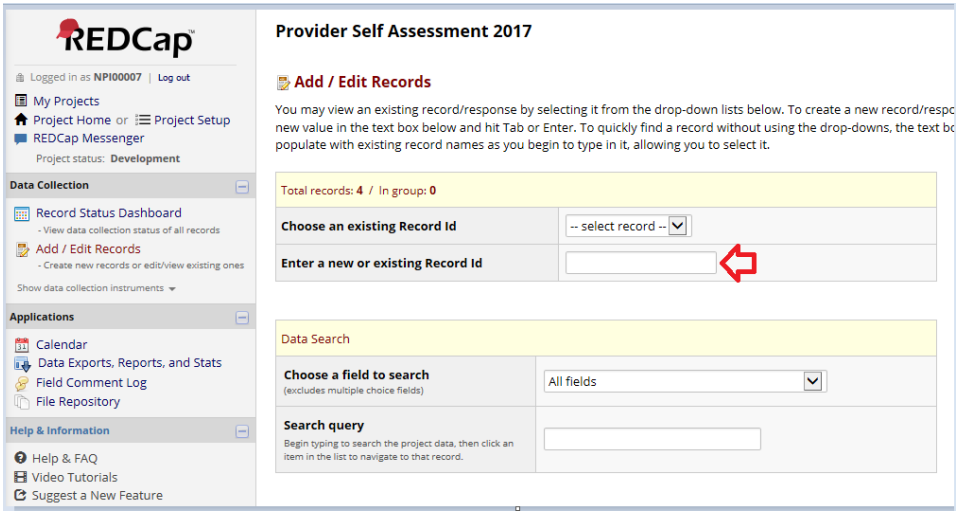

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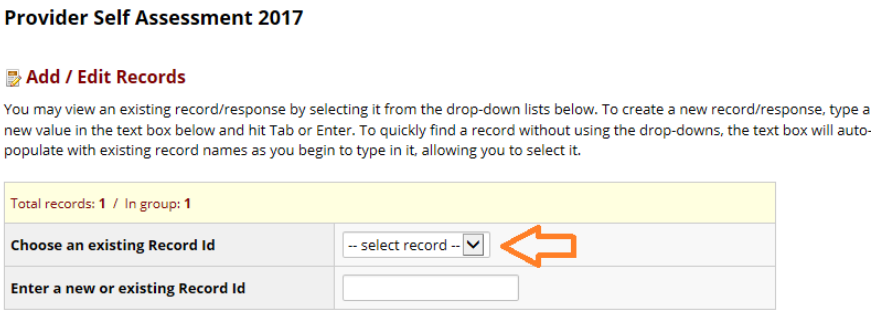

Provider Self-Assessment Home Page

Provider Self Assessment 2017

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Self-Assessment

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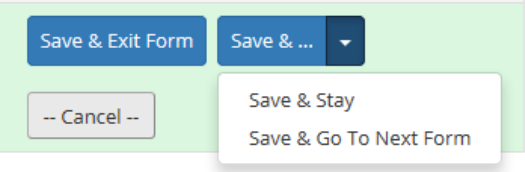

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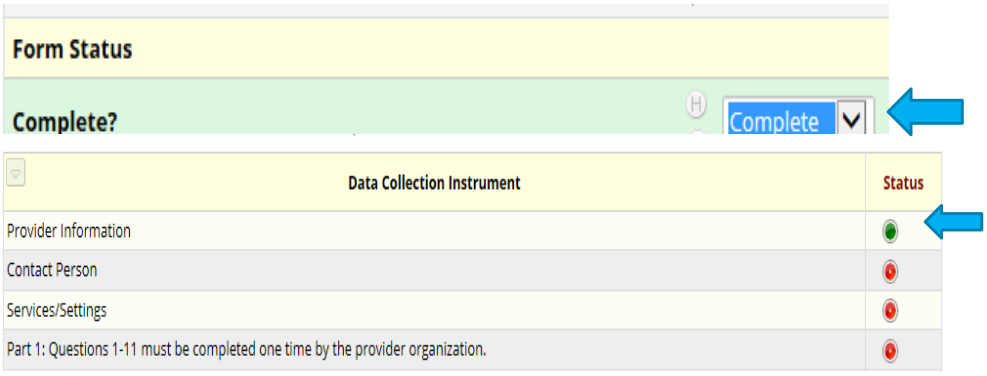

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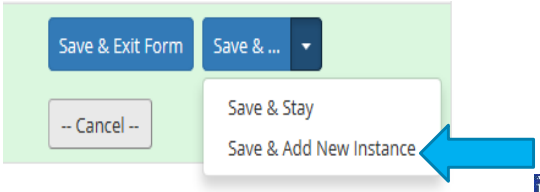

