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INTRODUCTION

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 and available at <http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>, 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 HCB:

- 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. States have until March 2019 to assure compliance of all settings. Virginia's transition plan expects to reach full compliance by March 2019. 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 approval of the STP. The CMIA letter is located on the Virginia Department of Medical Assistance Services (DMAS) website:

http://www.dmas.virginia.gov/Content_atchs/ltc/VA%20082115.pdf. CMS requested Virginia submit a revised STP in March 2016 and include in the revised plan the requested clarifications and modifications. The clarifications and modifications addressed in this revised STP span the following CMIA letter topics:

- Systemic Assessment
- Site-specific Assessment
- Monitoring of Settings
- Remedial Actions – State Standards and Settings
- Heightened Scrutiny
- Relocation of Beneficiaries
- State Plans for Additional Assessment

CMS encouraged the state to more cohesively integrate the STP by discussing transition activities across all waivers instead of in a waiver specific fashion. In response, this revised STP integrates transition activities and outcomes across Nursing Facility (NF) Level of Care (LOC) waivers and Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID) LOC waivers. In addition, the impact of the Department of Justice (DOJ) Settlement Agreement and ICF/IID LOC waiver redesign on STP activities, actions and target dates are clarified.

OVERVIEW

Virginia has six (6) 1915(c) HCBS waiver programs. DMAS is the state Medicaid authority for each of the six waivers. DMAS is also the operating agency for the three NF LOC waivers. NF LOC waivers are the community alternative to the institutional setting of a nursing facility. The three NF LOC waivers and services are:

- **Technology Assisted Waiver (Tech):** The Tech Waiver is a HCBS waiver that provides services and supports in the community rather than in a hospital, NF, or other medical long-term care facility. Individuals receiving Tech Waiver services are dependent upon technological support and require substantial, ongoing skilled nursing care. There is no waiting list for this program.

Services Impacted by the HCBS Setting Requirements:

- ✓ Personal Care – Agency-Directed (participants must be 21 years of age or older)
- ✓ Private Duty Nursing (RN and LPN)

Services Not Impacted by the HCBS Setting Requirements:

- ✓ Assistive Technology
- ✓ Environmental Modifications
- ✓ Personal Emergency Response System (PERS)
- ✓ Respite Care - Skilled (Agency-directed 360 hours max/year)
- ✓ Transitional Services

- **Elderly or Disabled with Consumer Direction Waiver (EDCD):** The ED CD Waiver is a HCBS waiver that provides services and supports in the community rather than in a NF. Individuals receiving ED CD Waiver services meet the NF LOC criteria and have chosen to receive community-based services rather than the alternative NF setting. There is no waiting list for this program. The ED CD waiver includes the following services:

Services Impacted by the HCBS Setting Requirements:

- ✓ Adult Day Health Care
- ✓ Personal Care Services (Agency- and Consumer-Directed)

Services Not Impacted by the HCBS Setting Requirements:

- ✓ Medication Monitoring (can only be received in conjunction with PERS)
- ✓ Personal Emergency Response System (PERS) – Installation and may or may not include monthly monitoring. This is not a stand-alone service and must be authorized in addition to one of the other services available in this waiver.
- ✓ Respite Services: Agency- and Consumer-Directed (480 hours max/year)
- ✓ Transition Coordination
- ✓ Transitional Services

- **Alzheimer's Assisted Living Waiver (AAL):** The AAL Waiver is a HCBS waiver that provides services and supports in an Assisted Living Facility (ALF) rather than a NF. Individuals receiving AAL Waiver services meet the NF LOC, receive an Auxiliary Grant (Virginia's Social Security Income (SSI) Supplement), and reside in an approved ALF that is licensed by the Virginia Department of Social Services (VDSS). All services provided in this waiver take place in the ALF setting including daily supportive services for activity of daily living (ADL) assistance, medication distribution, recreational activities, meal preparation, laundry, transportation and coordination of medical services. There is no waiting list for this program.

Services Impacted by the HCBS Setting Requirements (All):

- ✓ Assisted Living

The Department of Behavioral Health and Developmental Services (DBHDS) is the operating agency for the three waivers requiring ICF/IID LOC. These waivers are the community alternative to the institutional setting of an ICF/IID. The three ICF/IID LOC waivers are the:

- **Intellectual Disability Waiver (ID):** The ID Waiver provides services and supports in the community rather than in an ICF/IID. There is a waiting list for this program.

Services Impacted by the HCBS Setting Requirements:

- ✓ Adult Companion Services – Agency-Directed and Consumer-Directed
- ✓ Congregate Residential Support
- ✓ In-Home Residential Support
- ✓ Personal Assistance – Agency-Directed and Consumer-Directed
- ✓ Day Support – Regular and High Intensity
- ✓ Supported Employment – Group and Individual
- ✓ Prevocational Services – Regular and High Intensity
- ✓ Skilled Nursing – RN and LPN

Services Not Impacted by the HCBS Setting Requirements:

- ✓ Assistive Technology
 - ✓ Crisis Stabilization
 - ✓ Crisis Supervision
 - ✓ Environmental Modifications
 - ✓ Medication Monitoring (can only be received in conjunction with PERS)
 - ✓ Personal Emergency Response System (PERS) – (Installation and Monthly Monitoring)
 - ✓ Respite Services – Agency-Directed and Consumer-Directed (480 hours max/year)
 - ✓ Services Facilitation
 - ✓ Therapeutic Consultation
 - ✓ Transition Services
- **Individual and Family Developmental Disabilities Supports Waiver (DD):** The DD Waiver provides services and supports in the community rather than in an ICF/IID. There is currently a waiting list for this program.

Services Impacted by the HCBS Setting Requirements:

- ✓ Adult Companion Services – Agency-Directed and Consumer Directed
- ✓ In-home Residential Support
- ✓ Personal Care – Agency-Directed and Consumer-Directed
- ✓ Day Support – Regular and High Intensity
- ✓ Prevocational Services - Regular and High Intensity
- ✓ Skilled Nursing
- ✓ Supported Employment – Group and Individual

Services Not Impacted by the HCBS Setting Requirements:

- ✓ Environmental Modifications
- ✓ Family/Caregiver Training
- ✓ Assistive Technology
- ✓ Crisis Stabilization
- ✓ Crisis Supervision
- ✓ Personal Emergency Response System (PERS)
- ✓ Respite Care – Agency-Directed and Consumer-Directed (480 hours max/year)
- ✓ Therapeutic Consultation
- ✓ Transitional Services

- **Day Support Waiver (DS):** The DS Waiver provides services and supports for individuals who are on the ID Waiver waiting list. Individuals may remain on the waiting list for the ID Waiver while being served by the Day Support Waiver and may choose to transfer to the ID Waiver once a slot becomes available.

Services Impacted by the HCBS Setting Requirements (All):

- ✓ Day Support - Regular and High Intensity
- ✓ Prevocational services - Regular and High Intensity
- ✓ Supported employment – Group and Individual

On January 26, 2012, Virginia and the U.S. Department of Justice (DOJ) reached a settlement agreement to resolve DOJ's investigation of Virginia's training centers (ICF/IID institutional settings) and community programs. The investigation concerned the Commonwealth's compliance with the Americans with

Disabilities Act and the U.S. Supreme Court *Olmstead* ruling with respect to individuals with intellectual and developmental disabilities. The *Olmstead* Decision requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice. Every six months, the settlement's Independent Reviewer assesses Virginia's compliance with 122 provisions of the agreement, and the results of the review are posted on the DBHDS website:

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement>.

Due to the requirements of the agreement, Virginia is currently undergoing a number of system and program changes. A cornerstone principle of the transformations currently underway is the development of increased options and choices including the separation of housing from services. In other words, individuals and families will have increased opportunity to make service provision and housing decisions that are separate and distinct. Individuals will have increased choices about where they live and where they may obtain services.

Each of the ICF/IID waivers is in the process of being amended to provide increased flexibility, service choices and options to better meet individual needs and represent the integrated lifestyle choices individuals and families desire. The re-designed waiver services will be fully operational and in full compliance with the settings requirements by March 2019. **For this reason, transition activities to bring settings into compliance are integrated with waiver redesign and compliance with DOJ settlement requirements.**

PUBLIC INPUT

The original Statewide Transition Plan, submitted to CMS on March 17, 2015, was open for public comment for 30 days, February 5, 2015 – March 8, 2015. 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.

Throughout the 30 day public period public notice was provided through the DMAS website (http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx), DBHDS "My Life, My Community" webpage (<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>); and, on Sunday, February 8, 2015 a printed legal notice was placed in a large Virginia newspaper carried in libraries throughout Virginia. Additional dissemination of the notice was achieved through other state agencies posting the notice, postings/announcements in newsletters disseminated by advocacy groups and trade organizations, list serves, and social media.

An email address and fax number were established and disseminated through the public notice so that individuals, family members, and other advocates familiar with various provider settings could submit comments on the draft transition plan and share their knowledge of settings and compliance with the settings regulation. In addition, a dedicated telephone number was established for individuals/families to request a paper copy of the transition plan and to leave comment.

The state ran two statewide HCBS WebEx presentations to update providers and stakeholders on the status of the assessment of settings and compliance determinations. The first was held on Thursday, June 23, 2015. There were 376 unique registrants for the WebEx. The WebEx was posted in its entirety on the DMAS and DBHDS websites. The second WebEx was recorded and made available to providers and stakeholders on January 15, 2016 and also posted on the DMAS and DBHDS websites. The opportunity to provide the state with input, comment and to ask questions was promoted and available through a dedicated email address and phone line presented on both WebEx presentations.

This REVISED Statewide Transition Plan was open for public comment for 30 days, which began on March 7, 2016 and closed April 7, 2016. Throughout the 30 day public period public notice was provided through the DMAS website (http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx), DBHDS "My Life, My Community" webpage (<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>). On Sunday, March 13, 2016 a printed legal notice was placed in a large Virginia newspaper carried in libraries throughout Virginia. 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 email address and phone number for individuals and families to provide ongoing comment and feedback, and as a means of reporting on provider compliance status, for targeted training and technical assistance. It is expected that the transition plan will 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.

ASSESSMENT OF COMPLIANCE

A. 1915(c) NURSING FACILITY LEVEL OF CARE WAIVERS:

Systemic Assessment

What is a Systemic Assessment?

Virginia's systemic assessment or NF LOC waivers include a review and assessment of whether the state's standards for HCB settings (statutes, regulations, policies, and provider agreements) comply with the federal HCB settings regulations.

To conduct the systemic assessment DMAS created a crosswalk of current regulations, policies and licensing requirements and the HCBS settings requirements, which can be found in **Appendix A.1**. DMAS reviewed and analyzed the regulations, policies, licensing requirements, and service definitions for each

NF LOC waiver program. The focus of the analysis was to determine whether regulations for each service/setting comply with the CMS HCB settings regulations. In addition, DMAS staff reviewed provider participation agreements for each service. Each agreement includes the following requirement:

“The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of VMAP as from time to time amended.”

Chart 1.1 provides a visual representation of compliance status based on the systemic assessment results.

Chart 1.1 Summary of NF LOC Systemic Assessment Compliance Status:

Waiver	Service	Setting	Compliance
EDCD TECH	Personal Assistance (agency and consumer directed)	Own Home/Apartment Family Home	Compliant
TECH	Private Duty Nursing	Own Home/Apartment Family Home	Compliant
EDCD	Adult Day Health Care	Adult Day Care Center (ADCC)	Compliant
AAL	Assisted Living	Assisted Living Facility (ALF): self-contained special care unit”	Non-Compliant

Personal Assistance Services and Private Duty Nursing

The state has determined that services provided an individual’s own home or apartment, or family home, are provided in settings that are fully compliant with the settings requirements. Individuals receive Tech Waiver services and EDCD Waiver personal assistance services in their home environment. Services are not provided in a provider owned or operated setting. Each setting:

- Is integrated in and supports full access to the greater community;
- Is selected by the individual;
- Ensures an individual’s right to privacy, dignity, respect and freedom from coercion and restraint;
- Optimizes individual initiative, autonomy and independence; and
- Facilitates individual’s choice regarding services and supports and who provides them.

The state is committed to assuring that individuals receiving HCBS who live in their own home or with their family receive those services in a person centered and individualized manner including an individual’s preferences and choices. A person centered plan and planning process consistent with the HCBS regulations is required for all waiver services in all waiver settings.

Tech Waiver and EDCD Personal Assistance Services Systemic Assessment Determination: DMAS concludes that services provided in an individual's home (a residence owned or leased by the individual or the individual's family, i.e. not a provider owned or operated setting), comply with the HCB settings regulations. For this reason, DMAS concludes that personal assistance services (consumer and agency-directed) and private duty nursing service settings fully comply with the settings regulations. This means all settings in which Tech Waiver services and EDCD Waiver Personal Assistance Services comply based on settings where the services occur.

Adult Day Health Care (ADHC)

The ADHC systemic assessment results show that current ADHC and ADCC regulations are supportive of the HCBS regulation's settings requirements. Current regulations require:

- Freedom of choice of service provider;
- Reasonable accommodations of individuals needs and preferences;
- Assistance with community access as needed and desired;
- The provider to protect and promote the rights of each individual; and that,
- Services and supplies are provided in the same quality and in the same mode of delivery as are provided to the general public.

ADHC Settings Systemic Assessment Determination:

Based on systemic assessment findings, DMAS concludes that ADHC service settings do comply with the settings requirements. The systemic assessment crosswalk of regulations can be found in **Appendix A**. The crosswalk identifies specific state regulations found to comply with the provisions of the settings requirements.

AAL Waiver

Based on systemic assessment findings, DMAS has determined that the AAL Waiver's ALF settings are currently not compliant with the HCBS regulations. The AAL Waiver's requirement that an individual reside in a secured unit potentially conflicts with the definition of a HCB setting as defined in the CMS regulations. The regulatory requirement that AAL Waiver services be provided exclusively in a setting that is secured may resemble an institutional setting which is fundamentally out of compliance with the HCBS regulations.

AAL Waiver ALF Settings Systemic Assessment Determination:

Based on systemic assessment findings, DMAS found that the AAL Waiver requirement that individuals enrolled in the waiver receive services in a "safe, secure environment" within the ALF has emerged as a compliance issue. The regulatory base for the AAL Waiver ([12VAC30-120-1600 et seq.](#)) requires that the individual reside in a "self-contained special care unit." All ALF sites in the AAL Waiver currently have a "self-contained special care unit" that is secured through a locking device. The DMAS AAL Waiver definition for "safe, secure environment" references the VDSS licensure regulation ([22VAC40-72-10](#)).

Site Specific Assessment:

What is a site specific assessment?

CMS does not require states to conduct site specific assessments. If a state opts to conduct site specific assessments it must provide information to CMS regarding the assessments. Virginia's approach to conducting site specific assessments of **NF LOC settings** include: 1) the identification of characteristics present in settings; 2) the identification of setting presumed to be institutional; 3) site visits to identified presumed institutional settings; and 4) the determination if presumed institutional settings are HCB through the gathering and review of evidence for heightened scrutiny.

EDCD Waiver Adult Day Health Care Services

EDCD Waiver ADHC services are provided in ADCCs. The state identified ADCC service settings by site to include location, capacity and if the setting provides ADHC services through the EDCD Waiver. This information can be found in **Appendix A.2**. 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 EDCD Waiver comprise about 15% of the total capacity of licensed ADCC across the Commonwealth.

The state reviewed day-to-day operational practices and requirements of ADHC services and ADCCs. This review included discussions with 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. The state has determined that the majority of EDCD Waiver ADHC services are provided in settings that fully comply with the HCB settings regulations. The state has identified 46 unique ADHC services settings. Of the 46 settings, 44 are located in a setting that is fully compliant with settings requirements. Each setting:

- Is integrated in and supports full access to the greater community;
- Is selected by the individual;
- Ensures an individual's right to privacy, dignity, respect and freedom from coercion and restraint;
- Optimizes individual initiative, autonomy and independence; and
- Facilitates individuals' choice regarding services and supports and who provides them.

The state is currently updating forms and documentation requirements to enhance person centered planning. Training will be offered to ADHC staff on the updated forms and documentation recommendations as well as person centered planning. This documentation will include a description of the proximity to and scope of interactions with individuals and community settings not using HCBS.

Two settings are co-located on the grounds of an institutional setting and are presumed to be institutional. These two settings are covered in greater detail in the Heightened Scrutiny section.

Heightened Scrutiny: EDCD Waiver Adult Day Health Care Services

What is 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 process for identifying potential settings presumed to be institutional included a review of the following characteristics of settings:

- Settings in the same building as a publically or privately owned facility that provides in-patient treatment;
- Settings on the grounds of or immediately adjacent to a public institution;
- Settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS.

The initial STP identified three settings serving approximately 30 of the 572 unique individuals receiving ADHC services through the EDCD Waiver that were located in settings presumed to be institutional because the settings are co-located on the grounds of a NF or hospital. Since submission of the initial STP, one of the three identified settings has discontinued providing ADHC services and returned its ADCC license to the VDSS. Therefore, there are currently two settings that the state has identified that are presumed to be institutional because they are co-located with an institutional setting.

- Bedford Adult Day Services
 - Website: None
 - [DSS Licensing Information](#)
- Riverside Adult Day Services
 - [Website](#)
 - [DSS Licensing Information](#)

In Virginia, the Virginia Department of Social Services (DSS) licenses ADCCs, many of which participate in the EDCD Waiver as providers of ADHC. A review of DSS licensing information and the compliance history of the two settings, including information regarding adverse actions that may be the subject of a pending appeal, indicate that both settings have a high degree of compliance. The links above take you to DSS licensing information for both settings

Telephone interviews were conducted with staff at the two identified ADHC provider sites. Each site was described with the following characteristics:

- provides services separate from the NF/hospital;
- does not share staff;
- does not participate in activities at the NF or with individuals living in the NF including meals and recreational activities;

- provides access to the greater community; and,
- the ADHC provider is selected by the individual.

In addition, DMAS staff conducted an on-site assessment at the two sites presumed to be institutional. The purpose of the on-site assessments was to determine if there was a meaningful distinction between the institutional setting and the HCB setting such that the setting is integrated in the community, supports full access to the community and the setting does not isolate individuals from the broader community of individuals not receiving HCBS. The on-site assessments included the completion of an on-site assessment checklist; forms and policy review; observations of services, interactions and activities; and interviews with individuals and staff.

DMAS staff, with experience in quality management review (QMR) and compliance determinations performed the on-site assessments. DMAS staff report that all available services are offered and are selected by and provided to individuals, regardless of payer source (individuals receiving Medicaid waiver services, private pay sources, or others), at the two ADCCs. Services and activities are personalized to meet the specific needs and preferences of individuals with variety in activities and meals available for individual selection. Staff develop individualized services plans, and provide individuals with respect at all times and privacy when appropriate. Internal ADCC policies ensure that individuals are free from coercion and restraint. The sites do not operationally co-mingle, **do not share institutional setting staff**, and individuals do not receive ADHC services in the institutional setting during any part of their day.

All DMAS-enrolled ADHC providers, including the two that are being submitted for heightened scrutiny, are subject to regulatory standards outlined by VDSS and DMAS. VDSS oversees the general licensing standards, onsite inspections, service delivery, and complaints for ADCCs (spelled out in [22VAC40-80 General Procedures and Information on Licensure](#) and [22VAC40-60 Standards and Regulations for Licensed Adult Day Care Centers](#)). DMAS oversees the QMR for waiver services provided to individuals enrolled in the EDCD Waiver and receiving ADHC services, including desk and onsite reviews (spelled out in [12VAC30-120 Waivered Services](#)).

ADHC Settings Heightened Scrutiny Determination:

Based on the results of the assessment activities, the state has determined that the two sites presumed to be institutional are in fact HCB and respectfully submits evidence for heightened scrutiny for these two sites. The following heightened scrutiny evidence can be found in **Appendix A.3**.

- Riverside Adult Day Services
 - ✓ On-site Assessment of Setting
 - ✓ Brochure
 - ✓ Menu
 - ✓ Activity Calendar
- Bedford Adult Day Center
 - ✓ On-site Assessment of Setting
 - ✓ Brochure
 - ✓ Menu
 - ✓ Activity Calendar

Alzheimer's Assisted Living Waiver

Per regulation, individuals receiving AAL Waiver services must reside in an Assisted Living Facility (ALF) licensed by the VDSS. As mentioned in the AAL Waiver systemic assessment findings, DMAS has determined that ALF settings providing services through the AAL Waiver are currently not compliant with the HCB settings requirements.

DMAS staff conducted site specific assessment activities at each of the 12 identified AAL Waiver settings. As of 1/31/16, 54 of 200 available slots for the AAL Waiver were being used. The site specific assessment included:

- the completion of an on-site assessment checklist;
- forms and policy review;
- observations of services, interactions and activities;
- interviews with individuals and staff; and,
- DMAS staff attempted to contact by phone family members/emergency contact representative for each AAL Waiver participant. Contact was made with the majority of representatives.

DMAS staff with experience in quality monitoring and compliance conducted the assessment activities. Based on the on-site assessments and interviews with individuals, staff and family members/emergency contact representatives, DMAS staff found:

- All 12 of the providers were **compliant** with: ensuring dignity and respect; lease-comparable agreements; privacy for individuals; and freedom to furnish and decorate rooms.
- All 12 of the providers were **partially compliant** with: providing opportunities to control resources; choice between services and providers; optimizing interaction, autonomy and independence; choice of roommates; control over individual schedules; access to food at any time; physical accessibility; and modifications made in the person-centered service plan.
- All 12 of the providers were **not compliant** with: settings are integrated into the community; and individual participation in activities or services outside the setting.
- For the remaining items covered in the site-specific assessment, there were **varying degrees of compliance, partial compliance and non-compliance** among the 12 providers: opportunities to engage in community life, freedom from coercion and restraint; allowing visitors at any time; and rooms with lockable entrance doors and individual keys.

Interviews with family members/emergency contact representatives yielded varying degrees of familiarity with individual-specific experiences in the AAL Waiver; some family members/emergency contact representatives reported extensive knowledge and interaction with the AAL Waiver providers and individuals, while others had more limited and less frequent interactions.

Similar to the systemic review, perhaps the most significant findings from the site specific assessments were directly correlated with the nature of the disease (Alzheimer's disease and related dementias) and the setting (ALFs). For all intents and purposes, AAL Waiver services are provided: 1) within self-contained secured units that utilize locking devices in which individuals do not have access to other

parts of the ALF or the greater community, and 2) services (waiver and non-waiver) are provided almost exclusively in the setting and by the ALF staff or ALF-established contractors.

AAL Waiver ALF Settings Assessment Determination:

The systemic assessment in combination with the site-specific assessment findings lend to a determination that the AAL Waiver is not in compliance with the HCBS regulations. DMAS believes changes required to bring each site into compliance with the setting provisions of the HCBS regulations may not be practical or feasible and efforts would likely result in a non-compliance determination by CMS in a heightened scrutiny process. AAL waiver site assessment tools can be located in **Appendix A.4 and A.6.**

The HCBS regulations articulate a new standard for settings that provide HCBS services. The requirements include both the settings themselves as well as the experience of the individual receiving services in HCBS settings. For settings presumed to be institutional, CMS expects states to submit information and documentation as evidence that a particular setting has the qualities of a HCB setting and does not have the qualities of an institution. This evidence cannot focus on the aspects and/or severity of the disabilities of the individuals served in the setting. In addition, CMS will review the information and/or documentation submitted to ensure that all individuals in the setting are afforded the degree of community integration required by the regulation and desired by the individual. The state has determined that bringing AAL Waiver settings into compliance for all individuals residing in the setting may not be possible, particularly provided the few people currently being served through this waiver.

The state is committed to ensuring AAL Waiver eligible individuals receive needed services and supports. To this end, budget language (item 306#8c) from the 2016 General Assembly states:

"SSSS. The Department of Medical Assistance Services shall convene a work group of stakeholders, which shall include the Department for Aging and Rehabilitative Services, dementia service providers and dementia advocacy organizations to review the Alzheimer's Assisted Living (AAL) Waiver to determine if it can be modified to meet the 2014 Centers for Medicare and Medicaid Services Home and Community Based Services final rule requirements. If the waiver cannot be modified to meet the federal requirements, then the department shall create a plan that: (i) ensures current waiver recipients continue to receive services and (ii) addresses the service needs of the persons with dementia who are currently eligible for the AAL Waiver. The department shall report its plan and implementation recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2016."

The AAL Waiver is set to expire June 30, 2018 absent a request for renewal to CMS. It is the intent of DMAS to allow the AAL Waiver to sunset when it comes up for renewal in 2018 and to work with individuals, families, providers and stakeholders on a transition plan. DMAS has convened and held the first meeting with a workgroup as described above inclusive of advocates, stakeholders and other state agencies to review this determination and develop recommendations for serving this population after

June 2018. Details regarding the transition process can be found in the NF LOC Compliance & Monitoring section of the STP. Identification of the settings impacted by this determination can be found in **Appendix A.6.**

NF LOC Waivers: Transition Plan, Compliance & Monitoring:

AAL Waiver Transition Plan

What is the AAL Waiver Transition Plan?

Due to the state's determination that the AAL Waiver may not come into compliance with the settings requirements and that modifications to bring settings into compliance is not practical, the state must describe its process to assure that individuals, through a person-centered planning process, are given the opportunity, information, and supports needed to make an informed choice among setting options. The AAL Waiver Transition Plan describes the states approach to assuring this occurs.

The AAL Waiver assessment of compliance with the HCB settings regulations has resulted in the determination that AAL Waiver setting is not compliant with the setting provisions of the CMS HCBS regulations. Settings that are not compliant with the settings requirements by March 2019 are not able to continue providing Medicaid HCBS.

The AAL Waiver compliance determination necessitates a transition plan for individuals and providers. The AAL Waiver is slated for renewal in July 2018. The state does not plan to request renewal of the AAL Waiver from CMS; therefore, the AAL Waiver will be ending on June 30, 2018. Data and analysis of trends indicate that the number of individuals impacted may range between 39 and 49 individuals. The recommendations from the workgroup being convened may include suggestions for enhanced services for this population.

The state's transition plan to discontinue AAL Waiver services in ALF settings is as follows:

Action	Responsible Party	Target Date
1) Notify by letter providers of AAL Waiver services the state's compliance determination and the posting of the STP for public comment. Provide DMAS contact information to answer questions, etc.	DMAS	2/22/16 (ongoing contact throughout transition period)
2) Notify by letter individuals' family members/emergency contact representatives of the compliance determination and the posting of the STP for public comment. Provide DMAS contact information to answer questions, etc. Clearly communicate that changes will not take place until 2018.	DMAS	2/22/16 (ongoing contact throughout transition period)
3) Contact family members/emergency contact representatives by phone as a follow up to letter. <ul style="list-style-type: none"> • Share the state's intention to provide the individual and their family/contact person with an assigned DMAS staff to assist and coordinate any transition issues. • Answer questions and address any concerns. • Inform the family /contact person that DMAS staff 	DMAS	4/1/16

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will be back in touch in January of 2017.		
4) Request General Assembly authority to reduce the number of AAL slots to ensure no new admissions.	DMAS	12/1/16
5) Begin informing new providers interested in enrolling as an AAL Waiver provider about the CMS regulation.	DMAS	4/15/17
6) Initiate process to inform new AAL Waiver individuals of the status of the waiver and the discontinuation of this waiver in June 2018.	DMAS	4/15/17
7) Develop, disseminate to stakeholders and post on the DMAS website an AAL Waiver transition fact sheet.	DMAS	4/15/17
8) Submit to CMS a waiver amendment to reduce the number AAL Waiver slots consistent with the number of individuals utilizing the waiver at the time of amendment.	DMAS	7/1/17
9) Contact AAL Waiver providers by phone and provide a status update. Answer questions; provide technical assistance, education etc...	DMAS	7/15/17
10) Contact family members/emergency contacts by phone. <ul style="list-style-type: none"> • Provide status update and an overview of what to expect during the transition period. • Provide family/contact individuals with information, resources and potential options. • Assist each individual potentially impacted with understanding options. Consider individual choices, strengths, needs and preferences when providing options and assistance. 	DMAS	1/15/18 and ongoing from this date
11) DMAS to work with each individual and their family to develop a person-centered individualized transition plan that provides for choice of HCBS or institutional services and providers.	DMAS	1/15/18
12) Officially notify CMS of the state's intention to not renew the AAL Waiver and provide transition information.	DMAS	3/1/2018
13) Target: All individuals choosing to transition to a new setting have needed services and supports in place and have successfully transitioned.	DMAS	6/1/18

What is Compliance & Monitoring?

CMS requests that states include in their STP a description of the states monitoring processes for assuring full and ongoing compliance with the HCBS settings requirements.

Compliance & Monitoring: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

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Action Item	Setting/HCBS Waiver	Description	Dates	Responsible Parties/ Stakeholders	Outcome
Presumed to be Institutional	Two EDCD Waiver ADHC Settings	Two settings identified as "presumed to be institutional." Setting analysis complete and state determines that settings are HCB.	Completed	DMAS	Site assessment complete and evidence for heightened scrutiny submitted.
Provider Manual Updates to support ongoing compliance and monitoring	EDCD Waiver ADHC Settings	Changes to provider manuals to ensure that providers have the information and instruction needed for on-going compliance with settings requirements, in addition to following what is already existent in current DMAS and VDSS regulations	Completed by 1/2019	DMAS Waiver Operations Staff, Aging Services Staff, VDSS Licensing, Stakeholders VADHSA;	Instructive provider manual providing needed guidance on settings requirements, person centered planning and documentation.
Education & Training to support ongoing compliance and monitoring	EDCD Waiver ADHC Settings	Design, develop and implement an education and training plan incorporating the HCBS settings requirements and person centered planning	Plan and Materials Completed by 8/2016 Activities will be Ongoing	DMAS Waiver Operations Staff and QMR Staff, Aging Services Staff, VDSS Licensing, VADHSA; and APS and State Long-Term Care Ombudsman, as needed/appropriate	Education and training resources and materials that reflect settings requirements and person centered planning strategies that support on-going compliance with settings requirements and monitoring efforts.
Provider Enrollment	EDCD Waiver ADHC Settings	Identify settings before they are enrolled to ensure they are a HCB setting	Implemented by 3/2017 Ongoing	DMAS Waiver Operations Staff, and Provider Enrollment staff, Aging Services Staff, VDSS Licensing as appropriate	Educate providers and assurance of compliance upon enrollment

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Compliance & Monitoring: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/HCBS Waiver	Description	Dates	Responsible Parties/ Stakeholders	Outcome
Program Integrity	ADHC	Identify payments made to providers not meeting HCBS regulation.	Current and Ongoing past March 2019	DMAS Program Integrity Staff/ LTC	Protects against improper waiver payments made to providers operating settings that are not compliant with the HCB regulation
DSS Licensing Reviews of ADHC sites	ADHC	Review and monitoring of the general licensing standards, onsite inspections, service delivery, and complaints for ADCCs.	Current and Ongoing past March 2019	DSS Licensing Staff	Ongoing monitoring of settings compliance with licensing rules and regulations
Quality Management Review	ADHC	On-site reviews, in-home and desk reviews as well as investigating complaints. The reviews determine the appropriateness and quality of services provided; monitor the provider's provision of services in accordance with state and federal regulations, policy, and procedures; and offer assistance to the provider in the	Current and Ongoing past March 2019	DMAS QMR Staff	Ongoing monitoring of setting's compliance with the HCBS regulations

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Compliance & Monitoring: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/HCBS Waiver	Description	Dates	Responsible Parties/ Stakeholders	Outcome
		form of education and training in the implementation and interpretation of Medicaid policies and regulations.			
AAL Waiver Transition Plan	AAL Waiver ALF setting	AAL Waiver Transition Plan Implemented	2/22/2016-6/1/18	DMAS	See AAL Waiver Transition Process for additional details and target dates.

B. 1915(C) ICF/IID Level of Care Waivers

Systemic Assessment

What is a Systemic Assessment?

Virginia's systemic assessment for ICF LOC waivers includes a review and assessment of whether the state's standards for HCB settings (statutes, regulations, policies, and provider agreements) comply with the federal HCB settings regulations.

DMAS, the state Medicaid authority, and the Department of Behavioral Health and Developmental Services (DBHDS), the operating agency for the ID, DD and Day Support waivers, have worked together to complete a systemic assessment of waiver regulations, policies, and licensing requirements for each HCB waiver program operationalized by DBHDS.

Regulations governing Virginia's ICF/IID LOC waivers (DD, ID and Day Support waivers) are located in three regulatory chapters of the Virginia Administrative Code: 1) DBHDS human rights regulations; 2) DBHDS licensing regulations; and 3) DMAS waiver regulations. Together, these regulatory chapters, along with the accompanying monitoring processes, ensure compliance with the provision of waiver settings and services.

To conduct the systemic assessment DBHDS and DMAS created a crosswalk of current regulations, policies and licensing requirements. The crosswalk can be found in **Appendix B.1**. The crosswalk identifies specific state regulations found to comply, to not-comply or that were silent on the provisions of the CMS HCB settings regulations. The crosswalk identifies needed regulatory updates to fully comply with the settings requirements and strengthen compliance and monitoring, including ongoing compliance. In addition, DMAS staff reviewed provider participation agreements for each service. Each agreement includes the following requirement:

"The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of VMAP as from time to time amended."