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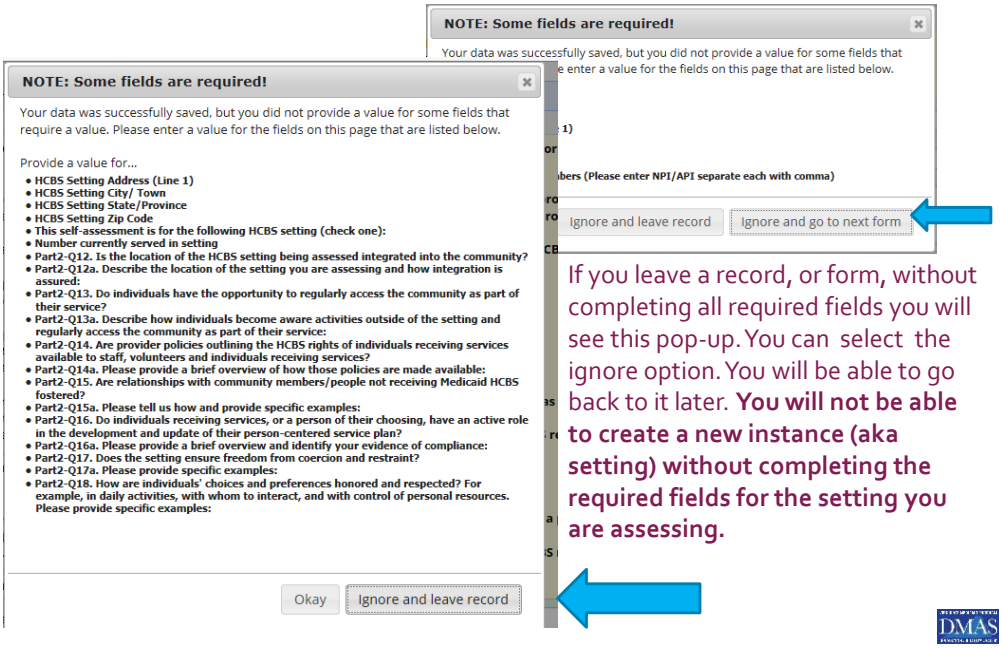

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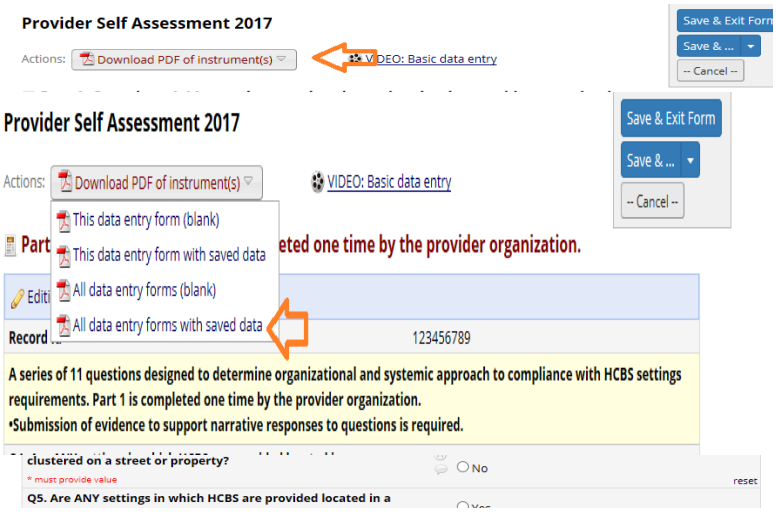

Ending the Self-Assessment

- When you have completed the self-assessment for all settings your dashboard status buttons should be GREEN.
- At this time, email hcbscomments@dmas.virginia.gov. **Put in the subject line: "DD Waiver self-assessment complete"** In the email include your provider name and NPI number used as your user name. You will receive a confirmation from hcbscomments@dmas.virginia.gov and your self assessment portal access will be ended.

Self-Assessment Portal Helpful Tips

- REDCap will automatically log you out after 30 minutes of inactivity.
- Use the self-assessment companion document as a side by side tool to assist with responding to questions and determining evidence.
- All of your settings will be a part of your record and included under your record Id.
- The portal does not have a spell check feature. On the DMAS website the self assessment is available in Word format. You can cut and paste responses from a Word document into the assessment: http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx

Provider self-assessments will be completed and submitted to DMAS through an online self-assessment portal. Guidance and instructions for accessing the portal to complete the provider self-assessment will be provided when the self-assessment portal is goes live in.

The following sections contain instructions and guidance for responding to self-assessment questions and determining evidence.

Evidence means the types of documentation that confirm narrative responses and demonstrate compliance with the HCBS requirements. Such evidence/documentation includes but is not limited to, the following:

- Provider Policies & Procedures
- Participant Handbook
- Staff Training Curriculum
- Training Schedules
- Person Centered Service Plan
- Pictures
- Google Map of service location
- Individual and Family Survey Results
- Documentation Records
- Forms

Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.

This companion document is designed to be used as a side-by-side tool while completing the provider self-assessment.

GSE HCBS Self-Assessment Part 1: Provider Information	
Section	**Instruction**
***Provider Information** Provider Name Address Provider NPI/API Number (click complete) ***Contact person** Name Title Email Phone (click complete)	Complete all information

***HCBS Services Provided** (click complete)	Check Group Supported Employment (GSE) Services. Using a number value, record the number of unique settings/work sites where you provide GSE service.
HCBS Self-Assessment Part 1: Provider Questions	
Questions:	**Instructions:** **art 1: If you are a provider of DD waiver GSE services your response to the questions, and evidence submitted, should reflect your organization's approach for ensuring all settings/work locations are compliant with HCBS settings requirements. It is strongly recommended that you use this self-assessment companion document as a side-by-side tool as you complete the self-assessment.** vidence for some questions may be duplicative. You do not need to upload the same evidence multiple times. Simply reference in the narrative response that the evidence was uploaded, reference the question associated with the uploaded evidence and indicate how the evidence demonstrates compliance. o not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information. Self-assessments with entire policy and procedure manuals and/or extraneous information will not be processed and will be returned to the provider.

Question 1: Are any settings/work locations in which GSE services are provided located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)? Q1a. If you replied "Yes," provide the address(s) of the setting/work location requiring a yes response and a description of the setting(s):	Publically or privately operated facilities include a public or private: **Nursing Facility (NF)** – a Medicaid Nursing Facility – (42 CFR 488.301) **Institution for Mental Disease (IMD) Facility** - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010) **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)** – ICF/IID means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010) **Hospital** - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (SEC. 1861. [42 U.S.C. 1395x]) *Note: For questions 1 through 4, a GSE worksite located in a particular setting, such as a nursing facility or other institutional setting, does not necessarily mean the setting/worksite is not community-based. The experience of the individual receiving GSE services in that setting and the characteristics of the setting will impact the final compliance determination.*
Question 2: Are ANY settings/work locations in which GSE services are provided located in a building on the grounds of, or immediately adjacent to a public institution? Q2a. If you replied "Yes," provide the address(s) of the setting/work location requiring a yes response and a description of the setting(s):	Settings that are located on the same or contiguous property to a public institution or are sharing space with a public institutional setting such as a Virginia State Training Center, public hospital setting, Virginia State Psychiatric Hospital, Nursing Facility. *Public institution* (42 CFR 435.1010) means the public institutional setting is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Question 3: Are ANY settings/work sites in which GSE services are provided located in a gated/secure "community" for people with disabilities? Q3a. If you replied "Yes," provide the address(s) of the setting/work location requiring a yes response and a description of the setting(s):	Gated communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances.
Question 4: Are ANY settings/work locations in which GSE services are provided located in a disability-specific farmstead community? Q4a. If you replied "Yes," provide the address(s) of the setting/work location requiring a yes response and a description of the setting(s):	A disability specific farmstead community is often described as a life sharing community for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting. Farmsteads disability specific communities tend to be segregated settings where people receiving HCBS may work, live and recreate with limited opportunities to work side by side with people who do not have disabilities and to engage in the broader community.
Question 5: Do ALL individuals receiving GSE services in ALL of your settings/work locations have the opportunity to engage with people not receiving HCBS services at the worksite? Q5a. Describe how your organization ensures individuals receiving GSE services are integrated into the worksite and not isolated from other employees. Q5b. Upload your evidence:	A YES response indicates this statement is true. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may include provider policies, provider community integration practices, examples of types of engagement and frequency, photos. A few questions to consider: • Are individuals invited to the business's holiday parties and other work related social events? • Do individuals work side by side with other employees not receiving Medicaid HCBS services? • Do individuals take breaks and eat meals with other worksite employees? If so, describe what this looks like in your narrative response.
Question 6: Part 1 of 2: As an organization, do you have policies outlining the HCBS specific rights of individuals receiving GSE services? **Q6a.** Provide an overview and identify your evidence of compliance: **Q6b.** Upload your evidence. **Q6c**. If you answered yes, how are those policies made available to individuals and families? **Q6d.** Upload your evidence:	A YES response indicates this statement is true. Provide a narrative description of how policies are made available and identify your evidence. *Evidence of Compliance.* As evidence attach policies outlining HCBS rights of individual receiving services and how that information is made available to individuals and families. Sign off sheets/documentation of receipt of policy, notification policy, etc…