The state has concluded that services provided in an individual's home (a residence owned or leased by the individual or the individual's family, i.e., not a provider owned or operated setting) comply with the HCB settings regulations. Through support coordinator visits and the individual's person centered plan, the state will assure that individuals living in their own home or family home receiving HCBS services receive those services in a person centered and individualized manner following the state's requirements for Person Centered Planning ensuring community integration and engagement. For these reasons, the following DBHDS administered HCB waiver services comply:

- In-home Residential Supports
- Consumer and Agency Directed Personal Assistance Services

Consumer and Agency Directed Adult Companion Services Chart 2.1 provides a visual representation of current compliance status based on the systemic assessment results.

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Chart 2.1: Compliance Status of HCBS Settings

Settings	Day Support Services	Individual Supported Employment Services	Community based work crew/enclave Services	Prevocational Services*	Sponsored Residential Service	Supervised Living: Provider Apartments	Adult Companion Services (CD and/or Agency directed)	In- home Residential Supports	Personal Assistance Services (CD and/or agency directed)	Congregate Residential services
Own Home/Apartment Family Home; Integrated Community Setting Fully Comply		X					X	X	X	
Provider Owned/Operated Setting Rules & Regulations need remediation to ensure full compliance					X	X				X
Community Setting Rules & Regulations need remediation to ensure full compliance	X		X	X						

*Note: Prevocational services will no longer be offered in any of the amended waivers for persons with I/DD. Individuals will transition to Supported Employment or Day Support Services.

ICF/IID LOC Waiver Settings Systemic Assessment Determination:

Virginia has determined that the regulations for the ICF/IID level of care waivers, while not in direct conflict with the CMS HCBS settings requirements, are silent on many elements of the CMS HCBS regulations. There are, however, regulatory updates currently underway (for DBHDS human rights regulations and licensing regulations) or planned (for DMAS waiver regulations). Elements within CMS HCBS regulations are not required to be in each of the Virginia regulatory chapters as long as the items are included in at least one and a monitoring process is set up to ensure ongoing compliance. DBHDS and DMAS, with stakeholder input, will work to ensure integration of all related agency regulations to eliminate inconsistencies, subjectivity, and conflicts in interpretation and application.

Current regulations do not require providers to fully comply with the setting provisions of the CMS HCBS regulations. Therefore, the state has made the presumption that **all providers of ICF IID LOC waiver services** impacted by the setting provisions may not be in compliance with the CMS HCB settings requirements. The state cannot assure full and ongoing compliance of all settings until its rules and enforcement authority require compliance.

A regulatory review crosswalk can be found in **Appendix B.1**.

What follows is a high level summary of findings from the systemic assessment.

Waiver Regulations

The state concludes that current ICF/IID LOC waiver rules and regulations are in partial support of the HCBS settings requirements. Current waiver regulations require:

- Freedom of choice of service provider;
- Reasonable accommodations of individuals needs and preferences;
- Assistance with community access as needed and desired;
- Provider's shall ask individuals to express their preferences about decisions regarding all aspects of services that affect him/her and shall honor these preferences to the extent possible;
- Providers shall respect, protect and help develop each individual's ability to participate meaningfully in decisions regarding all aspects of services affecting them; and
- 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.

The assessment found that current waiver regulations **do not** fully support the new CMS HCBS settings requirements. The assessment indicates that the following elements are not present in regulations and therefore cannot be assured in all settings:

- Required processes for modifications in the event that there are individual-specific restrictions.
- Individual services are received in the community with the same degree of access as individuals not receiving Medicaid home and community-based services.

- Services are able to be selected by the individual from among setting options, including non-disability specific settings.
- Services are integrated in and support access to the greater community.
- Services provide the opportunity to seek employment, work in a competitive integrated setting, and fully engage in community life.
- Options available for a private unit in a residential setting.
- The expectation that a lease, residency agreement or other written agreement is in place to provide the individual protections from eviction.
- An emphasis on privacy in individuals' sleeping/living units, including lockable entrance doors and choice of roommates in shared units.
- Access to food and visitors at any time.

Licensing Regulations

In Virginia, most ICF/IID LOC HCB settings affected by the HCBS regulations, particularly those settings involving provider-owned or controlled residential settings are licensed by DBHDS. Current licensing regulations do not explicitly address the HCB settings requirement.

DBHDS is currently revising the licensing regulations through an emergency regulatory action process. The [emergency regulatory process](#) in Virginia allows agencies to adopt regulations on a faster timeline which is then followed by the regular or formal regulatory process. By using the emergency regulatory process for licensing revisions, DBHDS is able to incorporate the requirements of the DOJ settlement agreement and the CMS HCBS regulations.

In moving through the emergency regulatory process for the licensing regulations, DBHDS formed an internal workgroup of DBHDS staff to draft the emergency licensing regulations. The DBHDS Licensing regulations have authority over both Developmental and Behavioral Health licensed services and providers. For this reason broad language to address compliance of 1915(c) waiver services and settings with the CMS HCBS regulations was proposed. The proposed emergency licensing regulations are under review by Virginia's Office of the Attorney General. The emergency licensing regulations will progress through the process for approval; it may take up to one year to obtain the necessary levels of approval.

It is important to note that existing licensing and human rights regulations currently mandates providers to adhere to all applicable federal, state, or local laws and regulations. This will continue to be emphasized in support of provider compliance with the HCBS regulation.

Human Rights Regulations

All providers licensed by DBHDS must comply with DBHDS Office of Human Rights regulations. DBHDS completed a cross-walk assessment of its current Human Rights regulations. The current Human Rights regulations were found to be consistent with and supportive of the HCBS regulations. Any needed regulatory changes for the ICF/IID LOC waivers will instead be focused on the waiver regulations or the licensing regulations.

As previously noted, the systemic assessment crosswalk can be found in **Appendix B.1**. This crosswalk details the specific changes that need to be made to facilitate system-wide programmatic and

operational compliance with the regulations. Specific remediation actions and timelines can be found in the ICF/IID LOC Remediation, Compliance & Monitoring and Transition Plan section of the STP.

My Life, My Community

What is My Life, My Community?

Multiple system transformation efforts are underway in Virginia and are being coordinated with an aligned mission and vision through a framework called *My Life, My Community* (MLMC). MLMC includes projects and activities from the following initiatives:

- Department of Justice Settlement Agreement
- I/DD Waiver Redesign
- Centers for Medicare & Medicaid Services (CMS) final Home and Community Based Services (HCBS) regulations

As discussed in the Overview section of this STP, Virginia has been undergoing a significant I/DD system transformation for a number of years. An important part of Virginia's I/DD system transformations include revisions to the Person Centered Individual Support Plan (PC ISP) process and tool. The revised PC ISP is intended to improve the process and firmly embed person centered practices into supports planning to ensure community inclusion, choice, and self-determination. The changes also help the state meet expectations of the DOJ Settlement Agreement including that comprehensive supports are provided in the most integrated setting and that employment is offered first with appropriate supports. The tool has been designed to ensure compliance with relevant VA agency regulations and with the federal CMS HCBS regulations.

Systems transformation activities began in 2009. With the implementation of the HCBS regulations in 2014 focus groups were held to solicit stakeholder input and recommendations on other needed changes. A revised PC ISP was introduced in 2015 with delivery of training to providers and other stakeholders across the state. The revised tool and/or its components are being used throughout the state with r trainings conducted as needed. The new ISP best supports the ability to collect data on specific HCBS waiver quality measures, including person centeredness and choice.

Activities occurring in the state as part of waiver redesign and compliance with the DOJ Settlement Agreement shaped Virginia's revised STP and regulatory revisions. As referenced in the systemic assessment narrative, a overhaul of ICF/IID LOC waivers and incorporation of the requirements of the final CMS HCBS regulations is underway.

The redesign of the waivers is important to:

- Comply with elements of the DOJ Settlement Agreement requiring an expansion of integrated residential, day services and employment options for persons with I/DD;
- Provide community-based services for individuals with intense medical and behavioral support needs;
- Expand opportunities that promote smaller, more integrated independent living options with needed supports; and,

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- Incentivize providers to adapt their services and business model in support of the values and expectations of the community integration mandate consistent with federal court decisions, the DOJ Settlement Agreement, CMS HCBS regulations and Virginia's proposed changes.

The design of the new system, including the development of new services, has proceeded with significant stakeholder involvement. The new services will provide opportunities for greater community integration and engagement, and optimize individual lifestyle preferences and choices. The three existing HCBS I/DD waivers are being redesigned to:

1. Better support individuals with intellectual and developmental disabilities to live integrated and engaged lives in their community,
2. Standardize and simplify access to services,
3. Offer appropriately reimbursed 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.

Below is an overview of proposed changes to the current waivers.

- The Community Living Waiver – The existing ID Waiver will become the “Community Living Waiver.” This waiver will remain a comprehensive waiver that includes 24/7 residential services for those who require that level of support. It will include services and supports for adults and children, including those with intense medical and/or behavioral needs.
- The Family and Individual Supports Waiver – The existing DD Waiver will become the “Family and Individual Supports Waiver.” This waiver has been designed to support individuals living with their families, friends, or in their own homes. It will support individuals with some medical or behavioral needs and will be available to both children and adults.
- The Building Independence Waiver – The existing DS Waiver will become the “Building Independence Waiver.” This waiver will support adults 18 and older who are able to live in the community with minimal supports. This will remain a supports waiver that does not include 24/7 residential services. Individuals will own, lease, or control their own living arrangements and supports may need to be complemented by non-waiver-funded rent subsidies.

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

Pending CMS approval, new waiver services have been proposed and the General Assembly has funded them for inclusion in Virginia's amended 1915(c) ICF/IID LOC waivers. These new services and a new rate structure incentivize services provided in integrated community settings and in smaller ratios facilitating engagement, relationship building, and greater connectivity in the community. These services in particular, and the overall redesign of the ICF/IID waiver system, illustrate the state's priority of ensuring that individuals receive services that promote full integration in the community and are based on the individual's preferences and choices.

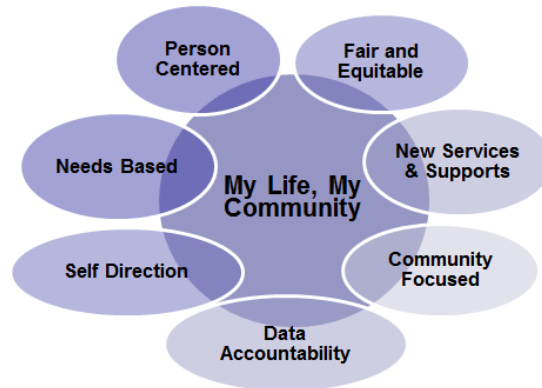
As directed by an individual's person-centered plan, *Community Engagement Services* support and foster the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, independence and personal choice. This service is provided in the community in a 1:3 ratio with higher reimbursement rates for lower ratios. *Community Coaching* is a service targeted to individuals who need 1:1 support in order to build a specific skill or set of skills to address a particular barrier preventing the individual from participating in activities of Community Engagement.

Both services are designed to expand upon the current Group Day Services with community-based alternatives that supplement or replace facility based activities. Under the amended waivers, 246 facility based group day providers who do not have an existing non-center based day support license may add this license in order to provide these new community-based services. Both DBHDS Licensing and Waiver Operations are working together to facilitate the application process for new licenses with technical assistance and training conducted for providers and staff on these new services.

Virginia submitted waiver amendments to CMS in April 2016 with a target start date of July 2016. Virginia has requested the use of emergency regulatory authority from the state legislature to promulgate regulations for the newly designed waivers and new services effective July 2016. The new services will enhance current choices and options, including services in non-disability specific settings. Waiver redesign and related system transformations embed the values and principles of community engagement and inclusion in the person centered planning process. See **Appendix B.2** for a full listing of new services to be included in the amended waivers.

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Benefits of Amended Waivers



The state will have 18 months from the date of approval of the emergency regulations to promulgate permanent regulations. **The permanent regulations will require compliance with each of the setting provisions in the HCBS regulations. The final regulations are targeted to become effective January 2018.** The services, policies, and expectations currently being integrated into Virginia's IDD system are aligned with the HCBS regulations and will facilitate and augment compliance of providers and settings.

Upon the effective date of the final regulations, all providers will be given 90 days to be in full compliance with the HCBS settings requirements. After this date, any provider found not in compliance with the regulations will be notified of their status and instructed to submit a remediation plan to DBHDS within 30 days to address the specific actions they will take to come into compliance. DBHDS will review the plans and follow-up at the end of 30 days to make a compliance determination.

Individuals receiving services in non-compliant settings and their family members/representatives will be notified of the status of the setting where they live and/or receive services at the point the provider is notified of the need to submit a remediation plan. The notification will include information about the possibility of the setting being discontinued from HCBS waiver services and the possible need to transition. Individuals receiving services in the non-compliant setting will be offered choices of services in a HCBS compliant setting upon DBHDS's determination that, despite the remediation plan, the provider does not comply. Specific actions and target dates can be found in the *Remediation, Compliance & Monitoring, and Transition Process: ICF/IID LOC Waivers* section of the STP.

Site Specific Assessment

What is a site specific assessment?

CMS does not require states to conduct individual site specific assessments. If a state opts to conduct site specific assessments it must provide information to CMS regarding the assessments. Virginia's approach to conducting site specific assessments of **ICF/IID LOC settings** include: 1) provider self-assessments; 2) licensing site assessments; 3) the identification of HCBS settings and settings characteristics. **Virginia's approach to site specific assessment activities was not to determine whether individual HCB settings comply with the federal HCBS regulations.**

The states systemic assessment findings led the state to conclude that without rules and regulations requiring HCBS compliance and enforcement authority the Commonwealth cannot assure current and ongoing compliance with the HCBS settings requirements for any setting. The Commonwealth is therefore presuming that all settings are currently not in compliance with the HCBS regulations. Taking this presumption into consideration, the goals of the state's site specific assessment process were:

- To determine HCBS providers current knowledge and understanding of the HCBS settings requirements;
- To identify provider education and training needs;
- To identify technical assistance needs and gaps;
- To identify needed resources and tools;
- To identify settings presumed to institutional; and
- To identify characteristics that may indicate a need for further assessment and/or targeted remediation.

An overview of the assessment process and outcomes follow.

Provider Self-Assessment

DBHDS developed an online self-assessment survey tool for providers to evaluate their current level of compliance with the setting provision of the CMS HCBS regulations. DBHDS distributed the survey link and related instructions via a targeted provider e-mail distribution list and posted notice and the survey link to its website.

To assist in completion of the online survey tool, DBHDS developed a settings checklist (**Appendix B.3**). The checklist was distributed to all DBHDS-licensed ICF/IID LOC waiver providers of residential and day support services, as well as providers of group supported employment. The checklist, designed to help providers assess areas in which their setting(s) meet or require improvement in order to comply with the settings provision, was accompanied by:

- an overview of the CMS HCBS settings requirements,
- a link to the CMS toolkit website, and
- guidance information to assist the provider with understanding the intent of the requirements being evaluated.

The self-assessment questionnaire consisted of 15 questions to determine whether providers considered their setting(s) to "fully meet," "could meet with minor adjustments," or "does not meet" the settings requirements. In addition, each question was accompanied by a text box for the provider to elaborate on the nature of their compliance with the element.

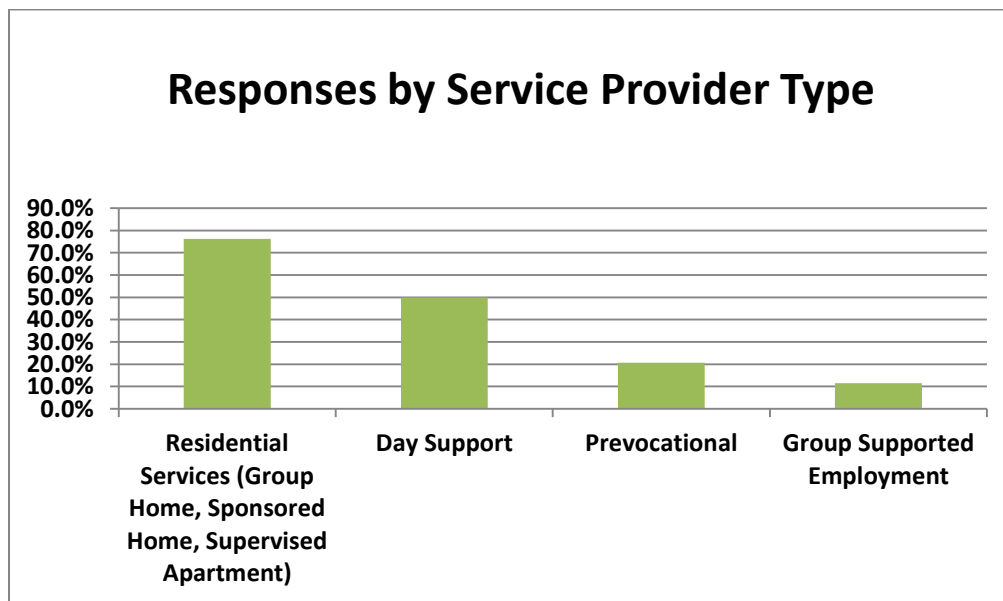
Between December 30, 2014 and March 31, 2015, DBHDS received 321 completed self-assessment surveys. Incomplete surveys were not included in the qualitative and quantitative analysis but have been reviewed and needed follow up with providers noted. Eighty-four additional self-assessments have been completed in the past 11 months.

Estimates generated from the DBHDS HCBS provider database developed for the purpose of tracking compliance initially indicated that approximately 109 providers had not completed the self-assessment

survey. The additional 84 self-assessment surveys received from April 2015 to present may narrow this gap. Data from the provider self- assessments confirmed the need for additional provider education and technical assistance on settings requirements and compliance. This database will be refined and enhanced as a remediation activity for initial monitoring, follow up notification, mandatory site visits and ongoing compliance monitoring. It should be noted that some of these site visits have already occurred and are discussed in the licensing site assessments section of this STP.

The majority of providers responding to the self-assessment survey were Residential (primarily group home providers) and Day Support providers (Figure 2.1), with some also providing Prevocational and Group Supported Employment services. Responses represented each of Virginia’s major geographic regions.

Figure 2.1



Services Provided	Responses
Residential Services (Group Home, Sponsored Home, Supervised Apartment)	77.22% 244
Day Support	48.10% 152
Prevocational	19.30% 61
Group Supported Employment	11.08% 35

The majority of all providers indicated that their setting(s) “fully meet” the settings requirements across all categories surveyed (Table 2.1).

Table 2.1: Results of I/DD Settings Self-Assessments

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	Setting Fully Meet	Setting Could Meet with Minor Adjustments	Setting Does Not Meet	Total
Residential Services	86.42% 210	12.76% 31	0.82% 2	243
Day Support	72.03% 103	24.48% 35	3.50% 5	143
Prevocational	73.58% 39	16.98% 9	9.43% 5	53
Group Supported Employment	68.42% 26	23.68% 9	7.89% 3	38

The state has found that in some cases, provider policies directly conflicted with the philosophy of presumed competence and principles of person-centeredness. One commonality noted was the use of the word “allow,” as in “Our agency *allows* our clients to choose.” This is an indication that providers would benefit from additional training and technical assistance on person-centered thinking.

Individual choice of settings, providers, and services was most often determined by the existence of signed forms on file; particularly the Provider Choice Form. A number of providers referred to the Individual Service Plan (ISP) which shows need and preferences. Residential providers typically stated that individuals are offered choice in clothing, food, activity, where to sit, etc. on a daily basis.

Provider responses to the question incorporating protection of an individual's right to privacy, dignity, respect, and freedom from coercion and restraint was very high (91%) and most often referenced by completed staff training in Human Rights and Behavioral Management as well as posting of human rights notices, etc. in common areas. Several providers commented that the individuals being supported receive verbal instruction at the annual person-centered planning meeting on their rights of privacy, dignity, respect and freedom from coercion and restraint and are required to sign a form indicating this was understood.

Among those providers who acknowledged that their settings did *not* meet the requirements or could meet the requirements with some adjustments, the two areas of non-compliance most frequently cited were:

1. Absence of a legally enforceable lease agreement with eviction protection and appeals processes.
2. Lockable living units with individual access to keys.

Table 2.2 provides a sample of self-assessment comments from providers of residential services.

Table 2.2: Residential Services: Provider Self-Assessment Comments
Individuals “were allowed choices of which Group Home that they wanted to live in and they chose to live at our Group Home” or, “The individual visited several different group homes before selecting current residence.”

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<p>"We hold bi-weekly house meetings where their rights are discussed. Typically, we select one human right to go over with the individuals at each meeting. We try to educate the individuals in ways they easily understand, through role modeling and simplified language."</p>
<p>"We believe and tell every employee that we work for the individual, they are our "bosses" and if at any time the individual says or demonstrates that the employee is not a good match the staff is removed from providing their care."</p>
<p>"All of the individuals we serve in our four apartment programs are party to leases they have signed with the apartment landlords"</p>
<p>"This agency's sister company provides property management services for our residential homes. As such, leases and agreements are managed by the sister company and are comparable to industry standards"</p>
<p>"In the individual's application and in our policies and procedures and placement agreement conditions for the individual being discharged from the program are discussed"</p>
<p>"Individuals are not required to sign a lease and have the ability to vacate at any point without monetary penalty. X has a "no fail" policy and only terminates a service when instructed by a medical professional that X can no longer meet the needs of said individual."</p>
<p>"Individuals are encouraged to participate in selecting places to eat, recreational activities, what restaurants to visit, etc. They utilize the internet, newspapers, yellow pages, etc. to aid in making their choices. They participate in selecting what day to engage in the activity. They choose who they want as partners or with whom they want to engage in activities."</p>
<p>"Residents are free to decorate their bedrooms in any way they choose as long as it does not pose a danger to their health and safety. They choose the outings and activities they participate in and are offered education and guidance in making personal decisions. They are never required to attend any outing and/or activity, but are always offered the opportunity to choose events to attend. Residents are welcome to have guests in their home at any time and are free to visit with family and friends when they so choose."</p>
<p>"To date, there are no legally enforceable agreements with the individuals or their authorized representatives"</p>
<p>"Individuals residing in apartments have a lease with each landlord that is legally binding. Group homes as a whole have a lease with the owner, but the individuals residing in them do not have individual leases"</p>
<p>"We currently have a Discharge Policy in the event of dismissal however there is no legal financial agreement subject to eviction in the form of a lease at this time"</p>
<p>"Residents are informed by our approved rules of conduct what is expected of them to reside in the program."</p>
<p>"We do our best to offer limited options because all would be overwhelming. Instead of where do you want to eat, we ask would you like to go to A, B or C, which we know are places they like. Like in almost all waiver settings, it is challenging to create opportunities for quality relationships with the general public. We try to frequent places with the general public as part of our activities in hopes natural relationships will occur."</p>
<p>"It is only when a health and safety issue arises as a result of a refusal or other matter that</p>

supportive interventions are provided. Individuals are given the opportunity to go places of their chosen that we feel are safe.”

Limitations in individual control of schedule and daily activities appear to be another area of challenge. Several day support providers cited community activities being made available to individuals, without indicating whether the activities were chosen by or reflect the preferences of individuals.

Among providers who indicated that minor adjustments would be required in order to fully comply, often cited was the need for greater integration in the community and modification of their service model to address this need. In addition, day support provider responses included acknowledgement that center-based Day Support services present a particular challenge to compliance with HCBS settings requirement expectations regarding community integration.

Tablet 2.3 provides a sample of self-assessment comments from providers of day support services.

Table 2.3: Day Support Services: Provider Self-Assessment Comments
“When individuals are interested in attending our day support program, they are given a tour, are offered to visit the program to determine if it is a good match for them. Support coordinators facilitate tours and visits with other day support programs to help them find a good match.”
“We have documentation that supports our clients’ individual choices to participate in our program, however, we are not always aware of non-disability settings options they may have had.”
“All groups are integrated into the community regularly, however the frequency could be increased and the duration extended.”
“Small groups have the opportunity to go into the community once a week and two specialty programs three times a week, but the percentage of our participants with community access is small.”
“Upon request or when there seems to be a challenge, individuals are offered the choice to change locations program locations or not to be associated with a given individual. Individuals choose if they would like to participate in community activities or not. Options are provided daily. We are currently working to create scheduling that will operate similar to a quarterly schedule of college classes. These classes will be selected by the individuals semi-annually.”
“Our agency is currently working to improve in this area. Currently, at our Agency Day Services program individuals are placed within clusters or suites. This arguably prohibits the individual's autonomy and independence.”
“We make every effort to meet this requirement. There are times when an individual chooses an activity in a community location, but we do not have enough staff to accommodate the choice. There are other times when an individual would like to participate in a volunteer activity on a given day, but the volunteer pool is already full, so the individual must wait until the next available spot. We are transitioning to a fully community-based program where the staff-to- individual ratio will ideally be 1:1 and in no case more than 1:3. This will eliminate the staffing issues.”

Of note is the limited number of responses from providers of Sponsored Residential services. Although delivered in the residence, the requirements of the regulation extend to this setting as it is a provider-

owned and operated setting. A study conducted by Human Services Research Institute (HSRI) in 2014 as part of the IDD Waiver redesign indicated that only 57% of individuals in the sponsored residential setting are accessing the community through either Day Support or Supported Employment services.

ICF/IID LOC Waivers - Site Specific Assessment: Provider Self-Assessment Findings:

Provider self-assessment qualitative and quantitative data was not able to provide the state with enough information to definitively determine if a specific site is or is not in compliance with the HCBS regulation's settings requirements. The states systemic assessment findings and presumption that **all providers of ICF IID LOC waiver services** affected by the setting provisions may not be in compliance with the CMS HCB settings requirements stands. The state cannot assure full compliance of all settings until its rules and enforcement authority require compliance.

Provider self-assessment findings provide the state with information that guides the state's strategy for remediation and modifications. The self-assessment findings include:

- ✓ Analyses of provider comments demonstrate that a representative number of providers misunderstand and/or misinterpret the HCB settings requirements. Education, training and tools are needed by the provider community to better understand, interpret and apply, both programmatically and operationally, the settings requirements.
- ✓ The philosophy and principles of community engagement and participation needs to be integrated on a system and individual level into waiver redesign. Doing so will:
 - Promote greater community integration and interaction for individuals with significant medical and behavior support needs with lower staff ratio and increased rates.
 - The distinction between an individual's *presence* in the community and *full integration and interaction* is an area where additional education is needed.
- ✓ Technical assistance and support for providers on meeting the lease requirements for a provider owned or operated residential setting is needed.
- ✓ Service models that provide opportunities for increased choice and service options in non-disability settings are needed.
- ✓ A mechanism to encourage increased provider responses to state inquiries and assessment of compliance of settings is needed.
- ✓ The development of a strategy to promote and enhance future provider capacity is needed.
- ✓ Support and promotion of provider to provider mentorship and technical assistance is highly desirable.

The state acknowledges that many providers have begun to transition their existing services/programs to focus on community-based activities and integrated employment services. Providers are proactively establishing policies and practices to ensure full compliance. Qualitative data and provider feedback indicates a range of compliance. The state is committed to working with the provider community to assure full compliance by target date of January 2018 when final regulations become effective.

A number of responses demonstrated knowledge, understanding, and thoughtful application of the underlying principles of the HCBS regulation. Such responses also showed that some providers are utilizing creativity in person-centered approaches and have committed to adjusting their service models to move toward full compliance with the settings requirement. Site visits paired with targeted training and technical assistance will be an important component in achieving full provider understanding of the

broader purpose and context of the regulation, aided by extensive stakeholder engagement and collaboration.

Office of Licensing Site Assessments

DBHDS Office of Licensing staff conducted site assessments to gather information on provider compliance. Specialists visit HCB provider sites as part of their role in ensuring compliance with DBHDS Licensing regulations. Licensing Specialists were charged with reviewing provider agencies (not all sites) for compliance with elements of the HCBS settings requirements and identifying areas of non-compliance for future technical assistance. Licensing Specialists performed these tasks in conjunction with their annual visits to providers.

DBHDS Provider Development staff (Community Resource Consultants) work with providers to increase provider capacity within the state and provide education and training on waiver related issues. Provider Development staff reviewed the findings from the Licensing checklists. They then discussed specific compliance issues and remediation strategies with providers, conducted Q&A sessions during quarterly case management meetings and Q&A with provider agency representatives at meetings and conferences.

The site assessments included the following elements:

- Completion of a HCB setting checklist by Licensing Specialist staff (made available in electronic and paper format) developed for use during site visits (**Appendix B.4**).
- Assessment of compliance status based on HCB settings elements (fully compliant, partially compliant, or non-compliant) and whether the site could meet compliance requirements with modifications if not fully compliant.
- Notification of specific issues that need to be addressed by the provider, along with any provider planned modifications or changes that would support compliance with the regulation.
- Determination of HCBS status shared with the provider at the conclusion of the site visit.

Completed site survey forms were provided to Waiver Operations Policy staff and Provider Development staff for additional follow up and technical assistance on compliance issues identified. Provider Development staff focus on increasing provider capacity within the state and providing education and training on waiver related issues and topics. They conduct quarterly regional meetings with case management staff and similar meetings with provider agency representatives. They will address general findings contained in this STP at those meetings, as well as provide Q&A sessions on compliance with the HCBS regulations.

ICF/IID LOC Waivers Site Specific Assessment: Licensing Staff Findings:

From May 2015 through February of 2016, Licensing staff conducted 217 site assessments. Data from the HCB setting checklist developed for use during Licensing site assessments was entered in a newly developed HCBS provider compliance database.

The figures below demonstrate **the estimated percentage of assessed providers with a compliance issue identified for each item:**

- (1) Integrated setting and supports for individual access to greater community **(4.5%)**
- (2) Setting selected by the individual and choice documented **(6.45%)**
- (3) Setting ensures individual privacy, dignity, and freedom from coercion and restraints **(1.84%)**
- (4) Setting optimizes individual autonomy and independence **(6.45%)**
- (5) Setting facilitates individual choice of services/supports and providers **(5.99 %)**
- (6A) Individuals living unit can be owned or rented via a lease "like" agreement **(11.52%)**
- (6B) The individual has privacy in their sleeping or living unit **(1.38%)**
 - (6Bi) Units have lockable entrances with keys **(39.17%)**
 - (6Bii) Individual has choice of roommates **(1.38%)**
 - (6Biii) Individual has the freedom to furnish and decorate unit **(0.46%)**
- (6C) Individual has freedom/support to control own schedules and activities (including access to food 24/7) **(12.9%)**
- (6D) Individual may have visitors of their choosing at any time **(15.21%)**
- (6E) Setting is physically accessible to the individual **(1.38%)**
- (6F) Modifications are supported, justified and documented in the person centered plan **(3.69%)**

Continued analysis and follow-up is needed. For example:

- A number of checklists noted partial compliance with an assessed element without elaboration, or that a HCB required element was not present, but planned by the provider.
- Some provider self-assessments were flagged for site visits because the provider indicated that they met all requirements without providing explanation or examples.

Summary and determinations/needs

Overall, data from the site-assessments support the findings from the provider self-assessments. The most frequently occurring areas of needed remediation and modifications identified include:

- ✓ A representative number of providers misunderstand and/or misinterpret the HCB settings requirements
- ✓ Settings do not have lockable entrances with keys
- ✓ There are limits on an individual's freedom/support to control own schedules and activities (including access to food 24/7)
- ✓ Settings do not have a lease or occupancy agreement
- ✓ There are restrictions on the ability of individuals to have visitors of their choosing at any time.

The site assessments also identified:

- ✓ The need for education and training of Licensing Specialist staff on the HCBS regulation to assist them in identifying elements in a setting that do not meet HCB requirements for follow-up reporting.
- ✓ The need for a mechanism to review and validate information to reflect the status of compliance statewide.

The level of compliance statewide will be determined through continued assessment and validation using information and evidence collected by the state with remediation and monitoring activities underway or planned.

Identification of settings

What does identification of settings mean?

Virginia identified HCBS settings affected by the HCBS regulations by number and type of setting across the state. The state also identified setting presumed to have institutional characteristics based on CMS criteria. In addition, based on research and national best practice, the state identified characteristics potentially present in settings that may indicate a need for targeted technical assistance and/or remediation.

DBHDS reviewed Licensing service ID codes and program codes. From this review DBHDS identified settings in which HCBS are provided. Table 2.4 reflects an approximation of the number and type of settings across the state as of 2/5/2016. The state acknowledges that currently there are gaps in its access to and retrieval of some data. These gaps are being addressed through continued improvement of the waiver management system and through systems and reporting enhancements occurring as a result of waiver redesign.

Table 2.4:	
Service Name	# of Settings
ID Waiver Provider Owned/Operated Residential Settings	
ID Waiver Group Home Bed Ranges	Total #
1-4 beds	520
5 to 10 Beds	607
11+ Beds	29
Sponsored Home Residential Service for Adults	1547
ID Supervised Living (Provider Apartments)	154
Day Support Settings	
IDD* Day Support Center Based <i>*Count includes overlap with a few DD day support locations.</i>	286
Day Support Facility on the grounds of an ICF	1
Group Home on the Grounds of ICF	2

CMS has identified settings that are presumed to have institutional characteristics. These settings are:

- Settings in the same building as a publically or privately owned facility that provides in-patient treatment;
- Settings on the grounds of or immediately adjacent to a public institution;
- Settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS. Additional guidance from CMS on settings that isolate can be found here: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf>

States have an obligation to identify settings that are presumed to be institutional. 42 CFR 441.301(c) (5)(v) in the final HCBS regulation describes the process of “heightened scrutiny” that states can use to rebut or overcome this presumption. In particular, the regulations indicate that settings described above “will be presumed to be a setting that has the qualities of an institution unless the U.S. Secretary of

Health and Human Services determines through heightened scrutiny, based on information presented by the state or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.”