Question 7: Do paid staff and work site employees, as appropriate, receive training and education on HCBS specific rights of individuals receiving HCBS services and member experience as outlined in HCBS rules? **Q7a.** As an organization, describe your process for staff and work site employee training and education on individual's rights and experience as outlined in HCBS rules.	A YES response indicates this statement is true Provide a narrative response and identify evidence. *Evidence of Compliance:* Provider policies specific to HCBS rights of individuals, staff training policy and records/documentation, an overview of how member experience is documented…
Question 8: As a provider, do you ensure freedom from coercion and restraint? **Q8a.** Provide a brief overview of your process and/or policy and identify your evidence of compliance. **Q8b.** Upload your evidence.	A YES response indicates this statement is true Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of staff training, policies and procedures, strategies and practice for determining individual choices and preferences, organizational practices related to Positive Behavioral Supports.
Question 9: Does the person centered service planning process ensure individuals' choices and preferences are honored and respected? **Q9a.** Describe how your organization ensures individuals' choices and preferences are honored and respected. **Q9b.** Upload your evidence.	A YES response indicates this statement is true How are choices and preference identified in the PCP meeting? And, how are an individual's choices and preferences incorporated into their services? Provide a narrative response and identify evidence. *Evidence of Compliance:* policies and procedures, staff training, forms and documentation, examples of choices and preferences being honored and how those examples represent an organizational practice, etc…

HCBS Self-Assessment Part 2 should be competed for EACH unique setting/worksite where GSE HCBS services are provided. In other words, Part 2 may be completed multiple times if you operate GSE services in multiple locations/job sites. The individual completing Part 2 may be different than the individual who completed Part 1. Please provide the requested provider and HCBS setting information.	
Questions	Instructions
Question 10: Is the GSE setting/work location integrated into the community?	A YES response indicates this statement is true or the purposes of HCBS settings requirements integration includes both physical integration and social integration. *Evidence of Compliance:* Evidence may consist of a pdf/scanned copy of a google map of the location, pictures of the setting, description of the location of the work site, etc…
Question 11: Are relationships with people not receiving Medicaid HCBS services, for example other worksite members, fostered?	A YES response indicates this statement is true of the setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of a policy or procedure, anecdotal examples including photos, relationship building strategies, verification of fostering the development of relationships from individuals/families, participation in worksite special events (holiday parties, teambuilding activities, etc…)
Question 12: Do individuals receiving services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?	A YES response indicates this statement is true in the setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of an overview of the service planning process, verification from individuals/families of their participation, planning meeting letters (invitations) inviting participants, etc…
Question 13: Does the setting/worksite ensure freedom from coercion and restraint?	A YES response indicates this statement is true in the setting you are assessing. Describe specific actions and/or methods employed to ensure individuals' freedom from coercion and restraint. *Evidence of Compliance:* Evidence may consist of, staff training, policies and procedures, etc…
Question 14: How are individuals' choices and preferences honored and respected? For example, with whom to interact during break time, meal/lunch preferences, and with control of personal resources.	Describe person centered service planning and how choice and preferences are honored. *Evidence of Compliance* will provide examples how choice and preference are honored and respected, such as - policies and procedures, staff training, forms and documentation, individual/family experience, etc…

Question 15. Do individuals receiving GSE supports work directly with other worksite employees not receiving HCBS?	A YES response indicates this statement is true in the GSE setting you are assessing. Provide a narrative response and identify evidence. *Evidence of Compliance:* Evidence may consist of photos, position descriptions, organizational chart, verification from job coach/support staff, etc…

HCBS compliant settings have incorporated HCBS rights and expectations into their policies, procedures, staff training and their practices for supporting individuals receiving waiver services. The incorporation of these rights and expectations should be holistic and a part of the culture of an organization. These rights and expectations are in addition to those required by licensing and human rights regulations. Licensing and human rights regulations do not explicitly represent the additional rights and expectations afforded to individuals receiving Medicaid HCBS.

Required evidence for a determination of a provider being fully **Compliant**:

- HCBS specific rights are incorporated into participant rights and/or HCBS rights policy
- Evidence of required notification/disclosure of HCBS rights to individuals
- Staff training/orientation on HCBS rights

Examples of additional evidence that supports compliance and a holistic incorporation of HCBS requirements in the culture and operations of an organization follows. A specific indicator of compliance is not required. Indicators support a compliance status.