DBHDS worked with its Provider Development team and DMAS Quality Management Review (QMR) staff to identify settings across the state that may have the CMS described characteristics of settings presumed to be institutional. Provider Development staff reached out to individual providers with questions about their site/setting and HCB qualities. The state has identified 8 distinct situations that comprise 34 sites that are settings CMS presumes to have institutional characteristics.

- Two settings are group homes on the grounds of an ICF/IID
- Three settings are clustered institutional style homes with limited to no community access
- Two settings are a campus style isolated setting
- One setting is a Day Support Center on the grounds of a hospital setting

Additional information on each setting can be found in **Appendix B.5**. The state is not prepared to make a final determination on whether the sites are in fact HCB. If the state determines that the settings are in fact HCB the state will notify CMS and submit evidence for heightened scrutiny by June 2017.

CMS reviews the information presented by the state as part of its request for “heightened scrutiny,” in order to determine if the setting has the qualities of a HCB setting. CMS expects the state to submit several types of information and documentation to support its’ position that a setting has the qualities of a HCB setting. CMS provides the following guidance, evidence should focus on “the qualities of the setting and how it is integrated in and supports full access of individuals receiving home and community-based services into the greater community, not on the aspects and/or severity of the disabilities of the individuals served in the settings.” Information submitted may include a report from an on-site visit, public input on the setting in question, surveys from the individuals receiving services on their experience in the setting, participant interviews outside the presence of the provider, policies and procedures, engagement in broader community. Additional information and guidance on heightened scrutiny can be found at this link: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/home-and-community-based-setting-requirements.pdf>.

In addition to identifying settings presumed to be institutional the state identified settings that may benefit from targeted technical assistance and/or remediation. The HCBS regulations and CMS’s presumed institutional characteristics do not include requirements regarding the size or proximity of a provider owned or operated residential setting. For instance, there is not a limit on the number of individuals who live in a particular group home or homes located next door to one another. Research and evidence based best practice does however indicate 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.”

For this reason, and to ensure compliance of all settings, the state has identified settings that may benefit from targeted technical assistance and/or targeted remediation. The identification of these settings is based on their size and/or proximity to other settings serving individuals with disabilities. More information about these settings can be found in **Appendix B.6**.

DBHDS Provider Development and QMR staff will review each identified site to determine the degree of compliance and needed remediation. This review will include interviews with individuals and/or their family members, interviews with providers and DSP staff, and a desk review of individual service plans (ISPs), provider policies, and other documentation to verify person centered planning and integrated life activities. All providers with identified compliance issues will be required to submit remediation plans to the state based on the nature of the actions needed to come into full compliance. Support Coordinators will also be required to monitor compliance with the settings regulation and to note areas of noncompliance identified during SC visits and other checks.

The state has identified 286 center-based day support programs. These settings currently demonstrate a range of compliance. As previously mentioned, the Commonwealth anticipates that new rules, services and provider expectations associated with the redesign of the current IDD waivers will remediate and support full compliance by January 2018. Technical assistance, training and monitoring activities will be ongoing to ensure full compliance and to identify settings not able to come into compliance by the target date.

For future monitoring, as part of its amended waivers, the state plans to utilize a newly developed person centered calendar which will be integrated into a new waiver management system. This calendar will reflect the percentage of time individuals spend in integrated community settings and activities, including with paid supports and non-paid/natural supports, and the time spent in a specific type of setting, e.g. facility based, community based, and employment settings.

Licensing staff will be added at DBHDS, and DMAS will provide staff resources to assist with targeted HCBS compliance monitoring activities. DBHDS Licensing and Provider Development and DMAS QMR staff will work together to assure compliance and follow remediation activities. The DBHDS quality service review contractor, DelMarva, will continue to conduct random reviews of provider service quality that will also assess HCBS compliance.

A designated method for the state to receive complaints and reports of non-compliance will be established within DMAS with the identification of a telephone number and a process for investigation and corrective action. The Commonwealth welcomes and encourages public and stakeholder input in confirming the HCB or non-HCB qualities of settings identified as well as other settings which have not been identified in this plan.

Remediation, Compliance & Monitoring, and Transition Process: ICF/IID LOC Waivers

What is Remediation, Compliance & Monitoring and Transition Process?

CMS requires the state to include in its STP a description of the remedial actions the state will use to assure full compliance with the HCBS settings requirements. The remedial actions should include milestones needed to address any non-compliant settings and timelines for completing milestones.

CMS also requests that states include in their STP a description of the states monitoring processes for assuring full and ongoing compliance with the HCBS settings requirements.

In addition, for settings that cannot come into compliance, the state must describe its transition process to assure that individuals, through a person-centered planning process, are given the opportunity, information, and supports needed to make an informed choice among setting options.

Site assessment findings from the following three activities have guided the state's remediation strategies: 1) provider self-assessment, 2) licensing staff site assessments, and 3) the identification of setting.

The Commonwealth proposes that many areas of noncompliance with the settings regulations will be remediated through the redesign of the three waivers supporting individuals with intellectual and developmental disabilities to include changes to program models, services, and provider rates that will support greater community integration, person-centeredness and choice. Each of the three 1915(c) waivers operated by DBHDS will be amended to provide increased flexibility, service choices and options to better meet individual needs and represent the integrated lifestyle choices individuals and families desire. The redesigned waivers will be fully operational and compliant with the settings requirements.

Legislation (**Senate Bill 30, Item 313 #8s**) was introduced in the recent Virginia General Assembly session instructing DBHDS to:

“convene a joint study group to recommend the essential components of a quasi-public Institute on Community Inclusion with statewide responsibility for furnishing providers of segregated day and residential services with the training and technical assistance they need to transition to community agencies capable of supporting individuals with I/DD in fully integrated community settings.”

Although this language was stricken from the final budget bill, there are plans to convene a similar stakeholder work group which address compliance and monitoring. Once established, this group, which is to consist of relevant state agencies along with representatives of non-governmental organizations, providers of community I/DD services and advocates/stakeholders, will be an additional resource for ensuring full and ongoing compliance. The input and involvement of advocates/stakeholders will be essential.

Compliance reporting will be made publicly available by July 2017 in aggregate format according to a timeline established by the state that will include initiation and closure of provider remediation plans, percentage of completion of transition and corrective action plans, and status of relocations.

Training and Education

Trainings on HCBS requirements are being held in conjunction with statewide trainings on the amended waivers. Since February, our Provider Development Department estimates that over 1,000 providers and DD professionals have been trained with additional trainings underway and scheduled. (See Appendix B.7)

Our DBHDS Family Resource Consultants are conducting two family focused trainings in each of the 5 regions. Additional targeted trainings for advocacy and family groups are also being held. (See Appendix B.7)

DBHDS Policy Director is scheduled to deliver two webinars to the State Organization supporting the Waiver Network, an advocate expert training group.

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The proposed actions and timelines of remediation and monitoring actions for the ICF/IID LOC waivers follow:

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
Heightened Scrutiny, Targeted Technical Assistance & Remediation					
Identification of Settings Presumed to be Institutional	See Appendix B.5	Settings “presumed to be institutional” are identified.	Completed February 2016	DBHDS Waiver Operations, Licensing and DMAS QMR	Complete: Settings presumed to be institutional have been identified.
Determinations of HCB status and submission for Heightened Scrutiny	See Appendix B.5	Setting “presumed to be institutional” review and analysis. State determines that settings are/are not HCB. For settings determined to be HCB state submits evidence for Heightened Scrutiny to CMS. Individuals/families notified of states determination. Transition process initiated for individuals living/receiving services in settings determined not to be HCB.	4/1/16 -6/30/17	DBHDS Waiver Operations, Licensing and DMAS QMR	States compliance determination of presumed institutional settings complete. As needed, evidence submitted for Heightened Scrutiny Individuals/families notified Transition process initiated
Compliance Review of identified settings that may need targeted technical	See Appendix B.6	These identified settings will be prioritized for review of settings by a Compliance review team. Compliance review teams may consist of CRCs,	4/1/16 – 6/30/17	DBHDS Provider Development staff, CSB Case Management staff	Providers contacted and provided with targeted (TA) to remediate non-compliance.

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
assistance and/or remediation		<p>DMAS staff, licensing staff, provider entity.</p> <p>DBHDS Provider Development staff will review the assessments of all providers in their catchment area showing a compliance issue identified via provider self-assessment, licensing site visits or those identified and potentially needing targeted technical assistance.</p> <p>Provider Development staff will contact the provider to arrange for a visit by a Compliance Review Team.</p> <p>The team will conduct a visual inspection of the setting, observation of setting and interactions, interview providers, DSP staff and individuals receiving services using a standard instrument. Providers will be required to present documentation to support HCB status, including policy manuals and staff training plans.</p> <p>Technical assistance will be provided</p>			

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>to will help the provider identify a remediation plan and associated milestones to correct the compliance issue.</p> <p>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.</p> <p>For providers having difficulty meeting milestones, Provider Development staff will work collaboratively with providers to determine technical assistance (TA) needs and remediation strategies to support the provider to meet milestones.</p> <p>Providers who consistently miss milestones without progress will</p>			<p>Upon request, providers develop and submit</p>

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>receive a corrective action plan. If compliance is not achieved according to plan milestones and deadlines the provider will be notified that their setting may be disenrolled from Medicaid as an HCBS setting.</p> <p>If it is determined that a setting is not able to come into compliance Individuals/families will be notified of the state's determination. Transition process initiated for individuals living/receiving services in settings determined not to be HCB.</p> <p>Ongoing compliance monitoring activities will consist of review of Individual Service Plans (ISPs) in the new Waiver Management System and the individual's calendar to determine degree of community integration, level of choice, and settings compliance.</p>			<p>remediation plan.</p> <p>Individuals/families notified Transition process initiated</p> <p>Desk review of ISPs</p>
Validation of Settings Compliance review		Determine methodology for a statistically significant sample of sites on site assessment and ISP desk review for validation of assessments and compliance.	10/16-6/17	DBHDS, DMAS, CSB case managers/ support coordinators	

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>DBHDS Provider Development staff will review the assessments of providers in their catchment area, if available (according to the required statistically significant numerical percentage) and schedule compliance reviews that will make up that percentage. If assessed providers do not equal the agreed upon percentage, Provider Development staff will select additional provider settings to make up the required number.</p> <p>The compliance review will consist of a desk review of the ISP along with provider supporting documentation and interviews with individuals receiving services and their family members.</p> <p>In case of a discrepancy between the interviews and supporting documentation, the review team will interview the provider and DSP staff.</p> <p>If a compliance issue is identified, the</p>			

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Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>remediation plan development process will apply as indicated for setting needing targeted assistance.</p> <p>If a compliance issue is not identified following the review, the provider will be classified as compliant with and compliance monitoring activities will be limited to the existing monitoring activities (Licensing site visits, QMR and QSR reviews, and case management monitoring.</p>			
Systemic Assessment Remediation					
Emergency Regulatory Action	Redesigned IDD waivers	The state will use its emergency regulatory authority to promulgate regulations for the newly designed waivers and new services.	Target Date: July, 2016	DBHDS and DMAS	Emergency Regulations in effect
Provider Manual Changes	Redesigned IDD waivers	<p>Provider manuals will be updated and revised to include new services, emergency regulation updates, and HCBS requirements and compliance guidance to ensure providers have the information and instruction needed to comply with settings requirements.</p> <p>Issue a DMAS Medicaid Memo</p>	Completed by 12/31/2016	DMAS and DBHDS Waiver Operations Staff	Instructive provider manual providing needed guidance on settings requirements and person centered planning

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Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		notifying all HCBS providers of manual updates and HCBS requirements and compliance timelines.			
Regulatory and Policy Updates	Redesigned IDD waivers	Address Identified Systemic Assessment Gaps in final Regulations. Develop, propose, and implement regulatory and policy requirements for HCBS settings in final IDD waiver regulations. See regulatory crosswalk and recommendations in Appendix B.1. Issue a DMAS Medicaid Memo notifying all HCBS providers of regulatory changes and HCBS requirements and timelines.	Target Date: January 1, 2018	DMAS and DBHDS Waiver Operations Staff	Enhancement of regulations and policies in support and alignment with the HCBS settings requirements providing the state with enforcement authority.
Provider Manual Changes	Redesigned IDD waivers	Provider manuals will be updated and revised to final regulations and all HCBS requirements and compliance guidance to ensure providers have the information and instruction needed to comply with settings requirements. Issue a DMAS Medicaid Memo notifying all HCBS providers of manual updates and HCBS requirements and compliance timelines.	June 2018	DMAS and DBHDS Waiver Operations Staff	Instructive provider manual providing guidance on settings requirements and person centered planning

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Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
Education & Training					
Education & Training	ICF/IID LOC waivers	Continued training for licensing staff on the HCBS settings requirements and the role of licensing staff in monitoring initial and ongoing compliance. Continued training for QMR staff on the HCBS settings requirements and role of QMR staff in monitoring initial and ongoing compliance.	June 2016 ongoing through March 2019	DBHDS and DMAS Waiver Operations Staff	Monitoring staff have the information, tools and resources needed to assess compliance and provide technical assistance.
Education & Training	ICF/IID LOC waivers	Continued training for Case Managers/Support Coordinators on the HCBS settings requirements and the initial and ongoing role of Case Managers/Support Coordinators in monitoring initial and ongoing compliance.	February 2016 ongoing through March 2019 (Quarterly case manager/support coordinator meetings)	DBHDS and DMAS Waiver Operations Staff and QMR Staff	Case Managers/Support Coordinators have the information, tools and resources needed to monitor ISPs and settings compliance and provide technical assistance.
Resources and education for individuals and	ICF/IID LOC waivers	Develop and disseminate information and resources targeting individuals and families.	1/2016 and ongoing	DBHDS, DBHDS Provider Development staff, and DMAS	Education and training resources and materials that inform and educate individuals

Commonwealth of Virginia REVISED Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS)
Final Regulation's Settings Requirements

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
families		<p>Present at stakeholder and advocacy conferences and events.</p> <p>Post VA HCBS resources on the DBHDS and DMAS websites</p> <p>Create and post a webinar that individuals and families can access on line.</p>		Waiver Operations staff	and families about the HCBS regulations and settings requirements.
Provider Education and Awareness on HCB Settings Requirements	ICF/IID LOC waivers	<p>Remediate provider HCBS knowledge gap evident provider self-assessment and licensing site visit finding.</p> <p>Obtain and/or develop HCB settings informational/guidance materials</p> <p>Regularly distribute information and materials through the following communication modes:</p> <ul style="list-style-type: none"> • Regional conferences, meetings and trainings • DBHDS/DMAS e-communications to providers and provider networks • Informational mailings • QMR, CRC & Licensing staff <p>Disseminate materials during on-</p>	5/15/2016 ongoing through 1/15/2018 (Quarterly Provider Roundtable meetings)	DBHDS staff, DMAS Waiver Operations and QMR staff	Providers know about the HCBS regulations and the settings requirements and knowledge to identify and remediate any gaps in their settings.

Commonwealth of Virginia REVISED Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS)
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Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		site visits			
Resources and education for Providers & Stakeholders		Distribution of WebEx recording on DMAS and DBHDS websites Posting of STP on DMAS and DBHDS websites Development of Guidance Document on Lease and Occupancy Agreements (posted on websites and used with trainings)	Ongoing	DBHDS staff, DMAS Waiver Operations	Providers and stakeholders will have the information needed to bring settings into compliance.
Initial & Ongoing Compliance Monitoring					
Provider and Stakeholder Collaboration and Outreach	ICF/IID LOC waivers	Develop a dedicated email address for My Life, My Community. Encourage feedback, recommendations, and information about potentially non-compliant settings	Complete June, 2015 and ongoing	DBHDS staff, DMAS staff, stakeholder organizations and advocates	MyLifeMyCommunity@dbhds.virginia.gov
Compliance Monitoring	ICF/IID LOC waivers	Participate in a multi-agency/department and stakeholder ICF/IID LOC compliance monitoring work group	6/1/2016 and Ongoing	Compliance & Monitoring Team	Multi-agency and stakeholder development of consistent implementation and oversight of compliance with settings requirements

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Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
Quality Management Review monitoring of compliance		On-site reviews, in-home and desk reviews as well as investigating complaints. The reviews determine the appropriateness and quality of services provided; monitor the provider's provision of services in accordance with state and federal regulations, policy, and procedures; and offer assistance to the provider in the form of education and training in the implementation and interpretation of Medicaid policies and regulations	Current and Ongoing past March 2019	DMAS QMR Staff	Initial and ongoing monitoring of setting's compliance with the HCBS regulations
DBHDS Licensing Reviews of licensed settings	ICF/IID LOC waivers	Review and monitoring of the general licensing standards, onsite inspections, and service delivery.	Current and Ongoing past March 2019	DBHDS Licensing Staff	Initial and ongoing monitoring of settings compliance with licensing rules and regulations
Program Integrity Monitoring	ICF/IID LOC waivers	Identify payments made to providers not meeting HCBS regulation.	January 2018 and ongoing past March 2019	DMAS Program Integrity Staff/ LTC	Protects against improper waiver payments made to providers operating settings that are not compliant with the HCB regulation
Case Managers/Support Coordinators monitoring of compliance	ICF/IID LOC waivers	Monitor settings for initial and ongoing compliance and community integration through case management/support coordinators face to face visits with individuals, development of person centered service plans, and review of	July 2016 and ongoing	CSB staff, DBHDS staff, DMAS staff	Initial and ongoing monitoring of settings and community integration opportunities present in person centered service plans and monthly/quarterly reports.

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Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>monthly/quarterly reports.</p> <p>Report issues, concerns, non-compliant settings to DBHDS.</p>			
DBHDS HCBS provider database	ICF/IID LOC waivers	<p>DBHDS has developed a database for the purpose of identifying settings and tracking compliance. The database will be refined, enhanced and maintained and will include:</p> <ul style="list-style-type: none"> • setting type • size • location • compliance status, issue/concerns • remediation actions/plans • provider response status to self-assessment surveys 	January 2016 and ongoing	DBHDS staff	A database that can be used to track ongoing compliance and identify settings that need additional assessment and/or monitoring.
Follow establish reporting procedures and process	ICF/IID LOC waivers	An established procedure allows licensing specialists and human rights advocates to report suspected regulatory violations that occur in a licensed setting. This reporting will trigger an investigation by DBHDS. If necessary, DBHDS Licensing or QMR staff can issue a corrective action plan	March 2016 and ongoing	DBHDS licensing staff, human rights advocates, and DMAS QMR staff	Internal reporting process for sites/settings with compliance concerns.

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Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		to address the compliance issue.			
Provider Enrollment	ICF/IID LOC waiver	Identify settings before they are enrolled to ensure they are a HCB setting	Implemented by 3/2017 and ongoing	DMAS Waiver Operations Staff, and Provider Enrollment staff, DBHDS Staff	Educate providers and assurance of compliance upon enrollment
Technical Assistance					
Provide guidance and TA on settings requirements for provider owned and operated residential settings	ICF/IID LOC waiver residential services providers	<p>Develop and disseminate HCBS settings requirements (F1 – F6) FAQ materials.</p> <p>Promote opportunities for provider to provider TA and peer reviews.</p> <p>Conduct topical webinars on specific setting requirements and remediation strategies.</p> <p>Facilitate provider compliance with lease requirements for HCB residential settings. Develop guidance materials on meeting the HCBS lease requirement. Disseminate materials and provide TA.</p>	February 2016 and ongoing	DBHDS, DMAS, DBHDS regional housing specialists	Providers of residential services in provider owned or operated settings receive the information and TA needed to come into compliance with the setting requirements.

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Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
Provide Center Based Day Support Targeted TA	Center Based Day Support	<p>Review Participants Individual Service Plans. Determine degree of community integration, level of choice, and settings compliance. Results will be conveyed quarterly to DBHDS and DMAS staff for targeted technical assistance.</p> <p>Provider Development staff will meet with providers identified as needing targeted technical assistance to verify and determine remediation needs and strategies.</p> <p>When determined necessary, request providers to submit remediation plans.</p>	4/1/16 – 3/31/17	DBHDS staff and DMAS Waiver Operations and QMR staff, CSB Case managers/support coordinators	Center-Based Day Support settings receive the information and TA needed to come into compliance with the setting requirements.
Other					
Provider Development		The state has been working with and continues to work with providers to achieve compliance. The state has developed a formal plan to improve provider capacity, through implementation of competency-based training requirements for providers which to increase the availability and improve the quality of DD Services.	3/1/2016-1/1/2018	DBHDS Provider Development Staff	<p>Individuals with developmental disabilities are supported in person-centered ways by competent, well-trained staff.</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Service elements are

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
		<p>Goal #1: Providers know and comply with expectations for providing person-centered practices and keeping people healthy and safe, including knowledge and competencies required of direct support professionals and their supervisors to support individuals in their services.</p> <p>Goal#2 Providers are able to report in a central location that they meet DBHDS requirements and competencies and can assess themselves against established criteria of best practices and other providers.</p> <p>Goal# 3: Individuals and families easily locate qualified providers matching their preferences and needs.</p>			<p>identified.</p> <ul style="list-style-type: none"> - Staff and schedule of competency checks determined. - An updated DSP Orientation Manual, training materials and competency checklist tools are available online. - Providers understand and implement competency checks on an ongoing basis. - A comprehensive competency-based training curriculum is used by providers of DD Services. <p>There is an online system for provider self-reporting of their agency's standing in relation to federal and state expectations</p>

Remediation & Monitoring Actions: Virginia proposes the actions below to assure full and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and outcomes.

Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
					<p>for quality services.</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Indicators of qualified providers are developed and delineated across key areas: person-centeredness, quality service history, expertise, innovation and outcomes. - Provider surveys are available that include indicators around staff qualifications based on key areas of expertise <p>There is an online database that lists providers by location and self-assessed standing in relation to qualifications and</p>

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Action Item	Setting/ HCBS Waiver	Description	Timeline	Responsible Parties/ Stakeholders	Outcome
					<p>expertise.</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Providers are surveyed to determine location and results of self-assessment. - CSBs are surveyed to identify gaps in services statewide. - DBHDS has a process for filling gaps in services.
IDD Transition Process	ICF/IID LOC waiver	Transition Process initiated for individuals living/receiving services in settings determined not to be HCB. All necessary transitions will occur by March 2019.	6/1/2017-3/1/19	DBHDS Provider Development Staff and DMAS QMR Staff	See proposed Transition Process for additional details and target dates.
Establish a stakeholder workgroup to address HCBS compliance.		A stakeholder workgroup to address HCBS compliance and provider capacity will be convened.	7/1/16 – 3/17/19	Entities identified in SB 30 Item 313#8s	

Commonwealth of Virginia REVISED Statewide Transition Plan for Compliance with
the Home and Community Based Services (HCBS) Final Regulation's Settings
Requirements

Transition Process

Support coordinators/case managers working with individuals whose providers status is anticipated to change, will notify individuals receiving services and their families, as appropriate, of the provider's status and anticipated need to relocate. The case manager and or support coordinator will work with the provider, individual, and family as appropriate, to ensure smooth transition to a setting that complies with the HCBS settings requirements. For providers who wish to maintain their Medicaid agreements, DBHDS will make every effort to assist them in coming into full compliance with the HCBS regulations, with mandatory disenrollment as an action of last resort.

Support coordinators/case managers for individuals receiving supports in those settings will begin to work with the individuals needing to transition to alternate settings in July of 2017. It is anticipated that by September 2018 all needed transitions will be complete.

Support coordinators/case managers will ensure a person-centered process and informed choice of alternate providers and locations for persons who wish to continue to receive waiver services. The process will include the following:

- Individuals will be provided with reasonable notice of the need to transition and choose another setting.
- Individuals will be actively engaged and involved in the development of their person-centered transition/relocation plan to include a relocation timeline and information and supports to make an informed choice for an alternate setting that complies with the settings requirements.
- Transition activities and assurances that services and supports are planned for and will be in place when an individual transitions.

As the new regulations are promulgated, Virginia will develop and operationalize procedures to validate conformance with settings requirements into existing processes for provider enrollment and licensing. The developed and implemented changes will be designed to ensure that, as new providers enroll and are licensed, they fully meet the settings requirements. Efforts occurring within the state to increase provider capacity will continue throughout the transition period.

APPENDIX A: 1915(c) Nursing Facility Level of care waivers

APPENDIX A: 1915(c) Nursing Facility Level of care waivers

A.1 NF-LOC Waiver: EDCD ADHC Regulatory Crosswalk

A.2 ADCC by Capacity and Location

A.3 Heightened Scrutiny Evidence

- Bedford Adult Day Center
 - HCBS Setting Assessment
 - Center Brochure
 - Center menu
 - Center Activity Calendar
- Riverside Adult Day Services
 - HCBS Setting Assessment
 - Center Brochure
 - Center menu
 - Center Activity Calendar

A.4 AAL Waiver Site Assessment Tool

A.5 AAL Waiver family/Contact Interview Script

A.6 AAL Waiver ALF sites

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In Virginia, the Virginia Department of Social Services (DSS) licenses all Virginia Adult Day Care Centers (ADCCs), many of which participate in the Elderly or Disabled with Consumer Direction (EDCD) Waiver as providers of Adult Day Health Care (ADHC) services. ADHC providers are also regulated by the Virginia Department of Medical Assistance Services (DMAS) for the provision of ADHC services to individuals enrolled in the EDCD waiver. Therefore, there are two potential layers where compliance with the HCBS regulations can occur. In other words, elements within the HCBS regulations are not necessarily required in both of the regulatory chapters as long as the element is included in at least one and a corresponding monitoring process is set up to ensure ongoing compliance.

As part of a state-required periodic review, DSS Licensing staff have appointed a regulatory advisory panel (RAP) to review the ADCC regulations. During this process, which is regulated by 22VAC40-12 Public Participation Guidelines, DMAS Waiver Operations Staff are participating in the RAP. Per 22VAC40-12-70

Appointment of Regulatory Advisory Panel, DMAS and other stakeholders, including providers, provider associations, advocates, other state agencies, and experts, “provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.”

DSS Licensing staff specifically requested the technical assistance and input from DMAS Waiver Operation staff on Virginia’s EDCD waiver regulations and CMS HCBS Final Rule regulations. To date, such technical assistance has included a presentation on the CMS HCBS Final Rule as well as written recommendations regarding the ADCC regulation chapter (22VAC40-60) to better align it with the EDCD waiver regulations and support ongoing compliance and monitoring efforts.

**STATE REGULATIONS COMPLYING WITH THE HCBS
REGULATION**

The Virginia regulations identified below include those that are compliant with the HCBS regulations.

HCBS Regulation A:	Setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
<u>DMAS Waiver Regulations</u>	12VAC30-120-930: General Requirements for Home and Community-Based Participating Providers A(7): “Provide services and supplies to individuals of the same quality and in the same mode of delivery as are provided to the general public.”

NF-LOC Waiver:
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HCBS Regulation B:	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.
<u>DSS ADCC Licensing Regulations</u>	<p>22VAC40-60-570 Plan of care for each participant</p> <p>A. Prior to admission, a preliminary multi-disciplinary plan of care, based upon the assessment, shall be developed in writing for each participant. The participant and responsible family members shall have opportunity for input. The plan shall be updated and completed within 30 days of admission.</p> <p>B. The plan shall be designed to maintain or improve the participant's highest level of functional ability. The plan shall include:</p> <ol style="list-style-type: none"> 1. A description of the participant's needs; 2. Realistic goals to meet those needs; 3. The activities and services to meet those goals and who will provide them; and 4. If appropriate, the time by which the goals should be achieved. <p>C. The written plan of care and personal information shall be reviewed and updated as significant changes occur and at least every six months. The revised plan of care shall be in writing.</p>
<u>DMAS Waiver Regulations</u>	<p>12VAC30-120-930 General Requirements for Home and Community-Based Participating Providers</p> <p>A(3). Except for waiver individuals who are subject to the DMAS Client Medical Management program Part VIII (12VAC30-130-800 et seq.) of 12VAC30-130 or are enrolled in a Medicaid managed care program, ensure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services are performed;</p> <p>A(4). Ensure the individual's freedom to refuse medical care, treatment, and services;</p> <p>D. The waiver individual shall have the option of selecting the provider of his choice from among those providers who are approved and who can appropriately meet his needs.</p>

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HCBS Regulation C:	Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.
DSS ADCC Licensing Regulations	<p>22VAC 40-60-500 Privacy space Space shall be available to allow privacy for participants during interviews, visits, telephone conversations, counseling, therapy, and other similar activities.</p> <p>22VAC 40-60-550 Rest area A. A separate room or area shall be available for participants who become ill, need to rest, or need to have privacy. The separate room or area shall be equipped with one bed, comfortable cot or recliner for every 12 participants.</p> <p>22VAC 40-60-556 Telephones C. Privacy shall be provided for participants to use the telephone.</p> <p>22 VAC 40-60-692 Rights of participants A. The participant shall be treated as an adult with consideration, respect and dignity, including privacy in treatment and in care for personal needs. F. The privacy and confidentiality of each participant shall be fully respected.</p> <p>22VAC 40-60-699 Assistance with activities of daily living If the center serves participants who need assistance with activities of daily living (ADLs), the following standards shall apply: 3. Assistance with toileting. f. Privacy, confidentiality and dignity shall be maintained for participants during toileting, including closing doors and not discussing needs in front of others. 4. Assistance with bathing. a. The center shall ensure the privacy and dignity of a participant who is assisted with bathing/showering</p>
DMAS Waiver Regulations	<p>12VAC30-120-930 General Requirements for Home and Community-Based Participating Providers A(4). Ensure the individual's freedom to refuse medical care, treatment, and services;</p>

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HCBS Regulation D:	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.
<u>DSS ADCC Licensing Regulations</u>	<p>22VAC 40-60-691 Goals of programs and services Programs and services shall be designed to:</p> <p>2. Encourage participants to maintain maximal independence in the activities of daily living.</p> <p>22VAC 40-60-692 Rights of participants B. The participant shall be encouraged and supported to maintain the highest level of personal and functional independence that conditions and circumstances permit.</p> <p>22VAC 40-60-700 Planning the activities D. All activities shall:</p> <p>1. Support the physical, social, mental, and emotional abilities and skills of participants; 2. Promote or maintain the participant's highest level of independence or functioning; and</p>
<u>DMAS Waiver Regulations</u>	<p>12VAC30-120-930 General Requirements for Home and Community-Based Participating Providers A(4). Ensure the individual's freedom to refuse medical care, treatment, and services;</p> <p>D. The waiver individual shall have the option of selecting the provider of his choice from among those providers who are approved and who can appropriately meet his needs.</p>

NF-LOC Waiver:
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HCBS Regulation E:	Facilitates individual choice regarding services and supports, and who provides them.
DMAS Waiver Regulations	<p>12VAC30-120-930 General Requirements for Home and Community-Based Participating Providers</p> <p>A(3). Except for waiver individuals who are subject to the DMAS Client Medical Management program Part VIII (12VAC30-130-800 et seq.) of 12VAC30-130 or are enrolled in a Medicaid managed care program, ensure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services are performed;</p> <p>A(4). Ensure the individual's freedom to refuse medical care, treatment, and services;</p> <p>D. The waiver individual shall have the option of selecting the provider of his choice from among those providers who are approved and who can appropriately meet his needs.</p>
HCBS Regulation Supplement 2:	Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.
DMAS Waiver Regulations	<p>12VAC30-120-920 Individual Eligibility Requirements</p> <p>C. Assessment and authorization of home and community-based services</p> <p>9. Home and community-based care services shall not be offered or provided to any individual who resides in a NF [nursing facility], an ICF/IID [intermediate care facility for individuals with intellectual disabilities], a hospital, an assisted living facility licensed by VDSS that serves five or more individuals, or a group home licensed by DBHDS. Transition coordination and transition services may be available to individuals residing in some settings as approved by CMS through the Money Follows the Person demonstration program.</p> <p>10. Certain home and community-based services shall not be available to individuals residing in an assisted living facility licensed by VDSS that serves four or fewer individuals. These services are: respite, PERS, ADHC, environmental modifications and transition services. Personal care services shall be covered for individuals living in these facilities but shall be limited to personal care not to exceed five hours per day. Personal care services shall be authorized based on the waiver individual's documented need for care over and above that provided by the facility.</p>

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Compliance and Monitoring:	For the CMS HCBS Final Rule Items A-E.
<u>DSS ADCC Licensing Regulations</u>	22VAC40-80 General Procedures and Information for Licensure (This chapter outlines the licensing, monitoring inspection and compliance determination process for DSS licensed providers, including ADCC.)
<u>DMAS Waiver Regulations</u>	<p>12VAC30-120-990 Quality Management Review; Utilization Review; Level of Care (Loc) Reviews</p> <p>A. DMAS shall perform quality management reviews for the purpose of assuring high quality of service delivery consistent with the attending physicians' orders, approved POCs, service authorized services for the waiver individuals, and DMAS compliance with CMS assurances. Providers identified as not meeting the standards consistent with such orders, POCs, and service authorizations shall be required to submit corrective action plans (CAPs) to DMAS for approval. Once approved, such CAPs shall be implemented to resolve the cited deficiencies.</p> <p>B. If DMAS staff determines, during any review or at any other time, that the waiver individual no longer meets the criteria for participation in the waiver (such as functional dependencies, medical/nursing needs, risk of NF placement, or Medicaid financial eligibility), then DMAS staff, as appropriate, shall deny payment for waiver services for such waiver individual and the waiver individual shall be discharged from the waiver.</p> <p>C. Securing service authorization shall not necessarily guarantee reimbursement pursuant to DMAS utilization review of waiver services.</p> <p>D. Failure to meet documentation requirements and supervisory reviews in a timely manner may result in either a plan of corrective action or retraction of payments.</p> <p>E. Once waiver enrollment occurs, Level of Care Eligibility Re-determination audits (LOCERI) shall be performed at DMAS.</p> <p>1. This independent electronic calculation of eligibility determination is performed and communicated to the DMAS supervisor. Any individual whose LOCERI audit shows failure to meet eligibility criteria shall receive a second manual review and may receive a home visit by DMAS staff.</p> <p>2. The agency provider and the CD services facilitator shall submit to DMAS upon request an updated DMAS-99 LOC form, information from a current DMAS-97 A/B form, and, if applicable, the DMAS-225 form for designated waiver individuals. This information is required by DMAS to assess the waiver individual's ongoing need for Medicaid-funded long-term care and appropriateness and adequacy of services rendered.</p>

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DMAS or its designated agent shall periodically review and audit providers' records for these services for conformance to regulations and policies and concurrence with claims that have been submitted for payment. When a waiver individual is receiving multiple services, the records for all services shall be separated from those of non-home and community-based care services, such as companion or home health services. Failure to maintain the required documentation may result in DMAS' determination of overpayments against providers and requiring such providers to repay these overpayments pursuant to § 32.1-325.1 of the Code of Virginia.