HCBS Compliance Elements	Indicators of a Compliant Provider	Indicators of a Non-Compliant Provider	Indicators of a Partially Compliant Provider
The setting integrated in and supportive of full access to the greater community (Questions 1,2,3,4,5,6, 7)	• HCBS rights policy and disclosure includes full access to the greater community* • Provider response to questions 1 through 5 is "NO" • Provider Philosophy/Goal/Mission Statement reflects HCBS values for meaningful community participation • Evidence of Community Participation policy that is consistent with HCBS settings requirements • Evidence (calendar) that individuals	• Provider response to any question number 1 through 5 is "Yes". In this instance the narrative response will need to be reviewed to determine compliance status. If additional information is needed a determination of non-compliant or partially compliant may be made. • No evidence submitted • Narrative responses do not address the question and describe how community participation supported • Provider Philosophy/Goal/Mission Statement is not provided	Narrative response and evidence submitted incorporates some of the indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and culture

HCBS Compliance Elements	Indicators of a Compliant Provider	Indicators of a Non-Compliant Provider	Indicators of a Partially Compliant Provider
	regularly participate in typical community life activities • A DSP position description that includes an expectation to support community integration submitted as evidence • Social/recreation/community interest survey completed with individuals • Transportation options described, policy submitted, vehicle photos provided as evidence • Narrative and evidence submitted uses current terminology (ID versus MR, DBHDS versus DMHMRSAS) • Narrative and evidence submitted reflects a person centered/person first articulation of response •	• No evidence of community participation and/or expectation of community participation is provided • Narrative and evidence submitted uses outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Response narrative and evidence does not reflect person centered principles	
2.Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint (Questions 7,8,9)	• HCBS specific rights are incorporated into participant rights and/or HCBS rights policy* • Evidence of disclosure of rights to individuals/families* • HCBS rights included in staff training/orientation policy* • Narrative and evidence submitted reflects current terminology (ID versus MR, DBHDS versus DMHMRSAS) • Narrative and evidence submitted reflects a person centered/person	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles	Narrative response and evidence submitted incorporates some of the requirements and/or indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and culture

HCBS Compliance Elements	Indicators of a Compliant Provider	Indicators of a Non-Compliant Provider	Indicators of a Partially Compliant Provider
	first articulation of response	and values	
3.Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact (Questions 7,8,10)	• HCBS specific rights are incorporated into participant rights and/or HCBS rights policy* • Evidence of disclosure of rights* • HCBS rights included in staff training/orientation policy* • Participant handbook/person centered planning process reflects HCBS requirements for PCP • Staff are trained in PCP • Family involvement and use of natural supports encouraged • Narrative and evidence submitted reflects current terminology (ID versus MR, DBHDS versus DMHMRSAS) • Narrative and evidence submitted reflects a person centered/person first articulation of response	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values	Narrative response and evidence submitted incorporates some of the indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and culture
4.Facilitate individual choice regarding services and supports, and who provides them (Questions 7,10)	• HCBS specific rights are incorporated into participant rights and/or HCBS policy* • Evidence of disclosure of rights* • HCBS rights included in staff training/orientation policy* • Agency Mission Statement reflects individual choice is honored and respected	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted	Narrative response and evidence submitted incorporates some of the indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and

HCBS Compliance Elements	Indicators of a Compliant Provider	Indicators of a Non-Compliant Provider	Indicators of a Partially Compliant Provider
	• Staff training includes PCP • Narrative and evidence submitted reflects current terminology (ID versus MR, DBHDS versus DMHMRSAS) • Narrative and evidence submitted reflects a person centered/person first articulation of response	reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values	culture
5.Provider Owned/Operated Residential Settings Compliance Elements (Questions 7,8)	• HCBS specific rights are incorporated into participant rights and/or HCBS policy and include rights specific to provider* owned/operated residential setting • Evidence of disclosure of rights* • HCBS rights included in staff training/orientation policy*	• No evidence submitted • HCBS rights are not incorporated into participant rights policy • No evidence of HCBS rights disclosure to individuals/families • No evidence of staff training/orientation on HCBS specific rights • Narrative and evidence submitted reflects outdated terminology (MR versus ID, DMHMRSAS versus DBHDS) • Narrative response and evidence does not reflect person centered principles and values • Conflicts with HCBS Rights in provider policies/house rules/practices	Narrative response and evidence submitted incorporates some of the indicators of compliance however, evidence does not fully reflect the holistic incorporation of the HCBS settings requirements into the providers operations and culture
Notes for Reviewers:	• Question 11: To support and strengthen an overall "Compliant" determination the narrative response demonstrates the involvement of others in the assessment	•	

HCBS Compliance Elements	Indicators of a Compliant Provider	Indicators of a Non-Compliant Provider	Indicators of a Partially Compliant Provider
	process, for example, individuals, families, DSPs, support coordinators. The opinion and experience of individuals supported with HCB waiver services is an important indicator. • For providers determined to be fully compliant it is recommended that a second reviewer assess compliance and support this determination. • We are interested in identifying providers that have incorporated compliance action that are noteworthy and may be considered a best practice. If you see something that impresses you, please note this on the excel spreadsheet. • If you begin to notice trends, positive or negative, please note this. This will help with the development of resources and compliance strategies for provider remediation. * Required elements/evidence for compliance		

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
1	**Cross Roads Point, Inc.**	Collins House	Group Home	518-A Ashvale Circle, Coleburn, VA 24230	Co-located property operationally related settings	Two group homes beside Group Day setting
2	**Cross Roads Point, Inc.**	South Haven	Group Home	510 Ashvale Circle, Coleburn, VA 24230	Co-located property operationally related settings	Two group homes beside Group Day setting
3	**Cross Roads Point, Inc.**	Cross Roads Point, Inc Day Support	Group Day	518 Ashvale Circle, Coleburn, VA 24230	Co-located property operationally related settings	Two group homes beside Group Day setting
4	**Community Alternatives of Virginia (Res Care)**	Advance Care Group Home I	Group Home	151 Mica Rd. Ridgeway, VA 24148	Co-located property operationally related settings	Campus-style clustered setting with multiple group homes situated on the same property with a day support and nursing facility on the site
5	**Community Alternatives of Virginia (Res Care)**	Advance Care Group Home II	Group Home	153 Mica Rd. Ridgeway, VA 24148	Co-located property operationally related settings	Campus-style clustered setting with multiple group homes situated on the same property with a day support and nursing facility on the site
6	**Community Alternatives of Virginia (Res Care)**	Ridgeway Group Home II	Group Home	143 Mica Rd. Ridgeway, VA 24148	Co-located property operationally related settings	Campus-style clustered setting with multiple group homes situated on the same property with a day support and nursing facility on the site
7	**Community Alternatives of Virginia (Res Care)**	Community Alternatives Day Support/CLS Training Center	Group Day	141 Mica Rd. Ridgeway, VA 24148	Co-located property operationally related settings	Campus-style clustered setting with multiple group homes situated on the same property with a day support and nursing facility on the site
8	**Community Alternatives of Virginia (Res Care)**	Ridgeway IV	Group Home	139 Mica Rd. Ridgeway, VA 24148	Co-located property operationally related settings	Campus-style clustered setting with multiple group homes situated on the same property with a day support and nursing facility on the site

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
9	**Crossroads Community Services Board**	Callahan Manor	Group Home	99 Lucas Dr. Farmville, VA 23901	Co-located property with operationally related settings	Two sets of clustered group home communities with a center based day facility and apartments for people with disabilities behind the group homes.
10	**Crossroads Community Services Board**	Grove-house	Group Home	67 Lucas Dr. Farmville, VA 23901	Co-located property with operationally related settings	Two sets of clustered group home communities with a center based day facility and apartments for people with disabilities behind the group homes.
11	**Crossroads Community Services Board**	Jamesway House	Group Home	83 Lucas Dr. Farmville, VA 23901	Co-located property with operationally related settings	Two sets of clustered group home communities with a center based day facility and apartments for people with disabilities behind the group homes.
12	**Crossroads Community Services Board**	Victoria House	Group Home	51 Lucas Dr. Farmville, VA 23901	Co-located property with operationally related settings	Two sets of clustered group home communities with a center based day facility and apartments for people with disabilities behind the group homes.
13	**Crossroads Community Services Board**	Southside Enterprises Day Support	Group Day	24 Lucas Dr. Farmville, VA 23901	Co-located property with operationally related settings	Two sets of clustered group home communities with a center based day facility and apartments for people with disabilities behind the group homes.
14	**Cumberland Mountain Community Services Board**	Pleasant View Group Home	Group Home	214 Coxtown Road Honaker, VA 24260	Co-located property operationally related setting	Three group homes located on a three-acre lot.
15	**Cumberland Mountain Community Services Board**	The Cottage	Group Home	212 Coxtown Rd. Honaker, VA 24260	Co-located property operationally related setting	Three group homes located on a three-acre lot.