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ADCC By Capacity and Location (as of 1/19/2016)

Facility Name	Capacity	Fips	EDCD Waiver	PACE
CENTRAL REGION				
Helping Hands Adult Care Center of Petersburg	12	Petersburg (City)		
VCU Health System Adult Day Intergenerational Center	12	Richmond (City)		
Lucy Corr Village ADC	20	Chesterfield		
Fox Towne Adult Care Center	21	King George	X	
Bay Aging Adult Day Break	22	Essex	X	
Nour Day Support	22	Henrico		
Central Adult Day Care	25	Richmond (City)	X	
JABA's Adult Day Healthcare Center	25	Louisa	X	
Interfaith Adult Day Care, Inc.	30	Petersburg (City)	X	
South Richmond Adult Day Care Center	32	Richmond (City)	X	
Swift Creek Day Center	33	Richmond (City)	X	
Loving Years Adult Day Care Center	38	Petersburg (City)	X	
Adult Day Center of Virginia	40	Richmond (City)	X	
Faith Works Adult Day Support Center	40	Henrico	X	
Hanover Adult Center	40	Hanover	X	
Viable Adult Day Care Center	40	Richmond (City)	X	
Seraphim Ministries International Senior Life Center	49	Petersburg (City)		
Hazelwood House Adult Day Care Center	50	Mecklenburg	X	
Alternative Adult Care, LLC	60	Henrico		
JABA Adult Day Care Center	60	Albemarle	X	
Seniors 1 st Choice	60	Richmond (City)	X	
A Grace Place Adult Care Center	70	Henrico	X	
Blessings For You Adult Day Center	103	Henrico	X	
Riverside Senior Care Center	120	Richmond (City)		Partial
Centra PACE	125	Prince Edward		X
Circle Center Adult Day Services	130	Henrico	X	
Blue Ridge PACE	150	Charlottesville (City)		X
Riverside PACE MacTavish	170	Henrico		X
PENNINSULA REGION				
Gloucester Adult Day Break	24	Gloucester	X	

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ADCC By Capacity and Location (as of 1/19/2016)

Riverside Adult Day Services Center-Denbigh	43	Newport News (City)	X	
Sunrise House of Virginia	50	Hampton (City)		
Riverside PACE	129	Hampton (City)		X
Riverside PACE-Newport News	150	Newport News (City)		X
EASTERN REGION				
Adult Day Services by Norfolk Senior Center t/a Primeplus	35	Norfolk (City)		
M.E. Cox Center for Elder Day Care	35	Virginia Beach (City)	X	
Sentara PACE	86	Portsmouth (City)		X
Sentara Senior Community Care	125	Norfolk (City)		X
FAIRFAX REGION				
Mac Brownell Adult Day Center	20	Loudoun		
Alexandria Adult Day Services Center	24	Alexandria (City)		
Loudoun County Adult Day Center at Leesburg	26	Loudoun		
Eastern Loudoun Adult Day Center	30	Loudoun		
Annandale Adult Day Health Care Center	35	Fairfax	X	
Walter Reed Adult Day Health Care Center	40	Arlington	X	
Herndon Harbor Adult Day Health Care Center	45	Fairfax	X	
Lewinsville Adult Day Health Care Center	45	Fairfax	X	
Lincolnia Adult Day Health Care Center	45	Fairfax	X	
Mt. Vernon Adult Day Health Care Center	45	Fairfax	X	
InovaCares for Seniors-PACE at Olley Lane	60	Fairfax		X
Insight Memory Care Center	60	Fairfax	X	
Joy Adult Day Healthcare Center	90	Fairfax	X	
Agape Adult Day Healthcare Center	120	Fairfax	X	
Washington Senior Healthcare Center	150	Fairfax	X	
Agape Adult Day Healthcare Center II	180	Fairfax		
NORTHERN REGION				
Warrenton Adult Day Health Care Center	10	Fauquier		
Hughes Adult Day Care	24	Fredericksburg (City)		
Prince William Adult Day Healthcare at Woodbridge	30	Prince William	X	
LTC Adult Day Care Center	65	Manassas (City)	X	
PIEDMONT REGION				

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Home and Community Based Services Regulation's Settings Requirements
ADCC By Capacity and Location (as of 1/19/2016)

Raspberry Hill Adult Daytime Center	8	Bedford		
Adult Care Center of the Highlands	10	Clifton Forge (City)	X	
Adult Care Center of Central Virginia	30	Lynchburg (City)	X	
Bedford Adult Day Center	50	Bedford	X	
Adult Day Care Center of Martinsville & Henry County	70	Martinsville (City)	X	
Adult Care Center of Roanoke Valley	78	Salem (City)	X	
Centra PACE	80	Lynchburg (City)		X
Kissito PACE of Roanoke, Inc.	80	Roanoke		X
VALLEY REGION				
Generations Crossing	30	Rockingham	X	
Adult Care Center of the Northern Shenandoah Valley, Inc.	35	Winchester (City)	X	
Daily Living Center, Inc.	40	Waynesboro (City)	X	
WESTERN REGION				
Carrington Place Adult Day Program	10	Wythe	X	
Fellowship House Adult Day Health Care	18	Scott	X	
Generations at Haysi	18	Dickenson	X	Partial
Giles Adult Day Services	18	Giles		
Virginia Tech Adult Day Services	18	Montgomery	X	
Generations Adult Day Care Center	36	Tazewell		X
Mountain Empire Older Citizens, Inc.	110	Wise	X	X

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

CMS exploratory questions have been provided as bulleted questions/guidance for this assessment to aid with responses to questions 1 through 8. Every bullet point may not specifically apply to every situation and should be considered as guidance.

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

Site Assessment Tool	C	NC	PC	
Questions 1 – 6 Apply to all non-residential settings¹				
1. Is the setting integrated in and supportive of the same degree of access to the greater community for individuals whether or not they receive Medicaid HCBS?	C	NC	PC	Comments:
• Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings?	✓			Site has alternate activities simultaneously for EDCD and ID participants.
• Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and opportunities for individual growth?	✓			Site provides services from 8:30 AM-5:30 PM M-F
• Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to in a restricted area or room within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?	✓			Site provides services to individuals with the following payer sources: private pay participants, OBRA grant participants, Veterans participants, ID waiver participants, and EDCD waiver participants.
• Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?	✓			Each participant has full access to all activities and service provided by BADC
• Do individuals in the setting have access to public transportation? Or are other resources provided for the individual to access the broader community?	✓			Each participant has access to telephone for Taxicab service,

¹ Questions derived from \ CMS Exploratory

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them; are visiting hours unrestricted; does the setting encourage interaction with the public? 	✓			Bedford, and LogistiCare. There are no restrictions on visitors and visitors are encouraged as evidenced by activity calendar. The facility and vehicles are in compliance with all ADA requirements. The places where elevation changes are clearly marked.
<ul style="list-style-type: none"> Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment and tables/desks and chairs at a convenient height and locations with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator available? 	✓			
2. The setting is selected by the individual from among setting options including non-disability specific settings. Setting options are identified and documented in the PCP and are based on individual needs and preferences.	C	NC	PC	Comments: The participant can be involved in group and/or individualized activities. Most activities are planned by the participant current individual Service Plan (ISP). In addition, the ISP and consent form addresses choice. The participant has access to community resource file and staff at the center. The file and staff is made available by management for all participants.
<ul style="list-style-type: none"> Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of providers? 	✓			
<ul style="list-style-type: none"> Do the setting options include non-disability specific settings such as volunteering in the community or engaging in non-disability specific community activities such as going to the Y? 	✓			
3. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint?	C	NC	PC	

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Is all information about the individual kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diets, etc., in general areas? 	✓			BADC ensures that all information is kept private to ensure compliance with HIPPA and other regulations. The private information is kept out of the common area. In addition, all staff is required to attend annually training for HIPPA.
<ul style="list-style-type: none"> Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate? 	✓			BADC has a room with a door for all personal assistance with their personal appearance, etc.
<ul style="list-style-type: none"> Do setting requirements assure that staff does not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present? 	✓			Part of BADC Mission is to respect participant's privacy and dignity.
<ul style="list-style-type: none"> Does the setting ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting? 	✓			BADC works closely with it Human Rights person. Staff is trained annually in MANDT.
<ul style="list-style-type: none"> Does the setting offer a secure place for the individual to store personal belongings? 	✓			
<ul style="list-style-type: none"> Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities? 	✓			The participants have cubicles behind a secured door for personal belongings. BADC ensure staff is trained at least annually on respect and treatment of all participants
4. 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.	C	NC	PC	Comments:
<ul style="list-style-type: none"> Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? 	✓			BADC doors have locks; however, the doors open freely from the inside only. The outdoor fencing has gates with latches, but no locks

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? For example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities? 	✓			BADC participants activity calendars provides information and detail based on large group activity areas, individual, stimulating, and calming activities.
<ul style="list-style-type: none"> Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with certain group of people? 	✓			Each participant has freedom of movement within the facility.
<ul style="list-style-type: none"> Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e. individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports? 	✓			The freedom may be based on the assistance of staff because some participant has limited mobility. BADC has the options to provide the participants with an alternative meal. In addition, to variety of healthy snacks which are always available. The participants could choose to have their meal in the BADC sunroom which has additional tables and chairs with floor length blinds for a private dining.
<ul style="list-style-type: none"> Does the setting post or provide information on individual rights? 	✓			
<ul style="list-style-type: none"> Does the setting prohibit individuals from engaging in legal activities (ex. Voting with 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports? 	✓			BADC has the participants rights posted in the common area where they could be seen by all. BADC does prohibit participants for engaging in illegal activities at all times.
<ul style="list-style-type: none"> Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires? 	✓			The ISP determines most of the participant's activities. However, other alternate activities are offered in addition to primary activities.

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

Site Assessment Tool	C	NC	PC	
5. The setting facilitates individual choice regarding services and supports and who provides them.	C	NC	PC	
<ul style="list-style-type: none"> • Was the individual provided a choice regarding services, provide and setting and the opportunity to visit/understand the options? 	✓			<p>BADC consent and screening forms for EDCD, ID SIS, and OBRA to provide the participants information concerning choice.</p> <p>BADC usually use the scheduled reassessment period to determine if change is necessary, however participants have the right to request change at any time.</p> <p>BADC offers varieties of activities any time during the day.</p> <p>BADC ensure and encourages participant and caregivers to join in on assessment and planning process. The interdisciplinary team has the oversight for this process.</p> <p>BADC has a file available to all participants and caregivers to ensure that they know and understand their right as they pertain to HCBS. If a change occur the information with be provided during the reassessment period.</p>
<ul style="list-style-type: none"> • Does the setting afford the individual the opportunity to regularly or periodically update or change their preferences? 	✓			
<ul style="list-style-type: none"> • Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual’s needs and preferences? 	✓			
<ul style="list-style-type: none"> • Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals? 	✓			
<ul style="list-style-type: none"> • Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS? 	✓			

Name of Provider: Bedford Adult Day Care/Centra Health
 Address of Setting being Assessed: 1617 Oakwood St, Bedford, VA 24523

ADHC HCBS Setting Assessment

Site Assessment Tool	C	NC	PC	
6. Does the setting optimize interaction, autonomy and independence in making life choices?	C	NC	PC	<p>Comments:</p> <p>BADC ensure that the participants and/or legal guardians has the information in writing and they are told verbally about their options which should allow them to make an informed decisions</p> <p>The participants ISP ensure each individual needs, interests, and goals are being met. Meeting the goals should allow an increase or maintain the participant’s functional levels.</p>
• Is the individual given information to assist him/her to make informed decisions?	✓			
• Is the individual learning skills to enable him/her to maximize independence?	✓			

Completed

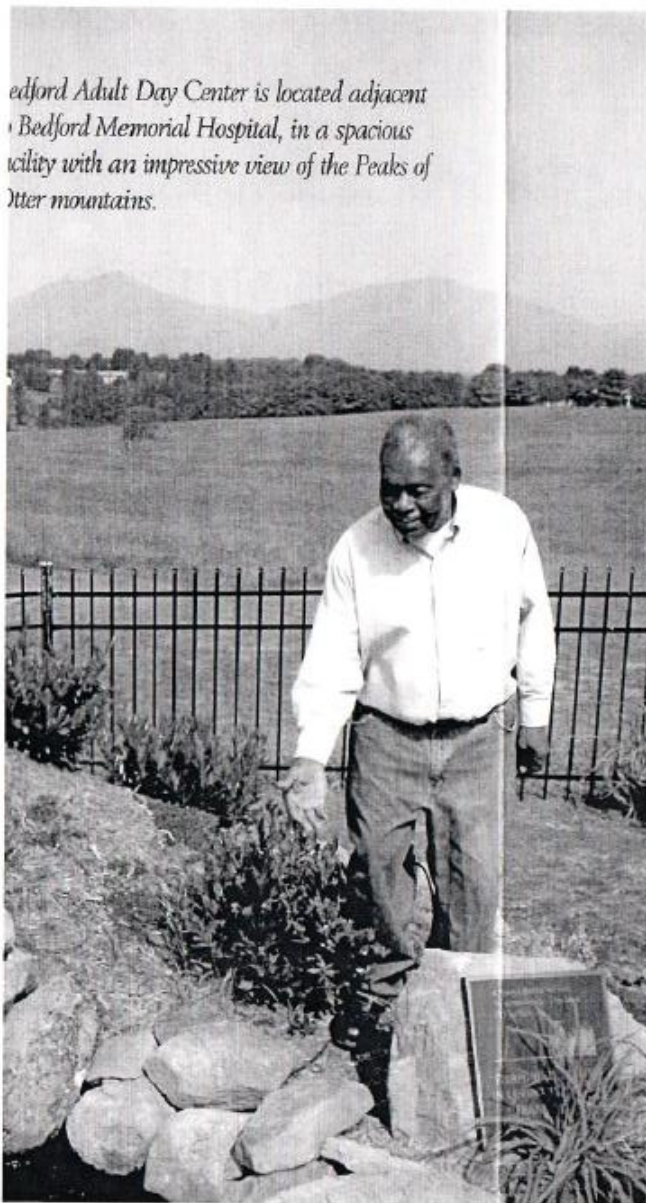
NOTES: Bedford Adult Day Care (BADC) and Oakwood Manor Nursing Home are on the grounds of Centra Bedford Memorial Hospital Hospice at 1613 Oakwood St, Bedford, VA 24523. BADC has 53 participants on it roll with an average daily attendance of 38.2 participants; 14 of the participants receive ADHC services through the EDCD waiver. BADC employs 15 staff with two LPNs and a RN. Of the 53 participants, 4 participants reside at Oakwood Manor Nursing Home. The 4 participants from Oakwood Manor Nursing Home use the OBRA grants to attend BADC. One of the participants from Oakwood Manor Nursing Home has been attending BADC for over 20 years.

Assessment completed by: Christopher L Calloway Sr. Date: February 1, 2016

Visit date: February 1, 2016

Bedford Adult Day Center Brochure

Bedford Adult Day Center is located adjacent to Bedford Memorial Hospital, in a spacious facility with an impressive view of the Peaks of Otter mountains.



Additional Information *(continued)*

- Limited financial assistance is available to participants in need from the Bedford Community Health Foundation, Inc.
- Our center accepts reimbursement for services from Medicaid, the Veterans Administration, and private pay.

Our Funding

Bedford Adult Day Center, a non-profit facility, has been generously funded by:

- Bedford Memorial Hospital
- Maupin-Sizemore Foundation
- Bedford Community Health Foundation
- Carilion Foundation
- Centra Health Foundation
- Greater Lynchburg Community Trust
- Virginia Department of Aging
- Eliza Thomas Estate
- Dr. John Austin Estate
- Many private donors

For more information or a free-visit day, please contact us at 540-586-8424.

Bedford Adult Day Center
1617 Oakwood Street
Bedford, VA 24523



**Adult Day Health Program
and Intellectual Disability
Day Support Program**

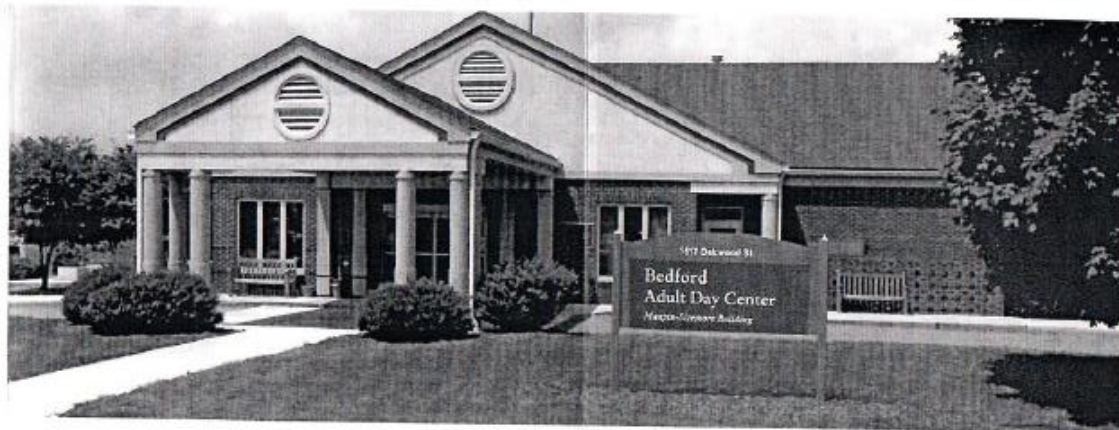
Bedford Adult Day Center
A SERVICE OF BEDFORD MEMORIAL HOSPITAL

Bedford Adult Day Center Brochure



Continuing its tradition of providing quality care since 1993, the center offers professional care and supervision for adults who, for various reasons, may be dependent upon others.

ty is an asset to the community with garden and fenced patio. The center participants socialization, personal care, ctivities, and separate areas for d care.



Adult Day Health Program

Our Goals

- Offer assistance with care needs and supervision in order to prevent institutional placement.
- Provide education, support and respite to family caregivers.
- Provide a stimulating program of social, recreational and therapeutic activities geared toward a variety of participant needs and abilities.
- Enhance participants' sense of well-being and give them an opportunity to socialize with their peers.

Our Staff

- Center manager
- Activity coordinator and activity specialist
- Trained nursing assistants
- Registered nurse and licensed practical nurse
- Drivers

Recreational Activities

- Music
- Arts and crafts
- Therapeutic exercise
- Games



Intellectual Disability Day Support Program

In addition to the recreational activities of the Adult Day Health Program, the Intellectual Disability Day Support Program offers:

- Skill training in a variety of areas
- Focus on communication and behavioral skills



Additional Information

- Hours of operation are Monday – Friday, from 7 a.m. – 5 p.m.
- Scheduling is flexible according to participant need.
- The center offers transportation services to participants from much of the surrounding area.
- The daily program fee covers a well-balanced lunch and snacks.
- The center is licensed by the Department of Social Services, Department of Behavioral Health and Disability Services and Substance Abuse Services, and has contracts with the Department of Medical Assistance Services (Medicaid), and the Veterans Administration.

Bedford Adult Day Center Menu

Bedford Adult Day Center Menu Month: February 2016

*Each meal served with 2 pieces of bread & 8 oz. Skim or 1% White Milk, or Non-fat Chocolate Milk. (Whole milk is available upon request, but is not a creditable food)
A sandwich alternative is available upon request. Participants may opt to bring their own lunch.

<p>1 Regular Baked Fish Peas and Carrots Coleslaw Pear halves Pureed Chicken Mashed potatoes Pear halves Pureed Country Bread 28</p>	<p>2 Regular Hamburger on bun Lettuce/tomato Carrots Mashed Potatoes Apple pie Pureed Turkey meat loaf/gravy Carrots Mashed Potatoes Apple pie Pureed Country Bread 1</p>	<p>3 Regular Chicken pot pie Spinach Whipped sweet potato Vanilla pudding Wheat roll Pureed Chicken Spinach Whipped sweet potatoes Vanilla pudding Pureed Country Bread 2</p>	<p>4 Regular Pulled pork BBQ on bun Coleslaw Baked beans Applesauce Pureed Pulled pork BBQ Baked beans Mashed potatoes Applesauce Pureed Country Bread 3</p>	<p>5 Regular Hamburger on bun Lettuce/tomato Vegetable Medley Steak French fries Raspberry sherbet Pureed Roast beef Vegetable medley Mashed potatoes Raspberry sherbet Pureed Country Bread 4</p>
<p>8 Regular Baked catfish Coleslaw Corn Peach Cobbler Wheat roll Pureed Catfish Green beans Applesauce Peach Cobbler Pureed Country Bread 7</p>	<p>9 Regular Pork roast Broccoli Whipped sweet potato Yellow cake White roll Pureed Pork roast with orange sauce Beets Whipped sweet potatoes Yellow cake Pureed Country Bread 8</p>	<p>10 Regular Grilled chicken sandwich French fries Lettuce/tomato Pear halves Pureed Chicken Mashed potatoes Pears Pureed Country Bread 9</p>	<p>11 Regular Meat lasagna Green beans Applesauce Chocolate pudding Wheat roll Pureed Lasagna Green beans Applesauce Chocolate pudding Pureed Country Bread 10</p>	<p>12 Regular Beef stroganoff/Brown Rice Beets Green Peas Fruited Jello Roll Pureed Beef stroganoff/Brown Rice Beets Green Peas Pineapple Pureed Country Bread 11</p>
<p>15 Regular Sliced ham Pinto beans Stewed tomatoes Applesauce Pureed Pinto beans/corn muffins Stewed tomatoes Vanilla Pudding Applesauce 14</p>	<p>16 Regular Chicken tenders Carrots Lima beans Cherry Pie White roll Pureed Chicken Carrots Lima beans Cherry Pie Pureed Country Bread 15</p>	<p>17 Regular Spaghetti with meat sauce Italian vegetables Fruit cocktail Wheat roll Pureed Ham Beets Applesauce Pureed Country Bread 16</p>	<p>18 Regular Grilled chicken breast Macaroni and cheese Turnip Greens Diced Peaches Pureed Chicken Macaroni and cheese Turnip Greens Peaches 17</p>	<p>19 Regular Sliced turkey Green beans Whipped sweet potatoes Fruited Jello Pureed Turkey Green beans Whipped sweet potatoes Pureed pineapple Pureed Country Bread 18</p>

Lunch menu pg 1

Bedford Adult Day Center Menu

Bedford Adult Day Center Menu Month: February 2016

*Each meal served with 2 pieces of bread & 8 oz. Skim or 1% White Milk, or Non-fat Chocolate Milk. (Whole milk is available upon request, but is not a creditable food)

A sandwich alternative is available upon request. Participants may opt to bring their own lunch.

page 2

<p>22 Regular Baked catfish Coleslaw Corn Peach Cobbler Wheat roll Pureed Catfish Green beans Applesauce Peach Cobbler Pureed Country Bread 21</p>	<p>23 Regular Hamburger on bun Lettuce/tomato Carrots Steak French fries Apple pie White roll Pureed Turkey meat loaf/gravy Carrots Mashed Potatoes Apple pie Pureed Country Bread 22</p>	<p>24 Regular Chicken tenders Macaroni and cheese Spinach Pears Wheat roll Pureed Chicken/gravy Macaroni and cheese Spinach Pears Pureed Country Bread 23</p>	<p>25 Regular Pulled pork BBQ on bun Coleslaw Baked beans Fruit cocktail Pureed Pulled pork BBQ Baked beans Green beans Pears Pureed Country Bread 24</p>	<p>26 Regular Beef Stroganoff Vegetable medley Mashed potatoes Raspberry Sherbet Pureed Roast beef/gravy Vegetable medley Mashed potatoes Raspberry Sherbet Pureed Country Bread 25</p>
<p>29 Regular Baked Fish Peas and Carrots Coleslaw Pear halves Pureed Chicken Mashed potatoes Pear halves Pureed Country Bread</p>				

S:Carla:Food Service

Lunch menu pg 2

Bedford Adult Day Center Menu

Bedford Adult Day Center **Snack Menu** Month/Year: February 2016

*Juice choices are apple, orange and grape. Cranberry Juice cocktail is available, but only as a non-creditable beverage. Milk choices are 8 oz. Skim or 1% White Milk, or Non-fat Chocolate Milk. (Whole milk is available upon request, but is not a creditable food) * Alternative snack food choices are available upon request. Individuals may opt to bring their own snack.

<i>Dates</i>	Monday	Tuesday	Wednesday	Thursday	Friday
1-5	AM 2 Muffins ½ cup juice PM 1 serving graham crackers 2tbs. peanut butter beverage	AM 2 Nutra Grain bars ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Slices raisin bread 1 cup milk PM 1 serving cookies ½ cup juice	AM ½ cup oatmeal ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Toaster pastries ½ cup juice PM 1 serving graham crackers 2 tbs. peanut butter beverage
8-12	AM 2 Muffins ½ cup juice PM ½ cup applesauce 1 cup milk	AM 2 Nutra Grain bars ½ cup juice PM ½ cup applesauce sauce or snack cakes 1 cup milk	AM 2 slices raisin bread 1 cup milk PM 1 serving cookies ½ cup juice	AM ½ cup oatmeal ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Toaster pastries ½ cup juice PM 1 serving graham crackers 2 tbs. peanut butter beverage
15-19	AM 2 Muffins ½ cup juice PM ½ cup applesauce 1 cup milk	AM 2 Nutra Grain bars ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 slices raisin bread 1 cup milk PM 1 serving cookies ½ cup juice	AM ½ cup oatmeal ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Toaster pastries ½ cup juice PM 1 serving graham crackers 2 tbs. peanut butter beverage
22-26	AM 2 Muffins ½ cup juice PM ½ cup applesauce 1 cup milk	AM 2 Nutra Grain bars ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 slices raisin bread 1 cup milk PM 1 serving cookies ½ cup juice	AM ½ cup oatmeal ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Toaster pastries ½ cup juice PM 1 serving graham crackers 2 tbs. peanut butter Beverage of choice
29	AM 2 Muffins ½ cup juice PM ½ cup applesauce 1 cup milk	AM 2 Nutra Grain bars ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 slices raisin bread 1 cup milk PM 1 serving cookies ½ cup juice	AM ½ cup oatmeal ½ cup juice PM ½ cup applesauce or snack cakes 1 cup milk	AM 2 Toaster pastries ½ cup juice PM 1 serving graham crackers 2 tbs. peanut butter Beverage of choice

Snack Menu

Bedford Adult Day Center Activity Calendar

BEDFORD ADULT DAY CARE – ACTIVITIES CALENDAR				FEBRUARY 2016	
<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	
9:00 Devotionals/ Exercises 10:30 Bowling ^{minute to w/ high} 12:00 Lunch/News 12:45 Outburst/Auction ^{Scavenger Hunt} 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">1</div>	9:00 Devotionals/ Exercises 10:30 Nutrition Class/BINGO 12:00 Lunch/News 12:45 Groundhog Day/ 2:00 Snack Board ^{Horseshoes} 2:30 TV/Reading/Game Choices <div style="text-align: right;">2</div>	9:00 Devotionals/ Exercises 10:30 Reminiscence Group 12:00 Lunch/News 12:45 Bean Bag Toss 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">3</div>	9:00 Devotionals/ Exercises ^{Bowling} 10:30 Spelling Bee! 12:00 Lunch/News 12:45 Wheel of Fortune! 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">4</div>	9:00 Devotionals/ Exercises 10:30 Super Bowl activities! 12:00 Lunch/News 12:45 BINGO 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">5</div>	
9:00 Devotionals/ Exercises 10:30 Jeopardy! 12:00 Lunch/News 12:45 Trivia 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">8</div>	9:00 Devotionals/ Exercises 10:30 Mardi Gras Party! 12:00 Lunch/News 12:45 Board ^{Auction/} 2:00 Snack ^{Arts & Crafts} 2:30 TV/Reading/Game Choices <div style="text-align: right;">9</div>	9:00 Devotionals/ Exercises 10:30 Music Therapy 12:00 Lunch/News 12:45 Arts & Crafts 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">10</div>	9:00 Devotionals/ Exercises 10:30 Celebrate the USO! 12:00 Lunch/News 12:45 Horseshoes 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">11</div>	9:00 Devotionals/ Exercises 10:30 Valentine's Party 12:00 Lunch/News 12:45 BINGO ²⁰ 2:00 Snack 2:30 TV/Reading/Game Choices <div style="text-align: right;">12</div>	

7:00 – 9:00 AM Snack upon arrival, Reality Orientation, Multimedia, socialization, Newspaper, Listen to music, Morning News.
 4:00 – 5:00 PM Departures, socialization, 1:1, TV classics, Music, pick ups

Bedford Adult Day Center Activity Calendar

ADHC Activities Calendar

By 2

<p>9:00 Devotionals/ Exercises 10:30 Music w/Silvernotes 12:00 Lunch/News at Noon 12:45 Celebrate Presidents' Day! 2:00 Snack 2:30 TV/Reading/Game Choices</p> <p style="text-align: right;">15</p>	<p>9:00 Devotionals/ Exercises 10:30 Reminiscence 12:00 Lunch/ News at Noon 12:45 Balloon Volleyball 2:00 Snack 2:30 TV/Reading /Game Choices</p> <p style="text-align: right;">16</p>	<p>9:00 Devotionals/ Exercises 10:30 Happy Mountain Boys 12:00 Lunch/News at Noon 12:45 Musical Ball 2:00 Snack 2:30TV/Reading/Game Choices</p> <p style="text-align: right;">17</p>	<p>9:00 Devotionals/ Exercises 10:30 Music Therapy 12:00 Lunch/ News at Noon 12:45 Boys <i>Presidents</i> 2:00 Snack <i>TUNA</i> 2:30 TV/Reading/Game Choices</p> <p style="text-align: right;">18</p>	<p>9:00 Devotionals/ Exercises 10:30 BINGO 12:00 Lunch/News at Noon 12:45 Storytelling <i>MANICURING</i> 2:00 Snack 2:30 TV/Reading/Game Choices</p> <p style="text-align: right;">19</p>
<p>9:00 Devotionals/ Exercises 10:30 Bowling 12:00 Lunch/News at noon 12:45 Pictionary 2:00 Snack 2:30 TV/Reading/Game Choices</p> <p style="text-align: right;">20</p>	<p>9:00 Devotionals/ Exercises 10:30 Reminiscence 12:00 Lunch/ News at Noon 12:45 Collage Making 2:00 Snack 2:30TV/Reading/Game Choices</p> <p style="text-align: right;">23</p>	<p>9:00 Devotionals/ Exercises 10:30 Chair Yoga 12:00 Lunch/ News at Noon 12:45 Bean Bag Toss 2:00 Snack 2:30TV/Reading/Game Choices</p> <p style="text-align: right;">24</p>	<p>9:00 Devotionals/ Exercises 10:30 Janice and Bobby 12:00 Lunch/ News at Noon 12:45 Beatles Party 2:00 Snack 2:30TV/Reading/Game Choices</p> <p style="text-align: right;">25</p>	<p>9:00 Devotionals/ Exercises 10:30 BINGO 12:00 Lunch/ News at Noon 12:45 Rock, Paper, Scissors Tournament 2:00 Snack 2:30TV/Reading/Game Choices</p> <p style="text-align: right;">26</p>
<p>9:00 Devotionals/ Exercises 10:30 Leap Day! 12:00 Lunch/News at Noon 12:45 Word Games 1:30 Cathy from Library 2:00 Snack 2:30 TV/Reading/Game Choices</p> <p style="text-align: right;">27</p>				

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

CMS exploratory questions have been provided as bulleted questions/guidance for this assessment to aid with responses to questions 1 through 8. Every bullet point may not specifically apply to every situation and should be considered as guidance.

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

Site Assessment Tool	C	NC	PC	
Questions 1 – 6 Apply to all non-residential settings²				
1. Is the setting integrated in and supportive of the same degree of access to the greater community for individuals whether or not they receive Medicaid HCBS?	C	NC	PC	Comments:
• Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings?	✓			Site has regular activities.
• Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and opportunities for individual growth?	✓			Site provides services from 7:30-5:30 M-F and 1 Saturday monthly with hours from 8A-4P.
• Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to in a restricted area or room within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?	✓			Site provides services to all participants regardless of payment source. Outside activities are provided as weather permits.
• Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?	✓			
• Do individuals in the setting have access to public transportation? Or are other resources provided for the individual to access the broader community?	✓			Public transportation is available but participants require handicapped accessibility. HandiRide is utilized as well as Logisticare and private

² Questions derived from \ CMS Exploratory

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them; are visiting hours unrestricted; does the setting encourage interaction with the public? 	✓			transportation by family. Staff is available to answer questions and provide tours during business hours. Wheel chair ramp promotes easy access to front door for participants. Site is one level with no steps. All areas are accessible for participants.
<ul style="list-style-type: none"> Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment and tables/desks and chairs at a convenient height and locations with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator available? 	✓			
2. The setting is selected by the individual from among setting options including non-disability specific settings. Setting options are identified and documented in the PCP and are based on individual needs and preferences.	C	NC	PC	Comments: Annual Home Care Update Form completed annually for Medicaid participants. (Form attached) Participants can select walks outside and poetry on the patio (weather permitting). Fire drills are conducted monthly.
<ul style="list-style-type: none"> Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of providers? 	✓			
<ul style="list-style-type: none"> Do the setting options include non-disability specific settings such as volunteering in the community or engaging in non-disability specific community activities such as going to the Y? 	✓			
3. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint?	C	NC	PC	Comments: Diets, including diabetic and food restriction (allergies) are

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Is all information about the individual kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diets, etc., in general areas? 	✓			<p>posted in private area of kitchen. Medications are verified with MARS. Picture of participant super imposed on MARS for identification. Name bracelets are not worn as these are community participants. PT and OT do provide services as needed. Those services are provided in private area. (Bedroom). Visiting Physicians also provide services as needed. Visits are conducted privately. Participants also see physicians in community.</p> <p>Staff is available to assist participants as needed.</p> <p>HIPPA renewal is required annually for all staff as well as HIPPA requirements are mentioned in employee job description. Riverside has a strict HIPPA standard.</p> <p>Each participant has a plan of care which is designed specifically for them and can be adjusted as needed for the participant.</p> <p>There is a participant closet with individual bins for each participant.</p> <p>Staff demonstrated professional and respectful interaction with participants. All participants were engaged during visit.</p>
<ul style="list-style-type: none"> Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate? 	✓			
<ul style="list-style-type: none"> Do setting requirements assure that staff does not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present? 	✓			
<ul style="list-style-type: none"> Does the setting ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting? 	✓			
<ul style="list-style-type: none"> Does the setting offer a secure place for the individual to store personal belongings? 	✓			
<ul style="list-style-type: none"> Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities? 	✓			
7. 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.	C	NC	PC	Comments:

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? 	✓			<p>Patio area outside is gated and locked. There is a door bell on front door to alert staff but the door does not lock.</p> <p>Outdoor activities are provided as weather permits. All participants are invited to large group activities and alternate activities are also provided. Participants are always invited but never forced to participate.</p> <p>Participants can choose the activity they want to participate with or they can choose not to participate.</p> <p>All participants, Medicaid or private pay are offered two snacks daily (AM and PM). Snacks and lunch times are adjusted for participant schedules. Dietary restrictions are followed per each participant.</p> <p>Individual rights are part of admission agreement and are re-signed annually.</p> <p>Participants can engage in whatever legal activity of their choosing.</p> <p>A variety of activities are provided (Calendar attached). Participants can choose activities independently.</p>
<ul style="list-style-type: none"> Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? For example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities? 	✓			
<ul style="list-style-type: none"> Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with certain group of people? 	✓			
<ul style="list-style-type: none"> Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e. individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports? 	✓			
<ul style="list-style-type: none"> Does the setting post or provide information on individual rights? 	✓			
<ul style="list-style-type: none"> Does the setting prohibit individuals from engaging in legal activities (ex. Voting with 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports? 	✓			
<ul style="list-style-type: none"> Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires? 	✓			

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

Site Assessment Tool	C	NC	PC	
8. The setting facilitates individual choice regarding services and supports and who provides them.	C	NC	PC	<p>Comments: Initially, the participant selects the community based service of their choice as part of the screening process.</p> <p>The site checks annually with each participant regarding choice. Participants determine the extent of activities and their engagement.</p> <p>Staff was very knowledgeable about participants. Person Centered plans of care are required annually or as needed that reflects each individual. Many participants are long term and have attended for many years.</p> <p>Individual needs are assessed continually by staff. Many participants receive other community based care services (i.e. personal and respite care).</p>
<ul style="list-style-type: none"> Was the individual provided a choice regarding services, provide and setting and the opportunity to visit/understand the options? 				
<ul style="list-style-type: none"> Does the setting afford the individual the opportunity to regularly or periodically update or change their preferences? 				
<ul style="list-style-type: none"> Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual’s needs and preferences? 	✓			
<ul style="list-style-type: none"> Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals? 	✓			
<ul style="list-style-type: none"> Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS? 	✓			
9. Does the setting optimize interaction, autonomy and independence in making life choices?	C	NC	PC	<p>Comments:</p> <p>Information and support is provided by staff as needed to each participant.</p> <p>All participants are encouraged to be as independent as possible.</p>
<ul style="list-style-type: none"> Is the individual given information to assist him/her to make informed decisions? 	✓			
<ul style="list-style-type: none"> Is the individual learning skills to enable him/her to maximize independence? 	✓			

Completed 1/20/16

NOTES:

Name of Provider: Riverside Adult Day Care/Denbigh

ADHC HCBS Setting Assessment

Address of Setting being Assessed: 1010 Denbigh Boulevard, Newport News, VA

Riverside Adult Services was licensed in 1991 by the Virginia Department of Social Services and has been a provider of community based care services to Medicaid participant since 1991. Currently, Riverside Adult Day Services serves 68 enrolled participants, averaging 25-32 in attendance daily. 27 of the enrolled participants are receiving Medicaid ED CD ADHC services. There are a variety of community activities provided to all participants. Local church groups provide singing activities. Local hair dressers provide hair styling monthly (at no charge to participants). The site is in process with adding pet therapy to complement their activity schedule (Calendar attached). Transportation is provided from participant homes to the site by family, Logisticare. Referrals are received from the community for services. Currently, the internet is the largest referral source (for 2015). The site serves participants age 28-103 years of age. The site currently serves 3 centenarians. Many are long term participants. All participants observed appeared well care for and were engaged with staff or an activity. Five staff was on site and the ratio of care was 1:6. There are 5 bathrooms and 4 are handicapped accessible. Participants consist of both agency directed and consumer directed services.

Assessment completed by: D.A. Swinson

Date: 1/26/16

Visit date: 1/20/16

Riverside Adult Day Services Menu

Today, many seniors and adults with cognitive and physical challenges are able to remain at home instead of moving into a nursing facility.

Since 1975, Riverside's Adult Day Services has offered participants a safe environment, health care monitoring, enjoyable activities and a break for the people who care for them. Participants continue living in their homes in the community and receive the security, support and social opportunities they need during the day in our family-like program.



"As I age, I will control my destiny in a place of my choosing."

Adult Day Services is part of Riverside Health System's Lifelong Health and Aging-Related Services and is one of many programs that enhance the lives of older adults.



1010 Old Denbigh Blvd,
Newport News, VA 23602
757-875-2032

Riverside Adult Day Services

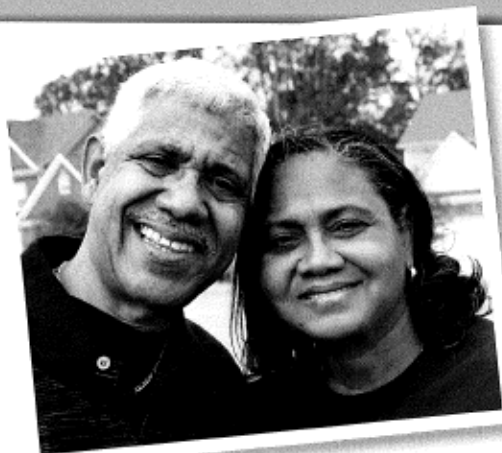


Offering supportive care and socialization to foster independence and provide a safe daytime environment.



APPENDIX A.4

Riverside Adult Day Services Menu



For them — because you care

Riverside Adult Day Services provides health, therapeutic and social support for adults. Certified nursing assistants and a registered nurse monitor your family member's health needs, such as checking blood pressure, dispensing medication and supporting those with limited mobility to prevent falls. Our ratio of one staff member for every six participants makes it easy for us to provide individual personal attention, and to keep a watchful eye on participants with Alzheimer's and dementia who may need constant supervision.

We offer diverse programs that exercise the body, engage the mind and nurture the soul. Your loved one will also have quiet time to read, visit with friends or simply relax in our community living room or private, secure patio. Thursday morning chapel services are the highlight of the week for many participants. Our wide range of activities each day ensures your loved one receives the social support

Adult Day Services is appropriate for adults who:

- Can handle personal care needs with supervision or some assistance.
- Understand and follow simple instructions.
- Are ambulatory with a walker, wheelchair or personal assistance.
- Are comfortable in a group setting.

Participants can come one day – or every day – of the week.

For you — because being attentive to your own needs makes you a better caregiver

You shouldn't have to choose between caring for your loved one and caring for yourself and the rest of your family. With Riverside's Adult Day Services, you don't have to. We make it possible for you to work, have time to run errands or just enjoy a guilt-free, well-deserved break.

When your loved one participates in Riverside's Adult Day Services program, you can relax knowing they are in a supportive environment with trained health professionals.



Riverside Adult Day Services

- State licensed and Medicaid-approved facility.
- Specializes in adults with memory impairment.
- Some funding and transportation may be available through the Peninsula Agency on Aging, Medicaid and the local Alzheimer's Association.
- Program includes hot lunch and snacks, and we accommodate special diets.
- Dedicated, tenured team members include recreation therapists, certified nursing aides, registered nurses and a program director.
- Conveniently located on the beautiful Warwick Forest campus in Newport News.
- Open Monday through Friday, 7:30 a.m. - 5:30 p.m., and one Saturday per month, 8:00 a.m. - 4:00 p.m.
- Our admission process is simple!


To register your loved one, tour the facility

PAA MENU
JANUARY 4, 2016 – APRIL 1, 2016
DENBIGH - POQUOSON - YORK – HTSC

<p>02/29 - 03/04 #4</p>	<p>Shepherd's Pie Tossed Salad with dressing Roll/Margarine Pudding Milk</p>	<p>Chicken Breast Teriyaki Brown Rice Gingered Carrots Wheat Bread/Margarine Orange Milk</p>	<p>Potato Soup Ham & turkey Sandwich Lettuce & Tomato Condiments Applesauce Milk</p>	<p>Chicken ala King Egg Noodles Peas and Carrots Rolls/Margarine Fruit Cocktail Milk</p>	<p>Tossed Salad w/Dressing Chili Steamed Rice Crackers Peaches Milk</p>
<p>03/07 - 03/11 #5</p>	<p>Creole Chicken Breast Red Beans & Rice Collards Corn Muffin Pudding Milk</p>	<p>Pepper Steak Steamed Rice Mixed Vegetables Wheat Bread/Margarine Fruited Jell-o Milk</p>	<p>Spaghetti/Meatballs in Marinara Sauce Peas & Carrots Wheat Bread/Margarine Orange Milk</p>	<p>Vegetable Soup Turkey/Cheese Sandwich Lettuce & Tomato Condiments Peaches Milk</p>	<p>Chicken Divan Parsley Potato Carrots Wheat Bread/Margarine Applesauce Milk</p>
<p>03/14 - 03/18 #1</p>	<p>Fish Filet Sandwich Sweet Potato Broccoli florets Hamburger Bun Fruit Cocktail Milk</p>	<p>St. Patrick's Day Corned Beef/Cabbage Boiled Potatoes & Carrots Corn Muffins St. Patrick's Day Dessert Milk</p>	<p>Beef & Tomato Casserole Peas & Carrots Wheat Bread/Margarine Peaches Milk</p>	<p>Beef Burgundy Brown Rice Carrots Wheat Bread/Margarine Applesauce Milk</p>	<p>Tossed Salad w/Dressing Chicken Stew Wheat Bread/Margarine Orange Milk</p>
<p>03/21 - 03/25 #2</p>	<p>Baked Chicken Breast Parsley Potatoes Collards Wheat Bread/Margarine Apple Crisp Milk</p>	<p>Roast Pork Loin w/gravy Baked Sweet Potatoes Peas and Carrots Wheat Bread/Margarine Fruit Cocktail Milk</p>	<p>Tossed Salad w/Dressing Cheese filled Pasta Marinara Sauce Broccoli Wheat Bread/Margarine Fruit Cocktail Milk</p>	<p>Chicken Noodle Soup Tuna Sandwich Lettuce & Tomato Banana Milk</p>	<p>Ham and Cheese Casserole Stewed Tomatoes Mixed Vegetables Wheat Bread/Margarine Orange Milk</p>

Riverside Adult Day Services Activity Calendar

January 2016

8:00 Arrive 9:00 Snack 10:00 Greetings	10:15 Activity 11:00 Physical Activity 11:45 Stretching	12:00 Lunch 1:00 Relaxation 1:30 Activity	2:00 activity 3:00 Snack	4:00-5:00 Small Groups 5:30 Center Closed
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Special Days 15 th – National Hat Day 18th – Haircuts 20 th – Haircuts 26 th – Australia Day	29 th – National Puzzle Day	Birthdays George Cameron – 4 th Alberta Fuller – 5 th Tomiko Hood – 8 th Monika Butler – 25 th		1. Closed Happy New Years!
4. Weekend Report Chair Exercise Word in a Word Indoor Hockey Brain Teasers	5. Current Event Exercise Hangman Bingo Spelling Bee	6. Daily News Mid-Week Workout Fact or Crap Unscramble the Word Words that start w/ "L"	7. Chapel Sittercise Golf Popcorn & Movie Magazine Search	8. Morning Meeting Move to Music Buzz Word Bingo Egg Crate Game
11. Weekend Report Chair Exercise Volley Ball Bean Bag Toss Trivia	12. Current Event Exercise Bowling Bingo Story Time	13. Daily News Mid-Week Workout Karaoke Penny Pitch Table Ping Pong	14. Chapel Sittercise Fill in the Blanks Simon Says Fishing Game	15. Morning Meeting Move to Music Pictionary Bingo Words that start w/ "T" "Wear a Hat! National Hat Day"
18. Weekend Report Chair Exercise Hi-Low Finish the Phase Martin Luther King Day	19. Current Event Exercise Pictionary Bingo Sharing Time	20. Daily News Mid-Week Workout Hangman Karaoke Name 5 "Haircut Day"	21. Chapel Sittercise Bowling Famous Quotes Hangman	22. Morning Meeting Move to Music I spy Bingo What's my Job?
25. Weekend Report Chair Exercise Musical Chairs Indoor Hockey Reminisce	26. Current Event Exercise Bowling Bingo Outburst "Australia Day"	27. Daily News Mid-Week Workout Volley Ball Are you Smarter than? Poker w/ Jon	28. Chapel Sittercise Pictionary Movie & Popcorn Trivia	29. Morning Meeting Move to Music Words that start w/"B" Bingo Small Group "National Puzzle Day"

AAL Waiver Site Assessment Tool

CMS exploratory questions have been provided as bulleted questions/guidance for this assessment and responses to questions 1 through 18.

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

Site Assessment Tool	C	NC	PC	
Questions 1 – 8 Apply to all setting (residential and non-residential)				
1. Is the setting integrated in and supportive of the same degree of access to the greater community for individuals whether or not they receive Medicaid HCBS?	C	NC	PC	Comments:
• Is the setting in a public or privately-owned facility that provides inpatient treatment?				
• Is the setting on the grounds of, or immediately adjacent to a public institution?				
• Does the individual shop, attend religious services, schedules appointments, have lunch with family and friends, etc., in the community, as the individual chooses?				
• Does the individual come and go at any time?				
• Do individuals in the setting have access to public transportation? Or are other resources provided for the individual to access the broader community?				
• Does the setting offer opportunity for individuals to receive multiple types of services and activities OFF-site and not setting-operated, including day services, medical, behavioral and social/recreational services? (Note: If most of the individuals receive multiple types of services and activities ON-site, then answer “No” to this question.)				
• Is the setting in the community among other private residences, retail businesses?				
2. Does the setting provide opportunities to engage in community life?	C	NC	PC	Comments:

AAL Waiver Site Assessment Tool

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual? 				
<ul style="list-style-type: none"> Is the individual aware of or does s/he have access to materials to become aware of activities occurring outside of the setting? 				
3. Is the individual employed or does the individual attend day services outside of the setting?	C	NC	PC	Comments:
<ul style="list-style-type: none"> Does the individual work in an integrated community setting? 				
<ul style="list-style-type: none"> If the individual is of working age, is there activity with the individual to pursue work as an option? 				
<ul style="list-style-type: none"> If work is not a goal, does the individual participate in meaningful day activities outside the setting? 				
10. Does the setting provide opportunities to control personal resources?	C	NC	PC	Comments:
<ul style="list-style-type: none"> Does the individual have a checking or savings account or other means to control funds? 				
<ul style="list-style-type: none"> Does the individual have access to his/her funds? 				
11. Does the setting ensure freedom from coercion and restraint?	C	NC	PC	Comments:
<ul style="list-style-type: none"> Is information about filing a complaint posted in an obvious location and in an understandable format? 				
<ul style="list-style-type: none"> Is the individual comfortable discussing concerns? 				
<ul style="list-style-type: none"> Does the individual know how to make a complaint? 				
12. Does the setting ensure dignity, and respect?	C	NC	PC	Comments:
<ul style="list-style-type: none"> Are individuals, who need assistance with grooming, groomed as they desire? 				

AAL Waiver Site Assessment Tool

Site Assessment Tool	C	NC	PC	
• Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?				
• Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?				
• Is informal (written and oral) communication conducted in a language that the individual understands?				
• Does staff talk to other staff about an individual(s) with dignity and respect?				
• Does staff ensure that conversations about individuals occur privately and not within earshot of other persons living in the setting?				
13. Does the setting facilitate choices regarding services and supports and who provides them?	C	NC	PC	Comments:
• Was the individual given a choice of available options regarding where to live/receive services?				
• Was the individual given opportunities to visit other settings?				
• Do staff ask the individual about her/his needs and preferences?				
• Are individuals aware of how to make a service request?				
• Can the individual choose the provider or staff who render the services s/he receives?				
14. Does the setting optimize interaction, autonomy and independence in making life choices?	C	NC	PC	Comments:
• Is the individual given information to assist him/her to make informed decisions?				
• Is the individual learning skills to enable him/her to maximize independence?				
Questions 9 – 17 apply to provider owned and operated residential settings				

AAL Waiver Site Assessment Tool

Site Assessment Tool	C	NC	PC	
15. Is there a legally enforceable agreement comparable to a lease?	C	NC	PC	Comments:
• Does the individual know his/her rights regarding housing and when s/he could be required to relocate?				
• Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?				
16. Are there opportunities for individuals to have privacy?	C	NC	PC	Comments:
• Do staff or other residents always knock and receive permission prior to entering an individual's living space?				
• Can the individual have private visits with family and friends?				
• Is health information about individuals kept private?				
• Does the individual 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?				
17. Do individuals have choice of roommates?	C	NC	PC	Comments:
• Does the individual have his/her own bedroom?				
• If not, was the individual given a choice of a roommate? (Note: For individuals who room-share)				
• Does the individual know how s/he can request a roommate change?				
18. Do individuals have freedom to furnish their sleeping units?	C	NC	PC	Comments:
• Are the individual's personal items, such as pictures, books, and memorabilia are present and arranged as the individual desires?				
• Do the furniture, linens, and other household items reflect the individual's personal choices?				
19. Do individuals have control over their schedules?	C	NC	PC	Comments:

AAL Waiver Site Assessment Tool

Site Assessment Tool				
	C	NC	PC	
• Does the individual's schedule vary from others in the same setting?				
• Does the individual have access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience?				
• Is an individual able to follow his/her own flexible (i.e., not set) schedule for waking, bathing, eating, exercising, activities, etc.?				
20. Are individuals able to have visitors at any time?	C	NC	PC	Comments:
• Are visitors welcomed and encouraged?				
• Is the furniture arranged as individuals prefer and does the arrangement encourage the comfort and conversation with visitors?				
21. Do individuals have access to food at any time?	C	NC	PC	Comments:
• Does the individual have a meal at the time and place of his/her choosing?				
• Can the individual request an alternative meal if desired?				
• Are snacks accessible and available anytime?				
• Can the individual sit in any seat in a dining area? (no assigned seats)				
• If the individual desires to eat privately, can s/he do so?				
22. Do the rooms have lockable entrance doors, with individuals and staff having keys as needed?	C	NC	PC	Comments:
• Can the individual close and lock the bedroom door?				
• Can the individual close and lock the bathroom door?				
23. Is the setting physically accessible to the individual?	C	NC	PC	Comments:
• Do individuals have full access to typical areas in a home such as a kitchen, cooking facilities, dining area, laundry, and comfortable				

AAL Waiver Site Assessment Tool

Site Assessment Tool	C	NC	PC	
seating in the shared areas?				
<ul style="list-style-type: none"> For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? 				
<ul style="list-style-type: none"> Does the setting ensure that there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting? 				
<ul style="list-style-type: none"> Is the setting physically accessible and 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 ameliorate the obstruction? 				
<ul style="list-style-type: none"> Are appliances accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs)? 				
<ul style="list-style-type: none"> Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably? 				
Question 18 applies to both residential and non-residential settings. Note: Any modifications made to any of the above criteria must be the result of identified specific needs discovered through an independent (re)assessment and then documented and justified in a person-centered service plan.				
24. Are modifications of the setting requirements for an individual supported by an assessed need and justified in the person-centered plan?	C	NC	PC	Comments:
<ul style="list-style-type: none"> Does documentation note if positive interventions and supports were used prior to any plan modifications? 				
<ul style="list-style-type: none"> Are less intrusive methods of meeting the need that were tried initially documented? 				
<ul style="list-style-type: none"> Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to 				

AAL Waiver Site Assessment Tool

Site Assessment Tool	C	NC	PC	
determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				

NOTES:

Assessment completed by: _____

Date: _____

AAL Waiver Family/Contact Representative Interview Script

AAL Waiver Provider Name:			
DMAS Staff Caller:			
Waiver Participant Name:			
Family Member Name:			
Phone #1:	()	Phone #2:	()
Attempt #1:		Attempt #1:	
Attempt #2:		Attempt #2:	
Attempt #3:		Attempt #3:	

(For attempts, please write down the date you called, if you spoke with the family member, if you left a voicemail, if you scheduled a time to call back, etc.)

1	<p>Hello. Good morning/afternoon/evening. Is _____ available?</p> <ul style="list-style-type: none"> - <i>If yes, go to cell 2.</i> - <i>If no, proceed as outlined below:</i> <p>Would it be possible to leave a message for _____ or is there a better time to call back? <i>(Provide the call back information or schedule a time to call back. Thank the individual and end the call.)</i></p>
2	<p>My name is _____. I am calling from the Virginia Department of Medical Assistance Services, Virginia's Medicaid agency.</p> <p>You may have received a letter in the mail recently with regard to the Virginia Alzheimer's Assisted Living Waiver program and your loved one's participation in that program.</p> <p>Do you remember if you received this letter?</p> <ul style="list-style-type: none"> - <i>If yes, go to cell 3.</i> - <i>If no, go to cell 4.</i>
3	<p>Great. This telephone call is in follow-up to that letter. I would like to ask about your thoughts and experiences with the setting in which your loved one receives care. Is now a good time?</p> <ul style="list-style-type: none"> - <i>If yes, go to cell 5.</i> - <i>If no, proceed as outlined below:</i> <p>That is understandable. Would it be possible to schedule a more convenient day and time to speak more in-depth with you? It is estimated the call should take about 15-20 minutes. <i>(Schedule a time to call back. Thank the individual and end the call.)</i></p>
4	<p>I am sorry to hear that you did not receive the letter. Perhaps I could review the contents of</p>

AAL Waiver Family/Contact Representative Interview Script

	<p>the letter with you and then ask about your thoughts and experiences with the setting in which your loved one receives care. Is now a good time?</p> <ul style="list-style-type: none"> - <i>If yes, go to cell 5.</i> - <i>If no, proceed as outlined below:</i> <p>That is understandable. Would it be possible to schedule a more convenient day and time to speak more in-depth with you? It is estimated the call should take about 15-20 minutes. <i>(Schedule a time to call back. Thank the individual and end the call.)</i></p>
<p>5</p>	<p>In January 2014, the federal agency that oversees Virginia’s programs, including Alzheimer’s services, issued new regulations for these programs. The new regulations are focused on person-centered, individualized approaches to meet care needs. The focus is also on respecting an individual’s choice, dignity, and privacy, among other values and the setting in which the services are provided. As a result of these new regulations, states are required to review and evaluate service settings to determine that the settings will be able to meet the new Home and Community Based Services regulations.</p> <p>As part of the review process, DMAS staff have been performing on-site visits to the assisted living facilities that provide services to assess and determine if the facilities will be able to meet the new requirements.</p> <p>In addition, DMAS staff are calling family members or the responsible parties for assisted living facility residents who are participating in these services. These calls include a brief survey of your observations and thoughts on the assisted living setting and approach to care. The survey questions should take about 15-20 minutes.</p> <p>Do you have any questions so far? <i>(Answer the individual’s questions as needed. Try to keep your answers consistent.)</i></p> <ul style="list-style-type: none"> - <i>Continue to cell 6.</i>
<p>6</p>	<p>I would like to ask you some questions now. Is it okay if I document your answers?</p> <ul style="list-style-type: none"> - <i>If yes, go to cell 7.</i> - <i>If no, go to cell 8.</i>
<p>7</p>	<p>Great. I’m starting to document our conversation now.</p> <ul style="list-style-type: none"> - <i>Continue to cell 1Q and the subsequent sections asking the questions in order.</i>
<p>8</p>	<p>That is okay. I will just take general notes about our conversation and keep your identify anonymous.</p> <ul style="list-style-type: none"> - <i>Continue to cell 1Q and the subsequent sections asking the questions in order.</i>
<p>1Q</p>	<p>When did you last visit your loved one?</p>

AAL Waiver Family/Contact Representative Interview Script

	<p>- <i>An exact date is not required. A family member may say last week, month, etc.</i></p>
2Q	<p>The first few questions focus on your loved one’s admission into the assisted living facility for services.</p> <p>What made you and your loved one choose the current facility?</p> <p>- <i>Write down the individual’s answers to each question. Individuals are permitted to skip questions if they would like. If so, note that the individual elected to skip the question. Also, note instances in which an individual states: “no opinion”, “unsure”, “I do not know” or other related answers.</i></p>
3Q	<p>This next question has two parts. First, does your loved one like his or her room and roommate? Second, if your loved one was unhappy with the room or his or her roommate, do you know how to request a change with either?</p>
4Q	<p>The following questions focus on your loved one’s living environment and daily life.</p> <p>Is your loved one able to decorate his or her room however he or she would like, including furniture, personal items and decorations?</p>
5Q	<p>Does your loved one have privacy and a private place to make phone calls or visit with others?</p>
6Q	<p>What is your relationship like with the staff at the facility? What is your loved one’s relationship like with the staff at the facility?</p>
7Q	<p>These next questions ask about your loved one’s access to the community within and beyond the facility.</p> <p>Is your loved one able to choose and participate in community outings or activities, such as religious services, groups or organizations, shopping trips, and other types of activities?</p> <p><i>Probe for specific activities beyond a simple “yes” or “no” response.</i></p>
8Q	<p>The next question has two parts. First, how easy is it for your loved one to get around within the facility and to come and go from the facility? Second, would you say the facility is physically accessible and comfortable for your loved one and his or her visitors, including you?</p>
9Q	<p>The following questions ask about preferences and your loved one’s plan of care.</p> <p>Are your loved one’s preferences respected and do staff at the facility support those preferences? Do you have any examples to share?</p>
10Q	<p>Do you and/or your loved one participate in developing and updating the plan of care? If so, how?</p>

AAL Waiver Family/Contact Representative Interview Script

11Q	How does the facility handle scheduling and is your loved one able to choose things like what, when, with whom, and where to eat, when to bathe, when to wake up, and what he or she would like to do each day?
12Q	<p>We are nearing the end of the survey questions.</p> <p>Are there any other opportunities for individualized care that we have not talked about yet? That is to say, are there other times in which the facility designs or accommodates your loved one’s unique wants and needs?</p>
13Q	Are there any restrictions placed on your loved one by the facility that we may have not discussed yet?
14Q	<p>Lastly, Is there anything else you would like to add?</p> <p style="text-align: center;">- <i>Write down the individual’s answers and go to cell 9.</i></p>
9	<p>Thank you so much for taking the time to speak with me today and answer my questions. Your input is an important part of gathering relevant information to assess the setting and compliance with the new regulations. This concludes my questions, but before we end the call, I wanted to check to see if you had any final questions for me about this process.</p> <p style="text-align: center;">- <i>Pause to allow the individual time to ask any questions. Answer any questions the individual may have. Try to keep your answers consistent.</i></p> <p>If you should think of anything later that you would like to share with me or ask about, please feel free to contact Barbara Seymour at 804-786-1835. Thank you again and have a great day/afternoon/evening. <i>(End the call.)</i></p>

FAQs

Question #1: What is a waiver?

Answer: A Medicaid waiver is a program approved at the federal level and administered at the state level that allows states to “waive” or work around some federal requirements in order to serve individuals in their homes and communities rather than institutions, like nursing facilities.

AAL Waiver Assisted Living Facilities

Facility name	Street Address	City, State, Zip	Phone	Fax
Carriage Hill Retirement Community	1203 Roundtree Drive	Bedford, VA 24523	540-586-5982	540-586-7334
Commonwealth Memory Care - Cedar Bluff	128 Glenwood Street	Cedar Bluff, VA 24609	276-596-9248	276-596-9128
Commonwealth Assisted Living at Farnham	511 Cedar Grove Road	Farnham, VA 22460	804-394-2102	804-394-2107
Wheatland Hills - Hillsville	100 Kyle Drive	Hillsville VA 24343	276-728-5333	276-728-7748
Commonwealth Memory Care At Norfolk	1516 Harmon St	Norfolk VA 23518	757-588-4663	757-583-4558
Commonwealth-Gloucester House	7657 Meredith Drive	Gloucester VA 23061	804-693-3116	804-693-2731
Commonwealth Assisted Living at Kilmarnock	460 South Main Street	Kilmarnock VA 22482	804-435-9896	804-435-7596
Commonwealth Assisted Living at Christiansburg	201 Wheatland Court	Christiansburg VA 24073	540-382-5200	540-382-7154
Wheatland Hills - Radford	7486 Lee Highway	Radford, VA 24141	540-639-2411	540-639-5921
Hickory Hill Retirement Community	900 Cary Shop Road	Burkeville, VA 23922	434-767-4225	434-767-4250
Runk and Pratt of Forest, Inc	208 Gristmill Drive	Forest, VA 24551	434-385-0297	434-237-0350
Vista Park Memory Care	550 Flank Rd	Petersburg, VA 23805	804-861-4358	804-861-6885

Total Active Providers = 12

AAL Waiver Providers (No Active AAL Waiver Participants)

Churchland House	4916 West Norfolk Road	Portsmouth VA 23703	757-483-1780	757-483-1842
Georgian Manor	651 River Walk Parkway	Chesapeake VA 23320	757-436-9618	757-548-0339
Commonwealth Assisted Living at Hampton	1034 Topping Lane	Hampton, VA 23666	757-826-5415	757-826-6853
King's Grant House - VA Beach	440 North Lynnhaven Road	Virginia Beach, VA	757-431-8825	757-431-8926
The Windsor Assisted Living	3600 Grove Ave.	Richmond, VA 23221	804-353-3881	804-358-9186

APPENDIX B: 1915(c) ICF IID Level of Care Waivers

B.1 ICF IID LOC Waivers: Regulatory Crosswalk

B.2 Waiver Redesign and New Services

B.3 DBHDS Settings Checklist

B.4 Licensing Settings Checklist

B.5 Settings Presumed Institutional

B.6 Settings that may benefit from targeted remediation/TA

B.7 Training and Education

CURRENT COMPLIANCE

<p>HCBS Regulation A:</p>	<p>Setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>
<p>DBHDS Human <u>Rights</u> <u>Regulations</u></p>	<p>12VAC35-115-10. Authority and Applicability.</p> <p>Part I. General Provisions.</p> <p>A. The Code of Virginia authorizes these regulations to further define and protect the rights of individuals receiving services from providers of mental health, mental retardation, or substance abuse services in Virginia. The regulations require providers of services to take specific actions to protect the rights of each individual. The regulations establish remedies when rights are violated or in dispute, and provide a structure for support of these rights.</p> <p>12VAC35-115-30. Definitions.</p> <p>"Individualized services plan" or "ISP" means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care.</p> <p>"Person centered" means focusing on the needs and preferences of the individual, empowering and supporting the individual in defining the direction for his life, and promoting self-determination, community involvement, and recovery.</p>
<p><u>DBHDS</u> <u>Licensing</u> <u>Regulations</u></p>	<p>Language in the current Licensing regulations includes information about requirements for case managers: 12VAC35-105-1240. Service requirements for providers of case management services.</p> <p>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;</p> <p>Language in the current Licensing regulations include information about ISP requirements: 12VAC35-105-665. ISP requirements.</p>

	<p>A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need; 2. Services and supports and frequency of services required to accomplish the goals including relevant psychological, mental health, substance abuse, behavioral, medical, rehabilitation, training, and nursing needs and supports; 3. The role of the individual and others in implementing the service plan; 4. A communication plan for individuals with communication barriers, including language barriers; 5. A behavioral support or treatment plan, if applicable; 6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan; 7. A crisis or relapse plan, if applicable; 8. Target dates for accomplishment of goals and objectives; 9. Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and 10. Recovery plans , if applicable.</p>
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1000. Definitions. "Person-centered planning" means a fundamental process that focuses on the needs and preferences of the individual to create an Individual Support Plan that shall contain essential information, a personal profile, and desired outcomes of the individual to be accomplished through waiver services and included in the providers' Plans for Supports.</p> <p>12VAC30-120-1010. Individual Eligibility Requirements. D.3.b. The case manager shall provide the individual and the individual's family/caregiver, as appropriate, with choice of needed services available under the ID Waiver, alternative settings, and providers.</p> <p>12VAC30-120-1020. Covered Services; Limits on Covered Services. E. Day support services. Service description. These services shall include skill-building, supports, and safety supports for the acquisition, retention, or improvement of self-help, socialization, community integration, and adaptive skills. These services shall be typically offered in a nonresidential setting that provides opportunities for peer interactions, community integration, and enhancement of social networks.</p> <p>12VAC30-120-1040. General Requirements for Participating Providers. C. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>3. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed;</p> <p>7. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public;</p>

DMAS DD
Waiver
Regulations

[12VAC30-120-700. Definitions.](#)

PART VIII. INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITIES SUPPORT WAIVER

ARTICLE 1. GENERAL REQUIREMENTS

"Person-centered planning" means a process, directed by the individual or his family/caregiver, as appropriate, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual.