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
16	**Cumberland Mountain Community Services Board**	The Overlook	Group Home	216 Coxtown Rd. Honaker, VA 24260	Co-located property operationally related setting	Three group homes located on a three-acre lot.
17	**Cumberland Mountain Community Services Board**	Cumberland Mountain Group Home	Group Home	257 Cumberland Road Cedar Bluff, VA	Co-located property and services	The CSB offices are on the same site as the day program and 15 bed group home.
18	**Cumberland Mountain Community Services Board**	Cumberland Day Services	Group Day Support	350 Cumberland Road Cedar Bluff, VA	Co-located property and services	The CSB offices are on the same site as the day program and 15 bed group home.
19	**Doss Estates, Inc.**	Marie's Cottage	Group Home	864 Piney Grove Rd., Gretna, VA 24557	Co-located property with operationally related settings	The setting includes several group homes clustered on site. Individuals in the provider's group homes attend the same non-center based day support.
20	**Doss Estates, Inc.**	Gerald's House	Group Home	1132 Piney Grove Rd., Gretna, VA 24557	Co-located property with operationally related settings	The setting includes several group homes clustered on site. Individuals in the provider's group homes attend the same non-center based day support.
21	**Doss Estates, Inc.**	Dora's Legacy	Group Home	830 Piney Grove Rd., Gretna, VA 24557	Co-located property with operationally related settings	The setting includes several group homes clustered on site. Individuals in the provider's group homes attend the same non-center based day support.
23	**Doss Estates, Inc.**	Goldies Place	Group Home	848 Piney Grove Rd., Gretna, VA 24557	Co-located property with operationally related settings	The setting includes several group homes clustered on site. Individuals in the provider's group homes attend the same non-center based day support.
24	**Louise W. Eggleston**	Howland House	Group Home	12 Battle Rd. Hampton, VA 23666	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
25	**Louise W. Eggleston**	Liefer House	Group Home	1 Doris Carlson Dr. Hampton, VA 23660	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
26	**Louise W. Eggleston**	Sawyer House	Group Home	3 Doris Carlson Dr. Hampton, VA 23660	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
27	**Louise W. Eggleston**	Carlson House	Group Home	10 Doris Carlson Dr. Hampton, VA 23660	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
28	**Louise W. Eggleston**	Civitan Acres	Day Support	2210 Cedar Rd. Chesapeake, VA 23323	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
29	**Louise W. Eggleston**	Tanners Creek	Day Support	110 Lavallette Ave. Norfolk, VA 23504	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
30	**Louise W. Eggleston**	Life Enhancement	Day Support	6431 Tidewater Dr. Norfolk, VA 23509	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
31	**Louise W. Eggleston**	Community Life Day Services	Day Support	3525 N. Military Hwy. Norfolk, VA 23551	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.
32	**Louise W. Eggleston**	Sarah Bonwell Hudgins	Day Support	51 Battle Rd. Hampton, VA 23666	Co-located property with operationally related settings	Campus-style disability community, with group homes, center-based day support and supported employment settings on a 40 acre cul de sac.

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
33	**Lutheran Family Services of Virginia**	Turning Point #1	Group Home	1239 Turning Point Rd, Bedford, VA 24523	Co-located property with operationally related settings	4 group homes are co-located on a property in Bedford Virginia.
34	**Lutheran Family Services of Virginia**	Turning Point #2	Group Home	1227 Turning Point Rd, Bedford, VA 24523	Co-located property with operationally related settings	4 group homes are co-located on a property in Bedford Virginia.
35	**Lutheran Family Services of Virginia**	Turning Point #3	Group Home	1129 Turning Point Rd, Bedford, VA 24523	Co-located property with operationally related settings	4 group homes are co-located on a property in Bedford Virginia.
36	**Lutheran Family Services of Virginia**	Turning Point #4	Group Home	1113Turning Point Rd, Bedford, VA 24523	Co-located property with operationally related settings	4 group homes are co-located on a property in Bedford Virginia.
37	**New Beginnings**	New Beginning IV	Group Home	427 W. Main, Waverly, VA 23890	Co-located property with operationally related settings	Clustered group home setting with Day Support on property. All residents attend the provider's Day Support program.
38	**New Beginnings**	New Beginning III	Group Home	104 Coppahaunk Ave. Waverly, Va. 23890	Co-located property with operationally related settings	Clustered group home setting with Day Support on property. All residents attend the provider's Day Support program.
39	**New Beginnings**	New Beginning 1	Group Home	423 W. Main, Waverly, VA 23890	Co-located property with operationally related settings	Clustered group home setting with Day Support on property. All residents attend the provider's Day Support program.
40	**New Beginnings**	New Beginnings Day Support	Group Day	411 W. Main, Waverly, VA 23890	Co-located property with operationally related settings	Clustered group home setting with Day Support on property. All residents attend the provider's Day Support program.
41	**Pleasant View, Inc.**	Turner Group Home	Group Home	14881 Spar Mine Road, Timberville, VA 22853	Co-located property with operationally related settings	Two group homes, one supervised living apartment setting and a day support setting co-located in Timberville, VA.
42	**Pleasant View, Inc.**	Adult Developmental Day Program	Group Day	14883 Spar Mine Road, Timberville, VA 22853	Co-located property with operationally related settings	Two group homes, one supervised living apartment setting and a day support setting co-located in Timberville, VA.
43	**Pleasant View, Inc.**	Spar Mine Row-Units	Supervised Living	14883 SPAR MINE ROAD - Upper Level, Timberville, VA 22653	Co-located property with operationally related settings	Two group homes, one supervised living apartment setting and a day support setting co-located in Timberville, VA.

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
44	**Pleasant View, Inc.**	1830 Buttonwood Court Units	Supervised Living	1830 Buttonwood Court, Harrisonburg, VA, 22802	Co-located property with operationally related settings	Two disability-specific apartment communities side by side
45	**Pleasant View, Inc.**	Harrisonburg Day Program	Group Day	151 COMMERCE DRIVE, Harrisonburg, VA 22802	Co-located property with operationally related settings	Day Support located 2.5 miles from Harrisonburg GH settings
46	**Pleasant View, Inc.**	1840 Buttonwood Court Units	Supervised Living	1840 Buttonwood Court, Harrisonburg, VA, 22802	Co-located property with operationally related settings	Two disability-specific apartment communities side by side
47	**Rachel's Haven, Inc.**	Rachel's Haven Day Support	Group Day	8481 Kanawha Road, Pound, VA 24270	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
48	**Rachel's Haven, Inc.**	Day Support Two	Group Day	8484 Kanawha Road Pound, VA 24270	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
49	**Rachel's Haven, Inc.**	Rachel's Haven	Group Home	8495 Kanawha Road Pound, VA 24270	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
50	**Rachel's Haven, Inc.**	Robin's Nest	Group Home	8501 Kanawha Road Pound, VA 24270	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
51	**Rachel's Haven, Inc.**	Sunflower Cottage	Group Home	8507 Kanawha Road. Pound, VA 24270	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
52	**Sola, Inc**	Ark-York	Group Home	6139 ARK ROAD, Gloucester, VA 23061	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
53	**Sola, Inc**	Villa Day Program	Group Day	7228 ARK RD. Gloucester, VA 23061	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
54	**Sola, Inc**	Valley Day Support	Group Day	9952 FRIENDSHIP ROAD Gloucester, VA 23601	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
55	**Sola, Inc**	Friendship Road	Group Home	9952 FRIENDSHIP ROAD, Gloucester, VA 23061	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
56	**Sola, Inc**	Joy Home Hickory Fork	Group Home	3054 HICKORY FORK ROAD, Gloucester, VA 23061	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
57	**Sola, Inc**	Pride Hickory Fork	Group Home	3076 HICKORY FORK ROAD, Gloucester, VA 23061	Co-located property with operationally related settings	Group Day settings on co-located property with 3 group homes.
58	**Southside Community Services Board**	Ashley Manor	Group Home	130 Charlotte Avenue, Lacrosse, VA 23950	Presumed Institutional	Two Group home settings within 0.3 miles of provider-owned ICF
59	**Southside Community Services Board**	Marc Manor	Group Home	590 Thompson Street La Crosse, VA 23950	Presumed Institutional	Two Group home settings withing 0.3 miles of Provider-owned ICF
61	**The Brambles**	Boston Brambles	Group Home	347 BUCKLEY HALL ROAD Dunton, VA 23128	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
62	**The Brambles**	Hacienda Brambles	Group Home	286 BELLA TERRA ROAD North, VA 23128	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
63	**The Brambles**	The Brambles Cottage	Group Home	315 BELLA TERRA ROAD, North, VA 23128	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
64	**The Brambles**	The Brambles Lodge	Group Home	300 BELLA TERRA ROAD, North, VA 231216	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
65	**The Brambles**	Poplar Grove	Group Home	83 POPLAR GROVE LANE, Dunton, VA 23126	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
66	**The Brambles**	Windsor	Group Home	1642 WINDSOR ROAD, Dunton, VA 23126	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access

	Provider Name	Setting Name	Setting Type	Address	Reason	Description
67	**The Brambles**	Coastal Brambles	Group Home	349 Buckley Hall Rd, Dunton, VA 23126	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access
68	**The Brambles**	Brambles Day Support Center	Group Day Support	367 MAIN STREET, Dunton, VA 23126	Co-located property with operationally related settings	Two sets of clustered, campus-style homes, with Group Day program with limited to no community access

Appendix B.6

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