"Plan of care" means a document developed by the individual or his family/caregiver, as appropriate, and the individual's case manager addressing all needs of individuals of home and community-based waiver services, in all life areas. Supporting documentation developed by waiver service providers is to be incorporated in the plan of care by the case manager. Factors to be considered when these plans are developed must include, but are not limited to, individuals' ages, levels of functioning, and preferences.

[12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers.](#)

A. Providers approved for participation shall, at a minimum, perform the following activities:

2. Assure freedom of choice for individuals seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.
3. Assure the individual's freedom to reject medical care, treatment, and services, and document that potential adverse outcomes that may result from refusal of services were discussed with the individual.
4. Accept referrals for services only when staff is available to initiate services within 30 calendar days and perform such services on an ongoing basis.
5. Provide services and supplies for individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (Title 51.5 (§ 51.5-1 et seq.) of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.
6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public.

[12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers.](#)

D. Individual choice of provider entities. The individual will have the option of selecting the provider of his choice. The case manager must inform the individual of all available waiver service providers in the community in which he desires services, and he shall have the option of selecting the provider of his choice.

APPENDIX B.1 ICF/IID-LOC Waivers

<u>DMAS Day</u>	12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers
<u>Support Waiver</u>	A. Providers approved for participation shall, at a minimum, perform the following activities:
<u>Regulations</u>	6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public;

CURRENT COMPLIANCE

<p>HCBS Regulation B:</p>	<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and for residential settings, resources available for room and board.</p>
<p>DBHDS Human <u>Rights</u> <u>Regulations</u></p>	<p>12VAC35-115-60. Services.</p> <p>B. The provider's duties.</p> <p>4. Providers shall assign a specific person or group of persons to carry out each of the following activities:</p> <ul style="list-style-type: none"> a. Medical, mental health, and behavioral screenings and assessments, as applicable, upon admission and during the provision of services; b. Preparation, implementation, and appropriate changes to an individual's services plan based on the ongoing review of the medical, mental, and behavioral needs of the individual; c. Preparation and implementation of an individual's discharge plan; and d. Review of every use of seclusion or restraint by a qualified professional who is involved in providing services to the individual. <p>5. Providers shall not deliver any service to an individual without a services plan that is tailored specifically to the needs and expressed preferences of the individual and, in the case of a minor, the minor and the minor's parent or guardian. Services provided in response to emergencies or crises shall be deemed part of the services plan and thereafter documented in the individual's services plan.</p> <p>6. Providers shall write the services plan and discharge plan in clear, understandable language.</p> <p>7. When preparing or changing an individual's services or discharge plan, providers shall ensure that all services received by the individual are integrated. With the individual's or the individual's authorized representative's authorization, providers may involve family members in services and discharge planning. When the individual or his authorized representative requests such involvement, the provider shall take all reasonable steps to do so. In the case of services to minors, the parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia shall be involved in service and discharge planning.</p> <p>12VAC35-115-70. Participation in Decision Making and Consent.</p> <p>B. The provider's duties.</p> <p>1. Providers shall respect, protect, and help develop each individual's ability to participate meaningfully in decisions regarding all aspects of services affecting him. This shall be done by involving the individual, to the extent permitted by his capacity, in decision making regarding all aspects of services.</p>

APPENDIX B.1 ICF/IID-LOC Waivers

	<p>2. Providers shall ask the individual to express his preferences about decisions regarding all aspects of services that affect him and shall honor these preferences to the extent possible.</p> <p>3. Providers shall give each individual the opportunity and any help he needs to participate meaningfully in the preparation of his services plan, discharge plan, and changes to these plans, and all other aspects of services he receives. Providers shall document these opportunities in the individual's services record.</p>
<p><u>DBHDS</u> <u>Licensing</u> <u>Regulations</u></p>	<p>The current regulations include the following language regarding the ISP: "12VAC35-105-660. Individualized services plan (ISP)."</p> <p>A. The provider shall actively involve the individual and authorized representative, as appropriate, in the development, review, and revision of a person-centered ISP. The individualized services planning process shall be consistent with laws protecting confidentiality, privacy, human rights of individuals receiving services, and rights of minors."</p> <p>The current regulations include the following definition of "person centered": 12 VAC35-105-20: Definitions</p> <p>"Person-centered" means focusing on the needs and preferences of the individual; empowering and supporting the individual in defining the direction for his life; and promoting self-determination, community involvement, and recovery."</p> <p>Regulations currently include following language regarding and individual's right to privacy: 12VAC35-105-360 Privacy</p> <p>A. Bedroom and bathroom windows and doors shall provide privacy. B. Bathrooms intended for use by more than one individual at the same time shall provide privacy for showers and toilets. C. No required path of travel to the bathroom shall be through another bedroom. D. This section does not apply to correctional facilities and jails. Providers of sponsored residential home services shall certify that their sponsored residential homes comply with this section.</p>
<p><u>DMAS ID</u> <u>Waiver</u> <u>Regulations</u></p>	<p>12VAC30-120-1010. Individual Eligibility Requirements.</p> <p>D. Waiver approval process: authorizing and accessing services (excerpts.)</p> <p>3. After the case manager has received written notification of Medicaid eligibility by the local departments of social services, the case manager shall so inform the individual and the individual's family/caregiver, as appropriate, to permit the development of the Individual Support Plan.</p>

- a. The individual and the individual's family/caregiver, as appropriate, shall meet with the case manager within 30 calendar days of waiver enrollment to discuss the individual's needs and existing supports, complete the DBHDS-approved assessment, obtain a medical examination completed no earlier than 12 months prior to the initiation of waiver services, begin to develop the Personal Profile, and complete all designated assessments, such as the Supports Intensity Scale (SIS), deemed necessary to establish and document the needed services.
- b. The case manager shall provide the individual and the individual's family/caregiver, as appropriate, with choice of needed services available under the ID Waiver, alternative settings, and providers. Once the service providers are chosen, a planning meeting shall be arranged by the case manager to develop the person-centered Individual Support Plan based on the assessment of needs as reflected in the level of care and DBHDS-approved functional assessment instruments and the preferences of the individual and the individual's family/caregiver's, as appropriate.
- c. Participants invited to participate in the person-centered planning meeting shall include the individual, case manager, service providers, the individual's family/caregiver, as appropriate, and others desired by the individual. The Individual Support Plan development process identifies the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered. The individual enrolled in the waiver, or the family/caregiver as appropriate, and case manager must sign the ISP.

E. Reevaluation of service need.

1. The Individual Support Plan.

- a. The Individual Support Plan, as defined herein, shall be collaboratively developed annually by the case manager with the individual and the individual's family/caregiver, as appropriate, other service providers, consultants, and other interested parties based on relevant, current assessment data.
- b. The case manager shall be responsible for continuous monitoring of the appropriateness of the individual's services and revisions to the Individual Support Plan as indicated by the changing needs of the individual. At a minimum, the case manager must review the Individual Support Plan every three months to determine whether the individual's desired outcomes and support activities are being met and whether any modifications to the Individual Support Plan are necessary.

[12VAC30-120-1060. Participation Standards for Provision of Services; Providers' Requirements.](#)

- A. The required documentation for residential support services, day support services, supported employment services, and prevocational support shall be as follows (excerpt):
 2. A Plan for Supports containing, at a minimum, the following elements:
 - a. The individual's strengths, desired outcomes, required or desired supports or both, and skill-building needs;
 - b. The individual's support activities to meet the identified outcomes;

B. The required documentation for personal assistance services, respite services, and companion services shall be as set out in this subsection. The agency provider holding the service authorization or the services facilitator, or the EOR in the absence of a services facilitator, shall maintain records regarding each individual who is receiving services. At a minimum, these records shall contain:

1. A copy of the completed DBHDS-approved SIS assessment (or its approved alternative during the phase in period) and, as needed, an initial assessment completed by the supervisor or services facilitator prior to or on the date services are initiated.
2. A Plan for Supports, that contains, at a minimum, the following elements:
 - a. The individual's strengths, desired outcomes, required or desired supports;
 - b. The individual's support activities to meet these identified outcomes;

F. Crisis stabilization services. In addition to the service coverage requirements in 12VAC30-120-1020 and the general conditions and requirements for home and community-based participating providers as specified in 12VAC30-120-1040, the following crisis stabilization provider qualifications shall apply (excerpts):

5. Required documentation in the individual's record. The provider shall maintain a record regarding each individual enrolled in the waiver who is receiving crisis stabilization services. At a minimum, the record shall contain the following:

- b. A Plan for Supports that contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports;
 - (2) Services to be rendered and the frequency of services to accomplish these desired outcomes and support activities

12. For the agency-directed model, the personal assistant record shall contain:

- a. The specific services delivered to the individual enrolled in the waiver by the assistant, dated the day of service delivery, and the individual's responses;
- b. The assistant's arrival and departure times;
- c. The assistant's weekly comments or observations about the individual enrolled in the waiver to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and
- d. The assistant's and individual's and the individual's family/caregiver's, as appropriate, weekly signatures recorded on the last day of service delivery for any given week to verify that services during that week have been rendered.

13. The records of individuals enrolled in the waiver who are receiving personal assistance services in a congregate residential setting (because skill building services are no longer appropriate or desired for the individual), must contain:

- a. The specific services delivered to the individual enrolled in the waiver, dated the day that such services were provided, the number of hours as outlined in the Plan for Supports, the individual's responses, and observations of the individual's physical and emotional condition; and

	<p>b. At a minimum, monthly verification by the residential supervisor of the services and hours rendered and billed to DMAS.</p> <p>O. Skilled nursing services. In addition to meeting the service coverage requirements in 12VAC30-120-1020 and the general conditions and requirements for home and community-based participating providers as specified in 12VAC30-120-1040, participating skilled nursing providers shall meet the following qualifications (excerpt):</p> <p>8. Required documentation. The provider shall maintain a record, for each individual enrolled in the waiver whom he serves, that contains:</p> <p>a. A Plan for Supports that contains, at a minimum, the following elements:</p> <p>(1) The individual's strengths, desired outcomes, required or desired supports;</p> <p>Q. Therapeutic consultation. In addition to meeting the service coverage requirements in 12VAC30-120-1020 and the general conditions and requirements for home and community-based participating providers as specified in 12VAC30-120-1040, professionals rendering therapeutic consultation services shall meet all applicable state or national licensure, endorsement or certification requirements. The following documentation shall be required for therapeutic consultation (excerpts):</p> <p>1. A Plan for Supports, that contains at a minimum, the following elements:</p> <p>b. Desired outcomes, support activities, and time frames;</p>
<p><u>DMAS DD Waiver Regulations</u></p>	<p>12VAC30-120-700. Definitions.</p> <p>PART VIII. INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITIES SUPPORT WAIVER</p> <p>ARTICLE 1. GENERAL REQUIREMENTS</p> <p>"Person-centered planning" means a process, directed by the individual or his family/caregiver, as appropriate, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual.</p> <p>"Plan of care" means a document developed by the individual or his family/caregiver, as appropriate, and the individual's case manager addressing all needs of individuals of home and community-based waiver services, in all life areas. Supporting documentation developed by waiver service providers is to be incorporated in the plan of care by the case manager. Factors to be considered when these plans are developed must include, but are not limited to, individuals' ages, levels of functioning, and preferences.</p> <p>12VAC30-120-720. Qualification and Eligibility Requirements; Intake Process.</p> <p>B. Screening.</p>

8. Home and community-based waiver services shall not be provided to any individual who resides in a nursing facility, an ICF/IID, a hospital, an adult family care home approved by the DSS, a group home licensed by DBHDS, or an assisted living facility licensed by the DSS. However, an individual may be screened for the IFDDS Waiver and placed on the wait list while residing in one of the aforementioned facilities.

E. Reevaluation of service need and utilization review.

1. The plan of care.

a. The case manager shall develop the plan of care, implementing a person-centered planning process with the individual, his family/caregiver, as appropriate, other service providers, and other interested parties identified by the individual or family/caregiver, based on relevant, current assessment data. The plan of care development process determines the services to be provided for individuals, the frequency of services, the type of service provided, and a description of the services to be offered. All plans of care written by the case managers must be approved by DBHDS prior to seeking authorization for services. DMAS is the single state authority responsible for the supervision of the administration of the home and community-based waiver.

b. The case manager is responsible for continuous monitoring of the appropriateness of the individual's services by reviewing supporting documentation and revisions to the plan of care as indicated by the changing needs of the individual. At a minimum, every three months the case manager must:

(1) Review the plan of care face-to-face with the individual and family/caregiver, as appropriate, using a person-centered planning approach;

(2) Review individual provider quarterly reports to ensure goals and objectives are being met; and

(3) Determine whether any modifications to the plan of care are necessary, based upon the needs of the individual.

c. At least once per plan of care year this review must be performed with the individual present, and his family/caregivers as appropriate, in the individual's home environment.

modification to the amount or type of services in the plan of care must be approved by DBHDS.

[12VAC30-120-752. Day Support Services.](#)

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based waiver services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, day support providers must meet the following requirements:

1. For DBHDS programs licensed as day support programs, the plan of care, supporting documentation, and ongoing documentation must be consistent with licensing regulations. For programs accredited by Rehabilitation Accreditation Commission as day support programs, there must be supporting documentation that contains, at a minimum, the following elements:

a. The individual's strengths, desired outcomes, required or desired supports and training needs;

- b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;
- c. Services to be rendered and the frequency of services to accomplish the above goals and objectives;
- d. All entities that will provide the services specified in the statement of services;
- e. A timetable for the accomplishment of the individual's goals and objectives;
- f. The estimated duration of the individual's needs for services; and
- g. The entities responsible for the overall coordination and integration of the services specified in the plan of care.

[12VAC30-120-753. Prevocational Services.](#)

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, prevocational services providers must also meet the following requirements:

1. The prevocational services provider must be a vendor of extended employment services, long-term employment services, or supported employment services for DARS, or be licensed by DBHDS as a day support services provider. Providers must ensure and document that persons providing prevocational services have training in the characteristics of related conditions, appropriate interventions, training strategies, and support methods for individuals with related conditions and functional limitations.
2. Required documentation in the individual's record. The provider must maintain a record for each individual receiving prevocational services. At a minimum, the record must contain the following:
 - a. A functional assessment conducted by the provider to evaluate each individual in the prevocational environment and community settings.
 - b. A plan of care containing, at a minimum, the following elements (DBHDS licensing regulations require the following for plans of care):
 - (1) The individual's needs and preferences;
 - (2) Relevant psychological, behavioral, medical, rehabilitation, and nursing needs as indicated by the assessment;
 - (3) Individualized strategies including the intensity of services needed;
 - (4) A communication plan for individuals with communication barriers including language barriers; and
 - (5) The behavior treatment plan, if applicable.

[12VAC30-120-754. Supported Employment Services.](#)

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, supported employment providers must meet the following requirements:

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	<p>3. Supporting documentation and ongoing documentation consistent with licensing regulations, if a DBHDS licensed program.</p> <p>4. For non-DBHDS programs certified as supported employment programs, there must be supporting documentation that contains, at a minimum, the following elements:</p> <ul style="list-style-type: none"> a. The individual's strengths, desired outcomes, required/desired supports, and training needs; b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes; c. Services to be rendered and the frequency of services to accomplish the above goals and objectives; d. All entities that will provide the services specified in the statement of services; e. A timetable for the accomplishment of the individual's goals and objectives; f. The estimated duration of the individual's needs for services; and g. Entities responsible for the overall coordination and integration of the services specified in the plan of care.
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1520 Individual Eligibility Requirements</p> <p>B. Assessment and enrollment.</p> <p>3. The case manager shall provide the individual and family/caregiver with the choice of Day Support Waiver services or ICF/MR placement.</p> <p>12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <ul style="list-style-type: none"> (A)2. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed; (A)3. Assure the individual's freedom to refuse medical care, treatment and services; <p>12VAC30-120-1540 Participation Standards for Home and Community-Based Waiver Services Participating Providers</p> <p>C. The case manager must inform the individual of all available waiver service providers. The individual shall have the option of selecting the provider of his choice from among those providers meeting the individual's needs.</p>

CURRENT COMPLIANCE

<p>HCBS Regulation C:</p>	<p>Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>
<p>DBHDS Human <u>Rights Regulations</u></p>	<p>12VAC35-115-50. Dignity. Part III. Explanation of Individual Rights and Provider Duties</p> <p>A. Each individual has a right to exercise his legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in these regulations, except as specifically limited herein. Each individual has a right to have services that he receives respond to his needs and preferences and be person-centered. Each individual also has the right to be protected, respected, and supported in exercising these rights. Providers shall not partially or totally take away or limit these rights solely because an individual has a mental illness, mental retardation, or substance use disorder and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility.</p> <p>D. The provider's duties.</p> <ol style="list-style-type: none"> 1. Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times. In the case of a minor, providers shall take into consideration the expressed preferences of the minor and the parent or guardian. 2. Providers shall develop, carry out, and regularly monitor policies and procedures that assure the protection of each individual's rights.
<p><u>DBHDS Licensing Regulations</u></p>	<p>Regulations currently include following language regarding and individual’s right to privacy: 2VAC35-105-360. Privacy.</p> <p>A. Bedroom and bathroom windows and doors shall provide privacy. B. Bathrooms intended for use by more than one individual at the same time shall provide privacy for showers and toilets. C. No required path of travel to the bathroom shall be through another bedroom. D. This section does not apply to correctional facilities and jails. Providers of sponsored residential home services shall certify that their sponsored residential homes comply with this section.</p> <p>Regulations currently include the following language regarding behavior supports and use of restraint: 12VAC35-105-800. Policies and procedures on behavior interventions and supports.</p>

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. C. Policies and procedures related to behavior interventions shall be available to individuals, their families, authorized representatives, and advocates. Notification of policies does not need to occur in correctional facilities. D. Individuals receiving services shall not discipline, restrain, seclude, or implement behavior interventions on other individuals receiving services. E. Injuries resulting from or occurring during the implementation of behavior interventions shall be recorded in the individual's services record and reported to the assigned human rights advocate and the employee or contractor responsible for the overall coordination of services.

[12VAC35-105-830. Seclusion, restraint, and time out.](#)

A. The use of seclusion, restraint, and time out shall comply with applicable federal and state laws and regulations and be consistent with the provider's policies and procedures. B. Devices used for mechanical restraint shall be designed specifically for behavior management of human beings in clinical or therapeutic programs.

Regulations currently include the following language regarding ISP requirements:

[12VAC35-105-665. ISP requirements.](#)

A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need; 2. Services and supports and frequency of services required to accomplish the goals including relevant psychological, mental health, substance abuse, behavioral, medical, rehabilitation, training, and nursing needs and supports; 3. The role of the individual and others in implementing the service plan; 4. A communication plan for individuals with communication barriers, including language barriers; 5. A behavioral support or treatment plan, if applicable; **6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan**; 7. A crisis or relapse plan, if applicable; 8. Target dates for accomplishment of goals and objectives; 9. Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and 10. Recovery plans , if applicable.

DMAS ID
Waiver

[12VAC30-120-1040. General Requirements for Participating Providers.](#)

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<p><u>Regulations</u></p>	<p>3. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed;</p> <p>4. Assure the individual's freedom to refuse medical care, treatment, and services;</p>
<p><u>DMAS DD Waiver Regulations</u></p>	<p>12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers.</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>2. Assure freedom of choice for individuals seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.</p> <p>3. Assure the individual's freedom to reject medical care, treatment, and services, and document that potential adverse outcomes that may result from refusal of services were discussed with the individual.</p> <p>12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers.</p> <p>D. Individual choice of provider entities. The individual will have the option of selecting the provider of his choice. The case manager must inform the individual of all available waiver service providers in the community in which he desires services, and he shall have the option of selecting the provider of his choice.</p>
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>(A)3. Assure the individual's freedom to refuse medical care, treatment and services;</p>

CURRENT COMPLIANCE

<p>HCBS Regulation D:</p>	<p>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.</p>
<p>DBHDS Human <u>Rights</u> <u>Regulations</u></p>	<p>12VAC35-115-100. Restrictions on Freedoms of Everyday Life.</p> <p>A. From admission until discharge from a service, each individual is entitled to:</p> <ol style="list-style-type: none"> 1. Enjoy all the freedoms of everyday life that are consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others. These freedoms include: <ol style="list-style-type: none"> a. Freedom to move within the service setting, its grounds, and the community; b. Freedom to communicate, associate, and meet privately with anyone the individual chooses; c. Freedom to have and spend personal money; d. Freedom to see, hear, or receive television, radio, books, and newspapers, whether privately owned or in a library or public area of the service setting; e. Freedom to keep and use personal clothing and other personal items; f. Freedom to use recreational facilities and enjoy the outdoors; and g. Freedom to make purchases in canteens, vending machines, or stores selling a basic selection of food and clothing. 2. Receive services in that setting and under those conditions that are least restrictive of his freedom.
<p><u>DBHDS</u> <u>Licensing</u> <u>Regulations</u></p>	<p>Regulations currently include the following language regarding ISP requirements:</p> <p>12VAC35-105-665. ISP requirements.</p> <p>A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need; 2. Services and supports and frequency of services required to accomplish the goals including relevant psychological, mental health, substance abuse, behavioral, medical, rehabilitation, training, and nursing needs and supports; 3. The role of the individual and others in implementing the service plan; 4. A communication plan for individuals with communication barriers, including language barriers; 5. A behavioral support or treatment plan, if applicable; 6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan; 7. A crisis or relapse plan, if applicable; 8. Target dates for accomplishment of goals and objectives; 9. Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and 10. Recovery plans , if applicable.</p>
<p><u>DMAS ID</u> <u>Waiver</u></p>	<p>12VAC30-120-1040. General Requirements for Participating Providers.</p> <p>C. Providers approved for participation shall, at a minimum, perform the following activities</p>

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<p><u>Regulations</u></p>	<p>3. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed;</p> <p>4. Assure the individual's freedom to refuse medical care, treatment, and services;</p> <p>6. Provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (§ 51.5-1 et seq. of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; the Fair Housing Amendments Act of 1988 (42 USC § 3601 et seq.); and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications;</p> <p>7. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public;</p>
<p><u>DMAS DD</u> <u>Waiver</u> <u>Regulations</u></p>	<p>12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers.</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>2. Assure freedom of choice for individuals seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.</p> <p>3. Assure the individual's freedom to reject medical care, treatment, and services, and document that potential adverse outcomes that may result from refusal of services were discussed with the individual.</p> <p>4. Accept referrals for services only when staff is available to initiate services within 30 calendar days and perform such services on an ongoing basis.</p> <p>5. Provide services and supplies for individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (Title 51.5 (§ 51.5-1 et seq.) of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.</p> <p>6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public.</p> <p>12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers.</p>

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	<p>D. Individual choice of provider entities. The individual will have the option of selecting the provider of his choice. The case manager must inform the individual of all available waiver service providers in the community in which he desires services, and he shall have the option of selecting the provider of his choice.</p>
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>(A)3. Assure the individual's freedom to refuse medical care, treatment and services;</p> <p>12VAC30-120-1540 Participation Standards for Home and Community-Based Waiver Services Participating Providers</p> <p>C. The case manager must inform the individual of all available waiver service providers. The individual shall have the option of selecting the provider of his choice from among those providers meeting the individual's needs.</p> <p>12VAC30-120-1550 Services: Day Support Services, Prevocational Services and Supported Employment Services</p> <p>A. Service descriptions.</p> <p>1. Day support means training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills, which typically take place outside the home in which the individual resides. Day support services shall focus on enabling the individual to attain or maintain his maximum functional level.</p>

CURRENT COMPLIANCE

<p>HCBS Regulation E:</p>	<p>Facilitates individual choice regarding services and supports, and who provides them.</p>
<p>DBHDS Human <u>Rights Regulations</u></p>	<p>12VAC35-115-70. Participation in Decision Making and Consent.</p> <p>A. Each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him. This includes the right to:</p> <ol style="list-style-type: none"> 1. Consent or not consent to receive or participate in services. <ol style="list-style-type: none"> a. The ISP and discharge plan shall incorporate the individual's preferences consistent with his condition and need for service and the provider's ability to address them; b. The individual's services record shall include evidence that the individual has participated in the development of his ISP and discharge plan, in changes to these plans, and in all other significant aspects of his treatment and services; and c. The individual's services record shall include the signature or other indication of the individual's or his authorized representative's consent. <p>(regulation continues)</p> <ol style="list-style-type: none"> 5. Request admission to or discharge from any service at any time.
<p><u>DBHDS Licensing Regulations</u></p>	<p>The Licensing regulations include the following information about choice of case manager: 12VAC35-105-1255. Case manager choice.</p> <p>The provider shall implement a written policy describing how individuals are assigned case managers and how they can request a change of their assigned case manager.</p> <p>Regulations currently include the following language regarding ISP requirements: 12VAC35-105-665. ISP requirements.</p>

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	<p>A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need; 2. Services and supports and frequency of services required to accomplish the goals including relevant psychological, mental health, substance abuse, behavioral, medical, rehabilitation, training, and nursing needs and supports; 3. The role of the individual and others in implementing the service plan; 4. A communication plan for individuals with communication barriers, including language barriers; 5. A behavioral support or treatment plan, if applicable; 6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan; 7. A crisis or relapse plan, if applicable; 8. Target dates for accomplishment of goals and objectives; 9. Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and 10. Recovery plans , if applicable.</p>
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1040. General Requirements for Participating Providers. C. Providers approved for participation shall, at a minimum, perform the following activities (excerpt):</p> <p>3. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed;</p> <p>4. Assure the individual's freedom to refuse medical care, treatment, and services;</p>
<p><u>DMAS DD Waiver Regulations</u></p>	<p>12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers. A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>2. Assure freedom of choice for individuals seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.</p> <p>3. Assure the individual's freedom to reject medical care, treatment, and services, and document that potential adverse outcomes that may result from refusal of services were discussed with the individual.</p> <p>4. Accept referrals for services only when staff is available to initiate services within 30 calendar days and perform such services on an ongoing basis.</p> <p>5. Provide services and supplies for individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (Title 51.5 (§ 51.5-1 et seq.) of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.</p>

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	<p>6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public.</p> <p>12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers.</p> <p>D. Individual choice of provider entities. The individual will have the option of selecting the provider of his choice. The case manager must inform the individual of all available waiver service providers in the community in which he desires services, and he shall have the option of selecting the provider of his choice.</p>
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1520 Individual Eligibility Requirements</p> <p>B. Assessment and enrollment.</p> <p>3. The case manager shall provide the individual and family/caregiver with the choice of Day Support Waiver services or ICF/MR placement.</p> <p>C. Waiver approval process; authorizing and accessing services.</p> <p>1. Once the case manager has determined an individual meets the criteria for Day Support Waiver services, has determined that a slot is available, and that the individual has chosen this service, the case manager shall submit updated enrollment information to DMHMRSAS to confirm level of care eligibility and the availability of a slot.</p> <p>3. After the case manager has received written notification of Medicaid eligibility by DSS and written enrollment confirmation from DMHMRSAS, the case manager shall inform the individual or family/caregiver so that the CSP can be developed. The individual or individual's family/caregiver will meet with the case manager within 30 calendar days following the receipt of written notification of DMHMRSAS enrollment to discuss the individual's needs and existing supports, and to develop a CSP that will establish and document the needed services. The case manager provides the individual and family/caregiver with choice of needed services available under the Day Support Waiver, alternative settings and providers. A CSP shall be developed with the individual based on the assessment of needs as reflected in the level of care and functional assessment instruments and the individual's, family/caregiver's preferences. The CSP development process identifies the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered. Only services on the CSP authorized by DMHMRSAS according to DMAS policies will be reimbursed by DMAS.</p> <p>12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>(A)2. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid program at the time the service or services were performed;</p> <p>(A)3. Assure the individual's freedom to refuse medical care, treatment and services;</p>

[12VAC30-120-1540 Participation Standards for Home and Community-Based Waiver Services Participating Providers](#)

C. The case manager must inform the individual of all available waiver service providers. The individual shall have the option of selecting the provider of his choice from among those providers meeting the individual's needs.

CURRENT COMPLIANCE

<p>HCBS Regulation F1:</p>	<p>In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met: a: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement, or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	
<p><u>DBHDS Licensing Regulations</u></p>	
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1000. Definitions.</p> <p>"Congregate residential support" means those supports in which the residential support services provider renders primary care (room, board, general supervision) and residential support services to the individual in the form of continuous (up to 24 hours per day) services performed by paid staff who shall be physically present in the home. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support. These supports are typically provided to an individual living (i) in a group home, (ii) in the home of the ID Waiver services provider (such as adult foster care or sponsored residential), or (iii) in an apartment or other home setting.</p> <p>"In-home residential support services" means support provided in a private residence by a DBHDS-licensed residential provider to an individual enrolled in the waiver to include: (i) skill building and supports and safety supports to enable individuals to maintain or improve their health; (ii) developing skills in daily living; (iii) safely using community resources; (iv) being included in the life of the community and home; (v) developing relationships; and (vi) participating as citizens of the community. In-home residential support services shall not replace the primary care provided to the individual by his family and caregiver but shall be supplemental to it.</p>

CURRENT COMPLIANCE

<p>HCBS Regulation F2:</p>	<p>In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met: a) Each individual has privacy in their sleeping or living unit; b) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors; c) Individuals sharing units have a choice of roommates in that setting; d) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>
<p>DBHDS Human <u>Rights</u> <u>Regulations</u></p>	<p>12VAC35-115-50. Dignity. (Part III. Explanation of Individual Rights and Provider Duties) C. In services provided in residential and inpatient settings, each individual has the right to:</p> <ol style="list-style-type: none"> 1. Have sufficient and suitable clothing for his exclusive use. 2. Receive nutritionally adequate, varied, and appetizing meals that are prepared and served under sanitary conditions, are served at appropriate times and temperatures, and are consistent with any individualized diet program. 3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum: <ol style="list-style-type: none"> a. Reasonable privacy and private storage space; b. An adequate number of private, operating toilets, sinks, showers, and tubs that are designed to accommodate individuals' physical needs; c. Direct outside air provided by a window that opens or by an air conditioner; d. Windows or skylights in all major areas used by individuals; e. Clean air, free of bad odors; and f. Room temperatures that are comfortable year round and compatible with health requirements.
<p><u>DBHDS</u> <u>Licensing</u> <u>Regulations</u></p>	
<p><u>DMAS ID</u> <u>Waiver</u> <u>Regulations</u></p>	

CURRENT COMPLIANCE

<p>HCBS Regulation F3:</p>	<p>In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met: a) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	
<p><u>DBHDS Licensing Regulations</u></p>	
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1040. General Requirements for Participating Providers. C. 15. Comply with applicable standards that meet the requirements for board and care facilities for all facilities covered by § 1616(e) of the Social Security Act in which home and community-based waiver services will be provided. Health and safety standards shall be monitored through the DBHDS' licensure standards or through VDSS-approved standards for adult foster care providers; [regulation continues]</p>

CURRENT COMPLIANCE

<p>HCBS Regulation F4:</p>	<p>In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met: a) Individuals are able to have visitors of their choosing at any time.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	<p>12VAC35-115-50. Dignity. (Part III. Explanation of Individual Rights and Provider Duties)</p> <p>8. Have or refuse visitors.</p> <p>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 when the visitors are suspected of bringing contraband or threatening harm to the individual in any other way.</p> <p>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.</p> <p>c. Residential substance abuse service providers that are not inpatient hospital settings or crisis stabilization programs may develop policies and procedures that limit visitors during the initial phase of treatment when sound therapeutic practice requires the restriction, subject to the following conditions:</p> <p>(1) Prior to implementation and when proposing any changes or revisions, the provider shall submit policies and procedures, program handbooks, or program rules to the LHRC and the human rights advocate for review and approval.</p> <p>(2) The provider shall notify individuals who apply for admission of these restrictions.</p>
<p><u>DBHDS Licensing Regulations</u></p>	
<p><u>DMAS ID Waiver Regulations</u></p>	

CURRENT COMPLIANCE

<p>HCBS Regulation F5:</p>	<p>In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met: a) The setting is physically accessible to the individual.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	
<p><u>DBHDS Licensing Regulations</u></p>	<p>12 VAC35-105-150. Compliance with applicable laws, regulations and policies</p> <p>The existing regulatory language includes references to compliance with the Americans with Disabilities Act and the Virginian’s with Disabilities Act. Language proposed to be updated as part of the Emergency Regulations will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301© (1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p> <p>12VAC35-105-280. Physical environment.</p> <p>B. The physical environment shall be accessible to individuals with physical and sensory disabilities, if applicable.</p>
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1040. General Requirements for Participating Providers.</p> <p>C.</p> <p>6. Provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (§ 51.5-1 et seq. of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; the Fair Housing Amendments Act of 1988 (42 USC § 3601 et seq.); and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications;</p>

CURRENT COMPLIANCE

<p>HCBS Regulation Supplement 2:</p>	<p>Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	
<p><u>DBHDS Licensing Regulations</u></p>	
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1005. Waiver Description and Legal Authority. F. ID services shall not be offered or provided to an individual who resides outside of the physical boundaries of the United States or the Commonwealth. Waiver services shall not be furnished to individuals who are inpatients of a hospital, nursing facility, ICF/ID, or inpatient rehabilitation facility. Individuals with ID who are inpatients of these facilities may receive case management services as described in 12VAC30-50-450. The case manager may recommend waiver services that would promote exiting from the institutional placement; however, these waiver services shall not be provided until the individual has exited the institution.</p>
<p><u>DMAS DD Waiver Regulations</u></p>	<p>12VAC30-120-720. Qualification and Eligibility Requirements; Intake Process. B. Screening. 8. Home and community-based waiver services shall not be provided to any individual who resides in a nursing facility, an ICF/IID, a hospital, an adult family care home approved by the DSS, a group home licensed by DBHDS, or an assisted living facility licensed by the DSS. However, an individual may be screened for the IFDDS Waiver and placed on the wait list while residing in one of the aforementioned facilities.</p>
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1510 General Coverage and Requirements for Day Support Waiver Services B. Covered services. 3. Waiver services shall not be furnished to individuals who are inpatients of a hospital, nursing facility, ICF/MR, or inpatient rehabilitation facility. Individuals with mental retardation who are inpatients of these facilities may receive case management services as described in 12VAC30-50-440. The case manager may recommend waiver services that would promote exiting from the institutional placement; however, these services shall not be provided until the individual has exited the institution.</p>

CURRENT COMPLIANCE

<p>Compliance and Monitoring:</p>	<p>For the CMS HCBS Final Rule Items A-E and Supplements 1 and 2.</p>
<p><u>DBHDS Human Rights Regulations</u></p>	<p>12VAC35-115-230. Provider Requirements for Reporting to the Department. PART VII. REPORTING REQUIREMENTS (This section details provider collection, maintenance and reporting requirements for information concerning: abuse, neglect, and exploitation; deaths and serious injuries; seclusion and restraint; and complaints. Further details the process for violations of these regulations.)</p> <p>12VAC35-115-240. Human Rights Enforcement and Sanctions. PART VIII. ENFORCEMENT AND SANCTIONS A. The commissioner may invoke the sanctions enumerated in § 37.2-419 of the Code of Virginia upon receipt of information that a provider licensed or funded by the department is:</p> <ol style="list-style-type: none"> 1. In violation of (i) the provisions of § 37.2-400 and §§ 37.2-403 through 37.2-422 of the Code of Virginia, (ii) these regulations, or (iii) provisions of the licensing regulations adopted pursuant to §§ 37.2-404 and 37.2-411 of the Code of Virginia; and 2. The violation adversely affects the human rights of individuals or poses an imminent and substantial threat to the health, safety, or welfare of individuals. <p>The commissioner shall notify the provider in writing of the specific violation or violations found and of his intention to convene an informal conference pursuant to § 2.2-4019 of the Code of Virginia at which the presiding officer will be asked to recommend issuance of a special order.</p> <p>B. The sanctions contained in the special order shall remain in effect for the duration of any appeal of the special order.</p>
<p><u>DBHDS Licensing Regulations</u></p>	
<p><u>DMAS ID Waiver Regulations</u></p>	<p>12VAC30-120-1080. Utilization Review; Level of Care Reviews. A. Reevaluation of service need and case manager review. Case managers shall complete reviews and updates of the Individual Support Plan and level of care as specified in 12VAC30-120-1020. Providers shall meet the documentation requirements as specified in 12VAC30-120-1040.</p> <p>B. Quality management reviews (QMR) shall be performed by DMAS Division of Long Term Care Services or its designated contractor. Utilization review of rendered services shall be conducted by DMAS Division of Program Integrity (PI) or its designated contractor.</p>

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	<p>C. Providers who are determined during QMRs to not be in compliance with the requirements of these regulations may be requested to provide a corrective action plan. DMAS shall follow up with such providers on subsequent QMRs to evaluate compliance with their corrective action plans. Providers failing to comply with their corrective action plans shall be referred to Program Integrity for further review and possible sanctions.</p> <p>D. Providers who are determined during PI utilization reviews to not be in compliance with these regulations may have their reimbursement retracted or other action pursuant to 12VAC30-120-1040 and 12VAC30-120-1060.</p> <p>E. Individuals enrolled in the waiver who no longer meet the ID Waiver services and level of care criteria shall be informed of the termination of services and shall be afforded their right to appeal pursuant to 12VAC30-120-1090.</p>
<p><u>DMAS DD Waiver Regulations</u></p>	<p>12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers.</p> <p>E. Review of provider participation standards and renewal of provider participation agreements. DMAS is responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and recertify each provider for agreement renewal with DMAS to provide home and community-based waiver services. A provider's noncompliance with DMAS policies and procedures, as required in the provider's participation agreement, may result in a written request from DMAS for a corrective action plan that details the steps the provider must take and the length of time permitted to achieve full compliance with the plan to correct the deficiencies that have been cited.</p>
<p><u>DMAS Day Support Waiver Regulations</u></p>	<p>12VAC30-120-1530 General Requirements for Home and Community-Based Participating Providers</p> <p>A. Providers approved for participation shall, at a minimum, perform the following activities:</p> <p>15. Adhere to the provider participation agreement and the DMAS provider manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider participation agreements and in the DMAS provider manual.</p> <p>B. Documentation requirements.</p> <p>2. The service providers must maintain, for a period of not less than six years from the individual's last date of service, documentation necessary to support services billed. DMAS staff shall conduct utilization review of individual-specific documentation. This documentation shall contain, up to and including the last date of service, all of the following:</p> <ol style="list-style-type: none"> a. All assessments and reassessments; b. All ISPs developed for that individual and the written reviews; c. An attendance log that documents the date services were rendered, as well as documentation of the amount and type of services rendered; d. Appropriate data, contact notes, or progress notes reflecting an individual's status and, as appropriate, progress or lack of progress toward the goals on the ISP;

- e. Any documentation to support that services provided are appropriate and necessary to maintain the individual in the home and in the community; and
- f. A copy of the current DMAS-122 form.

[12VAC30-120-1540 Participation Standards for Home and Community-Based Waiver Services Participating Providers](#)

D. DMAS shall be responsible for reviewing continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and periodically recertify each provider for participation agreement renewal with DMAS to provide home and community-based waiver services.

REMEDIATION

<p>HCBS Regulation</p>	<p>DBHDS Licensing Regulations: Remediation Determination and Potential Regulatory Language</p>
<p>A</p>	<p>12 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations will include Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p> <p>Language proposed to be updated as part of the Emergency Regulations will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.30(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p> <p>12 VAC35-105-610: Community Participation.</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify the provider’s responsibility to afford individuals the opportunity to become interactive members of their community and participate in activities reflecting their individual interests. The proposed language will also require that documentation include data to show that the individuals’s outcomes were addressed.</p> <p>12 VAC35-105-660: Individualized Service Plan (ISP)</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify use of a person-centered approach for development of the plan, and that the plan be developed based on preadmission assessments with full participation and informed choice of the individual (with documentation of choice).</p> <p>12 VAC35-105-665: ISP Requirements</p>

	<p>Language proposed to be updated as part of the Emergency Regulations process and added to the existing section regarding the person centered ISP process addresses the specific information that should be included in the plan as part of the existing risk assessment process, including annual review of the ISP and when the individual’s needs or choices change, as well as the timely completion of reassessments when there are changes.</p>
<p>B</p>	<p>12 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations process will include more detailed information on Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p> <p>Language proposed to be updated as part of the Emergency Regulations process will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p>
<p>C</p>	<p>12 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations will include Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p> <p>Language proposed to be updated as part of the Emergency Regulations process will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p>

<p>D</p>	<p>112 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations will include Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p> <p>Language proposed to be updated as part of the Emergency Regulations process will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p> <p>2 VAC35-105-610: Community Participation.</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify the provider’s responsibility to afford individuals the opportunity to become interactive members of their community and participate in activities reflecting their individual interests. The proposed language will also require that documentation include data to show that the individuals’s outcomes were addressed.</p>
<p>E</p>	<p>12 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations process will include Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p>

	<p>Language proposed to be updated as part of the Emergency Regulations process will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p> <p>12 VAC35-105-610: Community Participation.</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify the provider’s responsibility to afford individuals the opportunity to become interactive members of their community and participate in activities reflecting their individual interests. The proposed language will also require that documentation include data to show that the individuals’s outcomes were addressed.</p> <p>12 VAC35-105-660: Individualized Service Plan (ISP)</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify use of a person-centered approach for development of the plan, and that the plan be developed based on preadmission assessments with full participation and informed choice of the individual (with documentation of choice).</p> <p>12 VAC35-105-665: ISP Requirements</p> <p>Language proposed to be updated as part of the Emergency Regulations process specifies development of the ISP using a person-centered approach with services designed based on need to prevent the provision of unneeded services and supports, outlines the specific information that the provider should include in the plan, including a risk assessment, review of ISP at least annually and when the individual’s needs or choices change, timely completion of reassessments when there are changes.</p>
<p>F1-F6</p>	<p>12 VAC35-105-20: Definitions</p> <p>Language proposed to be updated as part of the Emergency Regulations will include Virginia’s Individual Services Plan (ISP) process. The amended language will specify that the plan will be developed by the individual with assistance from those professionals of his or her own choosing and will include services and supports that reflect the vision of his or her life. The language will also specify that the plan must include measurable goals and objectives, be person centered, self-directed if desired, and developed by the individual, the provider and other person chosen by the individual. The revised language will also include definitions for informed choice and informed consent as well as outline requirements for explanation and full disclosure to the individual about his or her options for services and service providers with documentation required.</p> <p>12VAC35-105-150. Compliance with applicable laws, regulations and policies</p>

	<p>Language proposed to be updated as part of the Emergency Regulations will include a broad statement that HCB waiver providers are subject to 42 CFR § 441.301(c)(1)(4) Home and Community Based Services: Waiver Requirements (for person centered planning and community based settings)</p> <p>12 VAC35-105-520 Risk Management</p> <p>Language proposed to be updated as part of the Emergency Regulations include a requirement for providers to implement a system for reporting serious incidents and measuring resulting harm. The regulations also require the provider to conduct a proactive risk assessment at least annually to address the environment or care, assessment or reassessment, staff competence, adherence to regulatory requirements, use of high risk procedures, including seclusion and restrain and revious of serious incidents. The changes also require provider monitoring of and response to include data collection, and conducting root cause analyses that have or have the potential to result in permanent harm. Providers are required to develop a written plan to identify and mitigate risks and conduct a review of every death within a specified timeframe of discovery of such incidents.</p> <p>12 VAC35-105-650 Assessment Policy</p> <p>Language proposed to be updated as part of the Emergency Regulations include a requirement that providers review and document five risk areas in assessments and reassessments. These include, health, nutrition, behavior, falls, and restrictive protocols or special supervisory requirements.</p> <p>12 VAC35-105-660: Individualized Service Plan (ISP)</p> <p>Language proposed to be updated as part of the Emergency Regulations will specify use of a person-centered approach for development of the plan, and that the plan be developed based on preadmission assessments with full participation and informed choice of the individual (with documentation of choice).</p> <p>Again, I thought this chart was about current compliance, vs. proposed reg language. The existing Licensing regs already include language about what must be in an ISP that can be quoted there.</p> <p>12 VAC35-105-665: ISP Requirements</p> <p>Language proposed to be updated as part of the Emergency Regulations process specifies development of the ISP using a person-centered approach with services designed based on need to prevent the provision of unneeded services and supports, outlines the specific information that the provider should include in the plan, including a risk assessment, review of ISP at least annually and when the individual’s needs or choices change, timely completion of reassessments when there are changes.</p>
<p>Supplement 1</p>	<p>No regulatory revisions needed.</p>

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Supplement 2	No regulatory revisions needed.
Compliance & Monitoring	No regulatory revisions needed.

REMEDATION

HCBS Regulation	DMAS ID Waiver Regulations: Remediation Determination and Potential Regulatory Language
A	<p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed on individual preferences and access to the greater community</p>
B	<p>12VAC30-120-1060. Participation Standards for Provision of Services; Providers' Requirements. Language is needed to support person center service plan (PCSP) development and implementation</p>
C	<p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed to support individual rights to privacy, dignity, respect and freedom from coercion and restraint</p>
D	<p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed to support individual autonomy, independence and choice</p>
E	No regulatory revisions needed.
F1-F6	<p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed to support residency agreements</p> <p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed to support lockable doors, choice of roommate, and freedom to furnish or decorate</p> <p>12VAC30-120-1040. General Requirements for Participating Providers. Language is needed to support individual control of schedules and access to food</p>
Supplement 1	<p>12VAC30-120-1060. Participation Standards for Provision of Services; Providers' Requirements. Language is needed that details the process for heightened scrutiny review for, prior to enrollment in the EDCD Waiver, ADHC providers that meet the conditions for heightened scrutiny.</p>

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Supplement 2	12VAC30-120-1005. Waiver Description and Legal Authority. Language is needed to add institutions of mental disease to the listing
Compliance & Monitoring	No regulatory revisions needed.

REMEDIATION

HCBS Regulation	DMAS DD Waiver Regulations: Remediation Determination and Potential Regulatory Language
A	12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers. Language is needed on individual preferences and access to the greater community
B	12VAC30-120-720. Qualification and Eligibility Requirements; Intake Process. 12VAC30-120-752. Day Support Services. 12VAC30-120-753. Prevocational Services. 12VAC30-120-754. Supported Employment Services. Language is needed to support person center service plan (PCSP) development and implementation
C	12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers. Language is needed to support individual rights to privacy, dignity, respect and freedom from coercion and restraint
D	12VAC30-120-730. General Requirements for Home and Community-Based Participating Providers. Language is needed to support individual autonomy, independence and choice
E	No regulatory revisions needed.
Supplement 1	12VAC30-120-740. Participation Standards for Home and Community-Based Waiver Services Participating Providers. Language is needed that details the process for heightened scrutiny review for, prior to enrollment in the EDCD Waiver, ADHC providers that meet the conditions for heightened scrutiny
Supplement 2	12VAC30-120-720. Qualification and Eligibility Requirements; Intake Process. Language is needed to add institutions of mental disease to the listing
Compliance & Monitoring	No regulatory revisions needed.

REMEDIATION

HCBS Regulation	DMAS Day Support Waiver Regulations: Remediation Determination and Potential Regulatory Language
A	12VAC30-120-1550 Services: Day Support Services, Prevocational Services and Supported Employment Services Language is needed on access to the greater community
B	12VAC30-120-1520 Individual Eligibility Requirements Language is needed to support person center service plan (PCSP) development and implementation
C	12VAC30-120-1550 Services: Day Support Services, Prevocational Services and Supported Employment Services Language is needed to support individual rights to privacy, dignity, respect and freedom from coercion and restraint
D	12VAC30-120-1550 Services: Day Support Services, Prevocational Services and Supported Employment Services Language is needed to support individual autonomy, independence and choice
E	No regulatory revisions needed.
Supplement 1	12VAC30-120-1540. Participation Standards for Home and Community-Based Waiver Services Participating Providers. Language is needed that details the process for heightened scrutiny review for, prior to enrollment in the EDCD Waiver, ADHC providers that meet the conditions for heightened scrutiny
Supplement 2	12VAC30-120-1510 General Coverage and Requirements for Day Support Waiver Services Language is needed to add institutions of mental disease to the listing
Compliance & Monitoring	No regulatory revisions needed.

Appendix B 2 New Waiver Services/Amended Waivers

These three HCBS 1915(c) waivers are planned to be amended in the following manner.

- The existing ID Waiver will become the “Community Living Waiver” (CL) and will remain a comprehensive waiver that includes 24/7 residential services for those who require that level of support. It will include services and supports for adults and children, including those with intense medical and/or behavioral needs.
- The existing DD Waiver (Individuals and Families with Developmental Disabilities Supports Waiver (IFDDS) will become the “Family and Individual Supports Waiver” (FIS) which will support individuals living with their families, friends, or in their own homes. It will support individuals with some medical or behavioral needs and will be available to both children and adults.
- The existing Day Support (DS) Waiver will become the “Building Independence Waiver” (BI) which will support adults 18 and older who are able to live in the community with minimal supports. This will remain a supports waiver that does not include 24/7 residential services. Individuals will own, lease, or control their own living arrangements.

The waiver redesign is a comprehensive funding package which includes proposed new services, a new rate methodology and increased rates, a new case management person-centered calendaring tool, and a new waiver management computer system. This redesign is subject to CMS approval and funding by the Virginia General Assembly.

The following chart details the planned new services for each waiver.

Residential Services <i>Individual or congregate community-based residential settings with supports available as an alternative to institutional residential placement and as a means of increasing integrated, community living.</i>	
<i>Shared Living Residential Service</i> BI, FIS, CL	A residential arrangement available to adult individuals in which a person without a disability is reimbursed for the costs of room and board in exchange for sharing the individual’s residence and providing limited companionship supports.
<i>Supported Living Residential Service</i> FIS & CL	A licensed or DBHDS authorized provider-owned residence, typically in an apartment complex, which provides up to 24 hrs of supports including medical and behavioral, to help individuals develop and maintain self help, socialization and adaptive skills in a home and community based setting.
Residential/Habilitative Support Services <i>Supports and/or specific services designed to help develop skills necessary to live more independently in an individual, family, or shared residence.</i>	
<i>Independent Living Residential Support Services</i> BI	Intermittently delivered supports provided in the individual’s home offering skill building, assistance and supports necessary to help an individual acquire and maintain the skills to live independently and successfully in his or her own home, absent primary caregiver supports.
Integrated Day and Community Access Services <i>Activities which help to facilitate the meaningful interaction, integration, autonomy, and personal</i>	

Appendix B 2 New Waiver Services/Amended Waivers

<i>preferences of individuals with disabilities within their respective communities.</i>	
<i>Community Engagement</i> BI, FIS, CL	Service delivered at a ratio of no more than 1:3 designed to support and foster the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, employability, interpersonal competence, greater independence and personal choice necessary to access typical activities and functions of community life, using the community as the natural learning environment.
<i>Community Coaching</i> BI, FIS, CL	Service delivered at a 1:1 ratio for individuals who need one-to-one support in order build a specific skill to address barriers preventing participation in activities of Community Engagement.
<i>Community Guide and Peer Support Services</i> BI, FIS, CL	Direct assistance to individuals by a trained Community Navigator or peer support mentor in brokering community resources and assistance necessary for connecting to and developing supportive community relationships that promote integration, self-determination and successful implementation of the individual's person centered plan.
Employment Services <i>Preparatory and necessary on the job training and supports to help the individual obtain and maintain competitive employment. Employment and Integrated Day/Community Access Services are designed to work together to help an individual achieve a meaningful day/life in the community.</i>	
<i>Workplace Assistance Services</i> FIS & CL	Services and supports provided to someone who has completed (or nearly completed) individual job development and job placement training but requires more than typical follow-along services to maintain stabilization in their employment.
<i>Benefits Planning</i> BI, FIS, CL	A set of services to assist individuals on social security benefits (SSI, SSDI, SSI/SSDI) to better understand the impact of working on all benefits. Benefits Planning Services enable waiver beneficiaries to make informed choices about work, and support working beneficiaries to make a successful transition to financial independence.
Medical/Behavioral Maintenance Services <i>Medical/clinical care and/or behavioral maintenance and support services in a home or community- based setting serving as an alternative to institutional care.</i>	
<i>Private Duty Nursing Services</i> FIS & CL	Individual 1:1 and continuous care (in contrast to part-time or intermittent care) for individuals with a serious medical condition and or complex health care need, that has been certified by a physician as medically necessary to enable the individual to remain at home, rather than in a hospital or nursing facility. Care is provided by a registered nurse (RN) or a licensed practical nurse under the direct supervision of a registered nurse.
<i>Crisis Support Services</i> BI, FIS, CL	Intensive supports provided by appropriately trained staff in the areas of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience a behavioral crisis.
<i>Center Based Crisis Supports</i> BI, FIS, CL	The Crisis Therapeutic Home (CTH) provides Long Term Crisis Prevention and Stabilization in a residential setting, through utilization of assessments, close monitoring, and a therapeutic milieu provided through planned and emergency admissions.
<i>Community Based Crisis</i>	Ongoing community or home-based based crisis support services to

Appendix B 2 New Waiver Services/Amended Waivers

<p><i>Supports</i> BI, FIS, CL</p>	<p>individuals with a history of multiple psychiatric hospitalizations; frequent medication changes; multiple setting changes, and enhanced staffing required due to mental health or behavioral concerns, to prevent loss of a home or work arrangement.</p>
<p>General Support Services Services and supports to increase the independence, self determination, safety and welfare of individuals while reducing reliance on paid staff supports.</p>	
<p><i>Non-Medical Transportation Service</i> BI, FIS, CL</p>	<p>Service providing reimbursement for transport to work and/or other community activities or events specified by the individual’s plan for supports, when no other means of transportation support is available.</p>
<p><i>Electronic Based Home Supports</i> BI, FIS, CL</p>	<p>Goods and services that would allow individuals with intellectual and developmental disabilities to access technology that can be used in the individual’s home to support greater independence and self-determination and supplant the need for paid staff support in the residence.</p>

Appendix B. 3 Settings Checklist for Providers

Home and Community Based (HCB) Settings Checklist VA ID/DD/DS Waiver HCBS Programs (Per CMS Final Rule)

HCB Waiver Services					
Provider Name:	Residential Services (provider owned and controlled settings)	Day Support Services	Prevocational Services	Group Supported Employ. Services	Notes
Provider Address:					
Completed by:					
Date of visit:					
Home and Community Based Setting Requirements per CMS Final Rule	Setting Requirements for Residential and Non-Residential HCBS Settings				
1) Integration of setting and supports for indiv. access to "greater" community					
2) Setting is selected by the indiv. and choice documented					
3) Setting ensures indiv. privacy, dignity and freedom from coercion and restraints.					
4) Optimizes indiv. autonomy and independence					
5) Facilitates indiv. choice for services/supports and providers					
6) Provider owned/operated residential settings, ALL of the above criteria apply in addition to the following:	Additional Requirements for Provider Owned/Operated Residential HCBS Settings				
A) Indiv's living unit can be owned or rented, via a lease (like) agreement					
B) The indiv. has privacy in their sleeping or living unit:					
i) Units have lockable entrances with keys					
ii) Indiv. has choice of roommates					
iii) Indiv. has freedom to furnish and decorate unit					
C) Indiv. has freedom/support to control own schedules and activities (including access to food 24/7).					
D) Indiv. may have visitors of their choosing at any time					
E) Setting is physically accessible to the individual					
F) Modifications to additional criteria for provider owned/operated residential settings are supported, justified and documented in a person centered service plan.					
Residential <input type="checkbox"/> Day Support <input type="checkbox"/> Group/ISE <input type="checkbox"/> Setting connected to, on the grounds of, or adjacent to a hospital, nursing facility or ICF/IID? Yes <input type="checkbox"/> No <input type="checkbox"/> Follow up needed? Yes <input type="checkbox"/> No <input type="checkbox"/>					Level of Compliance Checklist Key: C- Fully compliant PC - Partially compliant NC- Not currently compliant N/A – Not applicable to setting or HCBS

Appendix B. 4 Settings Checklist for Licensing

Home and Community Based (HCB) Settings Checklist VA ID/DD/DS Waiver HCBS Programs

Provider name:
 Full address of site:

Residential Day Support Prevocational Group/ISE
 Setting connected to, on the grounds of, or adjacent to a hospital
 nursing facility, IMD/Training Center or ICF/IID Yes No
 Date of site visit:
 Follow up needed? (Y) (N)

Level of Compliance Checklist Key: C Fully compliant PC Partially compliant NC Not Compliant N/A Not applicable	Residential Services	Day Support Services	Prevocational Services	Group Supported Employ. Services	Notes:
HCBS Requirements	Setting Requirements for Residential <u>and</u> Non-Residential HCBS Settings				
1) Integration of setting and supports for indiv. access to "greater" community	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
2) Setting is selected by the indiv. and choice documented	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
3) Setting ensures indiv. privacy, dignity and freedom from coercion and restraints.	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
4) Optimizes indiv. autonomy and independence	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
5) Facilitates indiv. choice for services/supports and providers	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
6) <u>ALL of the above criteria apply in addition to the following:</u>	Additional Requirements for Provider Owned/Operated Residential HCBS Settings				
A) Indiv's living unit can be owned or rented, via a lease (like) agreement	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
B) The indiv. has privacy in their sleeping or living unit:	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
i) Units have lockable entrances with keys	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
ii) Indiv. has choice of roommates	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
iii) Indiv. has freedom to furnish and decorate unit	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
C) Indiv. has freedom/support to control own schedules and activities (including access to food 24/7).	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
D) Indiv. may have visitors of their choosing at any time	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
E) Setting is physically accessible to the individual	Ente ▼	Enter ▼	Ente ▼	Ente ▼	
F) Modifications to #6 are supported, justified and documented in the person centered service plan.	Ente ▼	Enter ▼	Ente ▼	Ente ▼	

Settings Presumed to be Institutional

Provider Name	Site Name	Setting Type	Bed Capacity	Reason Identified
Settings Presumed to be Institutional				
Hampton Newport News Community Service Board	Briarfield Place	Group Home	12	Group home on the grounds of ICF
Southside Community Services Board	Ashley Manor	Group Home	10	Group Home on the grounds of ICF
The Brambles	Boston Brambles	Group Home	7	Clustered, institutional style homes, isolated with limited to no community access
	Carriage House	Group Home	6	
	Hacienda Brambles	Group Home	6	
	The Brambles Cottage	Group Home	5	
	The Brambles Lodge	Group Home	5	
	The Brambles Manor	Group Home	6	
	The Villa	Group Home	6	
	Poplar Grove	Group Home	6	
	Windsor	Group Home	6	
	Louise W. Eggleston	Howland House	Group Home	
Liefer House		Group Home	6	

Settings Presumed to be Institutional

	Sawyer House	Group Home	8	
	Carlson House	Group Home	8	
	Civitan Acres	Day Support	N/A	
	Tanners Creek	Day Support	N/A	
	Life Enhancement	Day Support	N/A	
	Sarah Bonwell Hudgins	Day Support	N/A	
HumanKind	Zuni Bain House	Group Home	9	Clustered/Campus style, isolated setting
	Zuni Bishop House	Group Home	9	
	Zuni Camp House	Group Home	10	
	Zuni Roughton House	Group Home	10	
Sola, Inc	Ark-York	Group Home	9	Clustered, Institutional style homes, isolated homes with day support co-located; limited to no community access
	Friendship Road	Group Home	6	
	Joy Home Hickory Fork	Group Home	9	
	Zorzan Home	Group Home	6	
Crossroads Community Services Board	Woodland House	Group Home	11	Clustered group home community with a center based day facility and apartments for people with disabilities

Settings Presumed to be Institutional

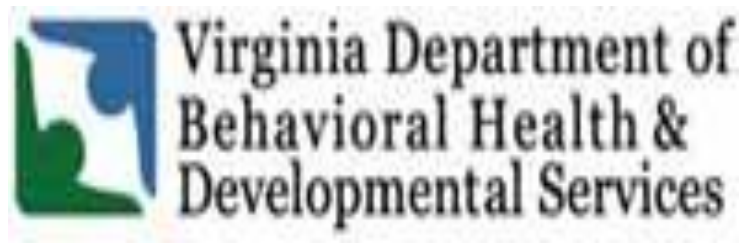
	Callahan Manor	Group Home	4	behind the group homes.
	Grove-house	Group Home	6	
	Jamesway House	Group Home	4	
	Victoria House	Group Home	6	
	Southside Enterprises	Day Support	N/A	
Bedford Adult Day Hospital	Bedford Adult Day Center	Day Program	N/A	Day Support Program on the same property as a hospital setting.

Settings That May Benefit from Targeted TA/Remediation

Provider Name	Site Name	Setting Type	Bed Capacity	Reason Identified
Settings That May Need Targeted Remediation				
L'Arche Blue Ridge Mountains	L'Arche Cosby Cottage	Group Home	5	Two group homes side by side sharing a driveway and separated by a connecting sidewalk.
	L'Arche Vince's Villa	Group Home	5	
New Beginnings	New Beginning 1	Apartment Building		Apartment building and two group homes on same block with a day support facility.
	New Beginning IV	Group Home	8	
	New Beginning 1	Group Home	8	
	New Beginnings Day Support	Day Support	N/A	
Crossroads Community Services Board	Evergreen (A)	Group Home	6	Two group homes side by side
	Evergreen (B)	Group Home	6	
Crossroads Community Services Board	Collins House	Group Home	4	Two group homes beside center based day support facility
	South Haven	Group Home	4	
	Cross Roads Point, Inc Day Support	Day Support	N/A	
Cumberland Mountain Community Services Board	Pleasant View Group Home	Group Home	10	Group home size
Horizon Behavioral Health	Horizon Home @ Appomattox	Group Home	10	Group home size
Piedmont Community Services	Little Ivy Group Home	Group Home	11	Group home size
Mount Rogers Community Services Board	Wythe House	Group Home	11	Group home size
Mount Rogers Community Services Board	Carrol House	Group Home	12	Group home size
Hampton Newport News CSB	Hampton House	Group Home	12	Group home size
Pleasant View, Inc	Lee-High Group Home	Group Home	12	Group home size
Volunteers of America, Chesapeake, Inc	Baker House	Group Home	12	Group home size
Frontier Health/PD 1	Sunhouse Group	Group Home	12	Group home size

Settings That May Benefit from Targeted TA/Remediation

Provider Name	Site Name	Setting Type	Bed Capacity	Reason Identified
Settings That May Need Targeted Remediation				
	Home			
J. Ramsey, LLC	Image House	Group Home	12	Group home size
Heart Havens, Inc.	Administrative Offices	Group Home	12	Group home size
Progressive Adult Rehabilitation Center, Inc	Osage House	Group Home	12	Group home size
Good Life Corporation	Pickering Place	Group Home	14	Group home size
Eastern Shore Community Services Board	ARC House	Group Home	14	Group home size
New River Valley Community Services Board	Elm Tree Group Home	Group Home	14	Group home size
Support Services of Virginia, Inc.	Tranquility House	Group Home	15	Group home size
Cumberland Mountain Community Services Board	Cumberland Mountain Home	Group Home	15	Group home size
M.T. Sorrell, Inc.	M.T. Sorrell Home	Group Home	15	Group home size
Cornerstone Support Services, Inc.	Cornerstone Office	Group Home	16	Group home size
Lucas Lodge, LLC	Lucas Lodge-Elm Avenue	Group Home	20	Group Home size



Provider Training Plan

FY 2016 – FY 2018

REVISED

MARCH 4, 2016

A plan to implement competency-based training requirements for providers leading to increased availability and improved quality in DD Services.

Provider Training Plan

Goal 1: Providers know and comply with expectations for providing person-centered practices and keeping people healthy and safe, including knowledge and competencies required of direct support professionals and their supervisors to support individuals in their services.

Long-term outcome: Individuals with developmental disabilities are supported in person-centered ways by competent, well-trained staff.

Indicators:

- Service elements are identified.
- Staff and schedule of competency checks determined.
- An updated DSP Orientation Manual, training materials and competency checklist tools are available online.
- Providers understand and implement competency checks on an ongoing basis.
- A comprehensive competency-based training curriculum is used by providers of DD Services.

Strategy: 1.1. Develop competency-based training materials that include knowledge-based testing, observational competency checks and that address intensive medical and behavioral needs.

Lead Agency (s) & Role	Recommended Action(s)	Other Agencies/ Orgs Involved	Project ed Start Date	Projecte d Completi on Date	Outcomes	Resour ces \$\$\$
DBHDS	1.1.1 Identify needed service elements	None	12/1/15	3/1/16	Service elements determined	Current state resources
DBHDS	1.1.2 Identify staff needing training and competency checks	None	12/1/15	3/1/16	Staff are identified	Current state resources
DBHDS	1.1.3 Revise the DSP Orientation Manual to include service elements and health risk content	Partnership for People with Disabilities	12/1/15	3/31/16	An updated orientation manual and test to include health risks	Current state resources
DBHDS	1.1.4 Develop training slides and guidance materials on the eight	Partnership for People with Disabilities	12/1/15	3/31/16	Complete set of Health Risk Training Slides available	Current state resources

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	identified health risks					
DBHDS	1.1.5 Develop competency checklists for basic standards, as well as advanced medical needs	None	12/1/15	3/31/16	Basic competency checklist for Direct Support Professionals and a competency checklist for advanced medical providers	Current state resources
DBHDS	1.1.6 Incorporate competency checklists for autism and intensive behavioral support needs into process	None	12/1/15	3/31/16	Competencies for providers seeking to provide autism and intensive behavioral services	Current state resources
DBHDS	1.1.7 Develop and finalize a knowledge-based test for DSPs to include all health risks	None	3/1/16	4/30/16	An updated knowledge-based test for DSPs and Supervisors	Current state resources
DBHDS	1.1.8 Determine schedule for initial and ongoing competency checklist completion and how remediation will be implemented when competencies are not observed	None	3/1/16	4/30/16	Process around competency checks are detailed and communicated	Current state resources
DBHDS	1.1.9 Obtain SME review of materials	Provider Agencies; CSBs	5/1/16	5/31/16	Final approval of materials	Current state resources
Strategy: 1.2 Incorporate content related to basic and advanced health and behavioral risks into the established risk assessment and Individual Support Plan (ISP) processes						

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DBHDS	1.2.1 Update Risk Assessment to incorporate the eight health risks and related triggers identified by the DBHDS Mortality Review Committee	None	3/1/16	5/31/16	A tool for identifying health risk is available	Current state resources
DBHDS	1.2.2 Modify Virginia's PC ISP guidance and instructions to clarify expectations on including health risk in Individual Support Plans	None	3/1/16	5/31/16	Updated ISP instructions that clarify expectations around health risks	Current state resources
DBHDS	1.2.3 Add specific elements as needed to the quarterly review to ensure an ongoing review of the eight health risks	None	3/1/16	5/31/16	A method for the ongoing identification of health risk and related responses	Current state resources
DBHDS	1.2.4 Obtain SME review of materials	Provider Agencies; CSBs	6/1/16	6/30/16	Final approval of materials	Current state resources
Strategy: 1.3 Provide online access to providers for Direct Support Professional orientation and health risk training materials and related ISP changes.						
DBHDS	1.3.1 Provide final draft of orientation materials to administrative support for loading into the DBHDS Learning Management System	None	3/1/16	6/30/16	Online access for supervisors established	Current state resources
DBHDS	1.3.3 Announce availability and instructions/requirements for	None	3/1/16	7/1/16	Process and expectations are announced to provider	Current state resources

Training and Education: Appendix B.7

	implementing health risk and DSP test/competency materials				community with 6 months to achieve compliance	
DBHDS	1.3.2 Incorporate final draft of related ISP elements into standing ISP curriculum	None	7/1/16	9/1/16	Revised ISP training materials are available for ongoing ISP training sessions	Current state resources
<p>Goal 2: Providers are able to report in a central location that they meet DBHDS requirements and competencies and can assess themselves against established criteria of best practices and other providers.</p> <p>Long-term outcome: There is an online system for provider self-reporting of their agency's standing in relation to federal and state expectations for quality services.</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Indicators of qualified providers are developed and delineated across key areas: person-centeredness, quality service history, expertise, innovation and outcomes. - Provider surveys are available that include indicators around staff qualifications based on key areas of expertise 						
<p>Strategy: 2.1 Implement a provider rating system that serves as a self-evaluation process for providers of DD services.</p>						
Lead Agency(s) & Role	Recommended Action(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Outcomes	Resources \$\$\$
DBHDS	2.1.1 Develop a Provider Record tool or online surveys to establish self-reported indicators of success and related scoring	Partner agencies; providers of DD Services; CSBs; vendor	7/1/16	1/31/17	Drafted materials and process for stakeholder review	Approved budget
DBHDS	2.1.2 Obtain stakeholder input and agreement on content, structure and process of self-	Partner agencies; providers of DD Services; CSBs	7/1/16	3/31/17	Stakeholder input on provider record system	Current state resources

Training and Education: Appendix B.7

	assessed reporting system				obtained	
DBHDS	2.1.2 Publish tool online for provider use	None	2/1/17	5/31/17	Online access established	Approved budget
DBHDS	2.1.3 Provide training on the use of the tool/surveys	None	6/1/17	7/1/17	Provider training completed	Current state resources

Goal 3: Individuals and families easily locate qualified providers matching their preferences and needs.

Long-term outcome: There is an online database that lists providers by location and self-assessed standing in relation to qualifications and expertise.

Indicators:

- Providers are surveyed to determine location and results of self-assessment.
- CSBs are surveyed to identify gaps in services statewide.
- DBHDS has a process for filling gaps in services.

Strategy: 3.1 Survey providers and identify gaps in services statewide.

Lead Agency (s) & Role	Recommended Action(s)	Other Agencies/ Orgs Involved	Projected Start Date	Projected Completion Date	Outcomes	Resources \$\$\$
DBHDS	3.1.1 Add all known providers to the DDS listserv	None	2/1/16	5/31/16	Comprehensive provider email list established	Current state resources
DBHDS	3.1.2 Survey providers to identify service, location by ZIP code and willingness to expand	None	6/1/16	8/31/16	Provider responses collected	Current state resources
DBHDS	3.1.3 Survey Community Services Boards to identify gaps in	None	6/1/16	8/31/16	CSB responses collected	Current state resources

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	existing services by locality					
DBHDS	3.1.4 Summarize findings and proceed with requests to fill gaps in services	None	9/1/16	10/31/16	Services are increasingly available	Current state resources
Strategy 3.2 Publish online results of provider surveys and self-reported standing.						
DBHDS	3.2.1 Develop and maintain online database of results to include provider location and contact information	None	3/1/17	1/1/18	Individuals, families and others have an online resource for locating providers based on availability and reported expertise	Approved budget

Support Coordinator/Case Manager

MLMC Waiver Redesign Trainings

There will be a one-day My Life, My Community: DD Waivers Redesign Session **for support coordinators/case managers**. During the session you will learn about the Waiver Redesign, to include an overview of the amended Waivers, the new VIDES and the HCBS Setting Rule, Wait list, Eligibility & Slot assignment, Individual Levels, Reimbursement Tiers, Services and Support Options, and the new Person-Centered Planning Calendar.

There are separate sessions geared for Providers.

The materials will be emailed to you prior to your session. Be sure to print and bring them with you (or your laptop if preferred).

Thank you for your attendance and your participation in assuring the success of the new Waivers in supporting individuals with developmental disabilities in becoming fully included in everyday life in their communities.

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Date	Location	Time	Capacity
Region 1			
April 13	Good Life Station 9595 S. Congress St. New Market, VA 22844	9:00 – 4:00	75
April 20	Region Ten Conference Center 500 Old Lynchburg Rd. Charlottesville, VA 22903	9:00 – 4:00	80
April 27	Rockbridge Area CSB 241 Greenhouse Rd. Lexington, VA 24450	9:00 – 4:00	100
Region 2			
April 14	Prince William CSB A.J. Ferlazzo Building 15941 Donald Curtis Dr. Woodbridge, VA 22191	9:30 – 4:30	300
April 18	Fairfax Government Center Conference Room 9/10 12000 Government Center Parkway Fairfax	9:30 – 4:30	75
April 26	Arlington Central Library Auditorium 1015 N Quincy St. Arlington, VA 22201	10:30 – 4:30	100
Region 3			
April 5	Wytheville Community College, 100 East Main St, Wytheville, VA	9:00 – 4:00	100
April 11	Virginia Highlands Community College, 100 VHCC Drive, Abingdon, VA	9:00 – 4:00	75
April 20	Stone Memorial Christian Church, 3030 Virginia Ave., Collinsville, VA	9:00 – 4:00	75
Region 4			
April 5	Petersburg Library 201 W. Washington Street, Petersburg, VA	9:30 – 5:30	100
April 12	Richmond Harley-Davidson Building 12200 Harley Club Drive	9:00 - 5:00	300
April 21	Henrico CSB 10299 Woodman Road, Glen Allen, VA	9:00 – 5:00	100

Region 5			
April 6	Hampton Library 4207 Victoria Blvd. Hampton, VA 23669	9:00 – 5:00	80
April 12	SEVTC 2100 Steppingstone Square, Chesapeake, VA 23320	9:00 – 5:00	60
April 19	SEVTC 2100 Steppingstone Square, Chesapeake, VA 23320	9:00 – 5:00	80

Waiver Provider

MLMC Waiver Redesign Trainings

There will be a one-day My Life, My Community: DD Waiver Redesign Session **for providers**. During the session you will learn about the Waiver Redesigns to include an overview of the amended Waivers and new VIDES, HCBS Settings Regulation, Individual Levels, Reimbursement Tiers, Services and Support Options, Provider Qualifications and Competencies and the new Person-Centered Planning Calendar.

This training is geared towards Providers. There will be separate trainings for Support Coordinators and Case Managers.

The materials will be emailed to you prior to your session. Be sure to print and bring them with you (or your laptop if preferred).

Thank you for your attendance and your participation in assuring the success of the new Waivers in supporting individuals with developmental disabilities in becoming fully included in everyday life in their communities.

Date	Location	Time	Capacity
Region 1			
April 14	Good Life Station 9595 S. Congress St. New Market, VA 22844	9:00 – 4:00	75

Training and Education: Appendix B.7

April 21	Region Ten Conference Center 500 Old Lynchburg Rd. Charlottesville, VA 22903	9:00 – 4:00	80
April 28	Rockbridge Area CSB 241 Greenhouse Rd. Lexington, VA 24450	9:00 – 4:00	100
Region 2			
April 15	Prince William CSB A.J. Ferlazzo Building 15941 Donald Curtis Dr. Woodbridge, VA 22191	9:30 – 4:30	300
April 19	Fairfax Government Center Conference Room 9/10 12000 Government Center Parkway Fairfax	9:30 – 4:30	75
April 27	Arlington Central Library Auditorium 1015 N Quincy St. Arlington, VA 22201	10:30 – 4:30	100
Region 3			
April 6	Wytheville Community College, 100 East Main St, Wytheville, VA	9:00 – 4:00	100
April 12	Virginia Highlands Community College, 100 VHCC Drive, Abingdon, VA	9:00 – 4:00	100
April 21	Stone Memorial Christian Church, 3030 Virginia Ave., Collinsville, VA Martinsville	9:00 – 4:00	75
Region 4			
April 6	Henrico	9:30 – 5:30	100
April 13	Hanover	9:00 - 5:00	300
April 14	Hanover	9:00 – 5:00	300
Region 5			
April 7	Hampton Library 4207 Victoria Blvd. Hampton, VA 23669	9:00 – 5:00	130
April 13	Hampton Library 4207 Victoria Blvd. Hampton, VA 23669	9:00 – 5:00	130
April 21	Virginia Beach Library	10:00 – 4:30	200

Training and Education: Appendix B.7

	4100 Virginia Beach Blvd.		
April 27	Virginia Beach Library 4100 Virginia Beach Blvd.	10:00-5:00	200

Below are the numbers of individuals that came out to the sessions. The numbers include individuals, families, community providers and other community partners. Thanks again and we look forward to repeating the sessions in May and June!

DD Waivers Informational Series for Individuals & Families	
April 12, 2016 (6pm-8pm) 44 attendees	Sandston Library 23 E Williamsburg Rd Sandston, VA 23150
April 13, 2016 (6pm-8pm) 99 attendees	County Supervisors Chambers 1 County Complex Ct Woodbridge, VA 22192
April 21, 2016 (5:30pm-7:30pm) 36 attendees	Roanoke City Public Library 706 S Jefferson St Roanoke, VA 24016
April 26, 2016 (6pm-8pm) 10 attendees	Rockbridge Area CSB 241 Greenhouse Rd Lexington, VA 24450
April 28, 2016 (1pm-3pm) 118 attendees	Hampton Library 4207 Victoria Blvd Hampton, VA 23669
April 20, 2016: Human Kind (Zuni, VA) 27 attendees	

Commonwealth of Virginia Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS)

Final Regulation’s Setting Requirement

Appendix C: Summary of Public Input March 2015 & April 2016

Appendix C: Public Comment & Response March 2015 STP & April 2016 Revised STP

Public comments received incorporated feedback on the proposed March 2015 VA Statewide Transition Plan for CMS HCBS final rule compliance. Where possible, comments have been separated and categorized for clarity, targeted review and analysis.

<u>Public Comment</u>	<u>Response</u>	<u>Disposition</u>	<u>Incorporated into Transition Plan Y/N</u>
Assessment Process			
<p>While the results of their self-assessments may offer providers useful insights into the changes necessary to achieve compliance with CMS’s home and community-based service rule, the results of these internal reviews should not be the sole or primary basis for identifying areas of non-compliance that should be the focus of the state’s transition plan.</p>	<p><i>DBHDS thanks the commenter for the comment. Virginia has committed to investing in a robust self-assessment process for determining compliance with the final rule. Provider self-assessments are not intended to be the only source of information used to determine compliance with the final rule. The strategy used to achieve full compliance will occur after the self-assessment phase is complete. As described in the transition plan, the self-assessment information will be supplemented by DBHDS site visits. The aggregate self-assessment data and the data from the site visits will be reviewed to determine the steps that need to be taken to achieve system-wide compliance. The state needs this</i></p>	<p>No required changes to plan</p>	<p>N</p>

Commonwealth of Virginia Statewide Transition Plan for Compliance with the Home and Community Based Services
(HCBS)

Final Regulation's Setting Requirement

Appendix C: Summary of Public Input March 2015 & April 2016

<u>Public Comment</u>	<u>Response</u>	<u>Disposition</u>	<u>Incorporated into Transition Plan Y/N</u>
	<p><i>critical information from providers in aggregate, as well as feedback from the stakeholders and obtained during site visits to determine what system changes must be instituted and where to target training and technical assistance activities. Stakeholder remediation, education and awareness training will be collaborative and shared by DBHDS and its community partners.</i></p>		
<p>Because providers have powerful financial and programmatic incentives to minimize the impact of the rule on their respective programs, the state's HCBS transition plan should include provisions for conducting independent compliance assessments of licensed providers of services.</p>	<p><i>DBHDS thanks the commenter for the comment. See response above.</i></p>	<p>No required changes to plan</p>	<p>N</p>
<p>The Arc of Virginia recognizes that an independent, provider-by-provider assessment of compliance would be a time-consuming and resource intensive undertaking. But there are ways of mitigating the impact of such assessments by: (a) establishing priorities and spreading the reviews over a 12 to 18 month period; (b) inviting non-state officials, including representatives of community provider agencies, area agencies on aging, community services boards (CSBs), and advocacy organizations</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous response. As described in the transition plan, a separate Compliance and Monitoring team will be assembled with representation from VA stakeholder groups to assist with compliance monitoring. There is no state funding available to hire</i></p>	<p>No required changes to plan</p>	<p>N</p>

Commonwealth of Virginia Statewide Transition Plan for Compliance with the Home and Community Based Services
(HCBS)

Final Regulation's Setting Requirement

Appendix C: Summary of Public Input March 2015 & April 2016

<u>Public Comment</u>	<u>Response</u>	<u>Disposition</u>	<u>Incorporated into Transition Plan Y/N</u>
such as The Arc of Virginia to serve on review teams; and/or (c) out-sourcing responsibility for conducting all or some of the assessments to a qualified, third party contractor(s).	<i>independent contractors to conduct the assessments/reviews.</i>		
The Board is concerned that setting compliance determination is over reliant on provider self assessments, especially for ID DD waivers. The plan has no explicit requirements for providers who wish to remain licensed to develop and demonstrate progress on a formal plan of corrective action. A formal corrective action plan should be required for remediation of areas or conditions which are not compliant with the rule.	<i>DBHDS thanks the commenter for the comment. Virginia is committed to investing in a robust self-assessment process for determining compliance with the final rule. Provider self-assessments are not intended to be the only source of information used to determine system compliance with the final rule. The self-assessments will be accompanied by DBHDS and DMAS QMR site visits to supplement the self-assessment information. The strategy to be used to achieve full compliance will occur after the self-assessment phase is complete, including corrective action plans, if necessary.</i>	No required changes to plan	N
The board recommends that DMAS and DBHDS establish and implement a standard process to assess settings compliance with the final rule, to include on site visits. DMAS in partnership with DBHDS incorporate results of the NCI survey as	<i>DBHDS thanks the commenter for the comment. Please see above comment. As outlined in the transition plant, on-site visits are incorporated into the assessment</i>	No required changes to plan	N

Commonwealth of Virginia Statewide Transition Plan for Compliance with the Home and Community Based Services
(HCBS)

Final Regulation's Setting Requirement

Appendix C: Summary of Public Input March 2015 & April 2016

<u>Public Comment</u>	<u>Response</u>	<u>Disposition</u>	<u>Incorporated into Transition Plan Y/N</u>
part of that assessment. NCI captures data on individuals quality of life including exercise of chose and self determination, participation in work and community activities, protection of and respect for individuals rights	<i>process. The possibility of using NCI surveys will be taken under advisement.</i>		
The transition plan should complement the goals and direction set forth for the I/DD service system to be person-centered and integrated as stipulated in the Agreement.	<i>DBHDS thanks the commenter for the comment which is duly noted.</i>	No required changes to plan	N
The plan should consider compliance activities an opportunity to enhance future system change and improves service quality	<i>DBHDS thanks the commenter for the comment. The Compliance and Monitoring team is proposed to help address this function. ID/DD waiver redesign will incorporate final rule requirements in order to enhance the system in the future.</i>	No required changes to plan	N
This plan should include a process of gathering information to identify systemic barriers to provider compliance from site visits, technical assistance, and various reports. The Board recommends that transition plan activities include a process for information gathering on barriers which can assist planning for service provider and workforce development.	<i>DBHDS thanks the commenter for the comment. As outlined in the statewide transition plan, the self-assessment phase includes a settings checklist, provider self- assessment survey, site visits and ongoing stakeholder input. Comment regarding barriers duly noted.</i>	No required changes to plan An additional statement was added to the role of the C&MT to gather information on barriers.	NY
<i>Integrate all VA related agency regulations governing the waivers, particularly DMAS and licensing regulations.</i>			

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<p>Since the plan is heavily dependent upon the DBHDS Office of Licensing for compliance activities, we are very concerned that the timeframe described for development of revised regulations is not being met.</p>	<p><i>DBHDS thanks the commenter for the comment. The state recognizes the need for consistency in waiver regulations. The change in the format of the licensing regulations has been proposed and is already underway with the updating of licensing regulations.</i></p>	<p>Updated timeline will be added to plan in light of emergency regulations proposed by DBHDS workgroup.</p>	<p>Y</p>
<p>We are concerned that the initial self-assessment activity for providers may or may not produce a tool which can be used by the Office of Licensing for verification.</p>	<p><i>DBHDS thanks the commenter for the comment. DBHDS licensing will review the information submitted by the provider as part of their self-assessment, if completed. They will also use a tool developed from the settings checklist on which to base compliance status.</i></p>	<p>Additional detail will be added to plan regarding DBHDS compliance monitoring tool to transition plan.</p>	<p>Y</p>
<p>There continues to be a significant reliance on DBHDS Licensing Regulations and Licensing process/personnel to both establish the “rules” and to monitor compliance.</p> <ul style="list-style-type: none"> • DBHDS Licensing is, and should continue to be, service specific not funding source specific • Some services, which may be HCBS funded, are not “licensed” services • Many services can, and do, support individuals with a variety of funding 	<p><i>DBHDS thanks the commenter for the comment. See previous comments regarding DBHDS licensing regulations update. Differences in licensing and DMAS regulations currently exist. The state recognizes the need for consistency in waiver regulations, including service definitions and interpretation of services, across all agencies.</i></p>	<p>No required changes to plan</p>	<p>N</p>

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<p>sources. While the requirements of the CMS Rule may be aspirational they are not funded (even in the HCBS programs) and, therefore, cannot be implemented.</p>	<p><i>The state acknowledges that some of the requirements of the final rule will require adjustments to the operational processes, practices, and procedures of provider agencies and may not be without financial impact. These impacts are also being absorbed by the state as compliance with federal regulations is mandatory and must be implemented. Although not addressed here in the review of settings, the I/DD system transformation/waiver redesign is proposed to help address provider cost and capacity challenges in the commonwealth. Compliance monitoring activities will occur throughout DBHDS/DMAS processes during the transition period. <u>Compliance with federal regulations (i.e. the final rule requirements), is mandatory and implementation will be required for providers who anticipate to continue to bill for Medicaid Waiver services.</u></i></p>		

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<p>DBHDS will be using the Office of Licensing to assure not only compliance with the Final Rule, but assistance with the transition to Final Rule stipulations. Some of the services covered by the Final Rule are not covered by the licensing office in Virginia. (e.g., Employment Services). This is addressed in the Transition Plan by indicating non-licensed services will be covered by revised State Medicaid regulations. Based on our experience, and that of our community partners, we recommend that the oversight entity or rules be consistent for all services provided under the Final Rule.</p>	<p><i>DBHDS thanks the commenter for the comment. Differences in licensing and DMAS regulations currently exist. The state recognizes the need for consistency in waiver regulations, including service definitions and interpretation of services, across all agencies. This integration effort is already underway with planned emergency licensing regulations updates along with the I/DD system transformation/waiver redesign. DMAS does have oversight responsibilities for non-licensed waiver services and will utilize QMR staff to assist with monitoring their compliance, as stated in the document.</i></p>	<p>No required changes to plan</p>	<p>N</p>
<p>The Board recommends licensure changes for settings and providers serving individuals with IDD. Currently there is a single set of regulations for very diverse populations, DBHDS licensure regulations should be reorganized to have 1) a set of core standards truly applicable to all populations (I/DD, MH Substance Use disorder) and 2) distinct sections specific to each population covered by the regulations. Massachusetts example.</p>	<p><i>DBHDS thanks the commenter for the comment. See previous comment regarding planned integrated regulatory updates. The transition plan includes scheduled DBHDS Licensing regulations revisions and these comments will be considered in that process.</i></p>	<p>No required changes to plan</p>	<p>N</p>

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Evaluation of current QMRs as well as licensing observations – including respective review tools, seems advisable to ensure relevant information is obtained to make compliance decisions consistent with the final rule settings requirements	<i>DBHDS thanks the commenter for the comment.</i>	Add detail regarding DMAS/DBHDS compliance monitoring tool to transition plan.	Y
<i>Compliance and Monitoring Team</i>			
It is important that the C&M team include adequate representation from the advocacy community, including self-advocates and family members. We assume that the reference on page 5 and elsewhere in the plan to include “stakeholders” is intended to encompass self-advocates, family members and advocacy professionals.	<i>DBHDS thanks the commenter for the comment. The Commonwealth has and will continue to incorporate input from all VA stakeholders and partner organizations throughout the transition plan public outreach and engagement process. This process will include stakeholder representation on the Compliance and Monitoring team, encompassing, self-advocates, advocacy organizational representatives, private providers, CSB Case managers/Support coordinators, and family members, etc. The statewide transition plan states the following: “The compliance & monitoring team will include representatives from multiple state agencies. The team will include individuals from different divisions within agencies,</i>	The Commonwealth will update the plan to specifically denote each category of stakeholders that will be represented on the Compliance and Monitoring team.	Y

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	<i>stakeholders, and providers. The team will ensure due diligence for the multiple and complex aspects of achieving a seamless and aligned approach across waivers and populations. It is expected that the full team will meet twice a year with smaller workgroup activities associated with specific waivers and areas of expertise between team meetings.”</i>		
There is no explanation how consumers of these services and their families will be a part of the C&M team. dLVCV requests clarification of your plan to include consumers and families in this process.	<i>DBHDS thanks the commenter for the comment. Please see comment above.</i>	See previous.	Y
The Board recommends that the selection of the stakeholders for the C&MT include (but not be limited to) regional representatives, especially from rural and underserved areas, self advocates, especially those who have successfully transition into o the community from an institution, family members, CILS the Arc of VA and other disability advocacy organizations	<i>DBHDS thanks the commenter for the comment. The Commonwealth has and will continue to incorporate input from all VA stakeholders and partner organizations throughout the transition plan public comment process. In keeping with stakeholder representation on other state groups, the makeup of the group will reflect diverse geographic representation.</i>	The Commonwealth will update the plan to specifically denote each category of stakeholders that will be represented on the Compliance and Monitoring team and that there will be geographic diversity represented.	Y
It is recommended that the “Compliance and	<i>DBHDS thanks the commenter for</i>	See previous note. It will	Y

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<p>Monitoring Team” and the role of the identified team members be better defined in the transition process. Beginning in March, 2015 DBHDS Licensing is being tasked with visiting and assessing each of the hundreds of current Waiver providers throughout the state to determine compliance with the various physical settings or location requirements included in the CMS final rule. From that point forward, the “Compliance and Monitoring Team” is supposed to provide technical assistance and compliance monitoring to assist providers as needed with coming into compliance with the requirements of the CMS final rule. It is unclear if this task would be able to be achieved by the stated timeline given the current number of licensure staff and the number of providers to be assessed, as well as the lack of clarity in regard to the actual specific role of each team member. While unsure of the Support Coordinator’s role in this process, Colonial Behavioral Health staff is more than willing to participate on the “Compliance and Monitoring Team” in order to ensure there is a sufficient number of Waiver providers to meet the service demands of the population in need.</p>	<p><i>the comment. See above comment</i></p>	<p>be noted in the plan that Rrepresentation on the Compliance and Monitoring Team will include CSB/Support Coordinator/Case Manager representation.</p>	
<p>The role of the office of licensing and the new Compliance and Monitoring Team, which is implemented via that department, need to be better defined in the process. The teams function and its</p>	<p><i>DBHDS thanks the commenter for the comment. The statewide transition plan outlines the following description and role of the Compliance and</i></p>	<p>The Commonwealth believes that the description of the Compliance and</p>	<p>Y</p>

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intended outcomes are not clearly evident.	<p><i>Monitoring Team "The compliance & monitoring team will be convened by June 2015 to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Develop cross agency subject matter expertise on the final rule and the transition plan;</i> <input type="checkbox"/> <i>Ensure a collective understanding and consistent interpretation of requirements, transition plan milestones and guidance documents;</i> <input type="checkbox"/> <i>Advise and support the education and training of professionals, providers and stakeholders;</i> <input type="checkbox"/> <i>Ensure a cohesive and broadly represented approach toward compliance, monitoring and capacity issues; and,</i> <input type="checkbox"/> <i>Ensure successful achievement of desired outcomes and full compliance with the HCBS final rule settings requirements by March of 2019.</i> <p><i>The development of compliance & monitoring team represents the state's intention to oversee, support and monitor full compliance with the settings requirements of the HCBS final rule. The team will be empowered to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Provide technical assistance on the final rule including documentation for exceptions;</i> 	<p>Monitoring team in the statewide transition plan adequately describes the function of the Compliance and Monitoring team. Additional detail on outcomes will be added to show intended result/product.</p>	

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	<ul style="list-style-type: none"> <input type="checkbox"/> Review and comment on developed materials and resources; <input type="checkbox"/> Provide recommendations and assist with the development of solutions and implementation of strategies aimed at achieving desired outcomes; <input type="checkbox"/> Oversee development and implementation of a communications strategy for providers, individuals and families; and, <input type="checkbox"/> Report to state leadership on the status of compliance. <p><i>Additional details about this team can be found on page 6 of the statewide transition plan: Compliance & Monitoring.</i></p>		
<p>We believe the role of Licensing and the new, “Compliance and Monitoring Team” needs to be better defined in the process. Beginning this month, Licensure staff is being tasked with visiting each provider to determine compliance with the settings requirements. We feel that licensure staff will not have the manpower to assist providers in reaching this goal in the given timeline. The ability to monitor, review, and assist with compliance is paramount to the transition. Furthermore, throughout the document it discusses the Compliance and Monitoring Team. We would like</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comments about Compliance and Monitoring Team representation in this section.</i></p>	<p>Please see previous note. The Commonwealth will update the plan to specifically denote each category of stakeholders that will be represented on the Compliance and Monitoring team and that there will be CSB representation.</p>	<p>Y</p>

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assurance that the Community Services Boards has a fair representation on this team.			
We also believe that the development of immediate and ongoing provisions to ensure a collective understanding of Final Rule compliance among DMAS, VA Office of Licensure, Support Coordinators and Service Providers should be a cooperative and well-planned, key component of the State Transition Plan.	<i>DBHDS thanks the commenter for the comment. Please see previous comments and those in licensing and regulations section.</i>	No changes to transition plan	N
<i>Stakeholder outreach and engagement</i>			
As a supplement to existing stakeholder engagement plans, The Arc of Virginia recommends that DBHDS send a communiqué to all current I/DD waiver recipients as well as individuals wait-listed for such services informing them of: (a) the state's obligation to notify the public of any subsequent, "substantial" revisions in the transition plan and afford interested parties an opportunity to submit comments; (b) procedures for filing comments on implementation of the settings rule, including situations in which they believe specific community provider agencies are failing to adhere to the federal settings requirements; and (c) their right under the federal rule to submit timely comments directly to CMS once the Commonwealth's statewide transition plan is submitted to the federal government.	<i>DBHDS thanks the commenter for the comment and agrees that more targeted information on the final rule should be disseminated to waiver participants and families. DBHDS will insert information into materials already designated to be distributed to waiver participants on the requirements of the final rule and on the contents and location of the transition plan for their review. DBHDS does not have the most updated information available on individuals on the waiting list and will investigate options for reaching out to this group via CSBs or other intermediaries.</i>	The state will incorporate the recommendations into the statewide transition plansuggestion to distribute a targeted communication to individuals on the waiting list into the plan.	Y

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<p>In the section of the transition plan titled “Public Input” the following is stated: <i>An email address and fax number have been established and disseminated to individuals, family members, and other advocates familiar with various provider settings so they may submit comments on the draft transition plan and share their knowledge of settings and compliance with the Final Rule. In particular, those that DMAS and DBHDS can assist with needed technical assistance.</i> It is not felt that this information has been adequately disseminated to the Intellectual Disability and Day Support Waiver recipients and their family members. It is recommended that a more direct form of communication be provided to include a notification letter sent to each Waiver recipient regarding VA’s Transition Plan to meet the CMS Final Rule on HCBS, as well as plans for the Waiver redesign pertinent to the plan.</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comment.</i></p>	<p>The state will incorporate the recommendations into the statewide transition plan. See previous note.</p>	<p>Y</p>
<p>On page 6 of the plan in the section titled “Public Input” the following is stated: “An email address and fax number have been established and disseminated to individuals, family members, and other advocates familiar with various provider settings so they may submit comments on the draft transition plan and share their knowledge of settings and compliance with the Final Rule. In particular, those that DMAS and DBHDS can assist with needed technical assistance”.</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comment.</i></p>	<p>The state will incorporate the recommendations into the statewide transition plan. See previous note.</p>	<p>Y</p>

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<p>We do not feel that this information has been adequately disseminated to the Intellectual Disability and Day Support Waiver recipients and their family members. Our recommendation would be to provide a more direct form of communication to include a notification letter sent to each Waiver recipient regarding VA's Transition Plan to meet the CMS Final Rule on HCBS, as well as plans for the Waiver redesign pertinent to the plan.</p>			
<p>We do feel that many waiver recipients and their families may not be aware or at least not fully informed on the proposed changes and the impact this may have on their services. On pg. 53 of the document it is asserted that CSB's were tasked to disseminate this information to members and constituents, but we were never provided with any specific instruction on that. From what we have learned over the years, these recipients and families often have difficulty taking in some of this complex information or deciphering what is significant and what is not. Our hope is that DBHDS will be able to provide more direct lines of communication with individuals and families to assure pertinent information is available.</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comment. A similar communication will be distributed to CSB's as well as communicated via meetings, trainings, etc.</i></p>	<p>The state will incorporate into the plan the recommendations to develop targeted communication for individuals and families via information disseminated to the CBS's for this purpose into the statewide transition plan.</p>	<p>Y</p>
<p>With regard to the overall transition plan, we recommend strengthening the mechanisms for stakeholder/ participant input into all aspects of the plan.</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comments in this section and in the section on the Compliance and</i></p>	<p>The state will incorporate the various recommendations for strengthening/increasing</p>	<p>Y</p>

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<p>1. Ensure that stakeholders are effectively engaged in each aspect of implementation: -Assessment of how well current settings are fulfilling the new standards and how this is impacting quality of life for HCBS participants; -Development of plans to bring settings/services into compliance; -Recommending changes to the regulatory framework (inclusive of standards/regulations as well as inspection and enforcement processes).</p> <p>2. Provide training on the goals and requirements of the new standards in a format that is easily accessible to participants/representatives, and family members. Ensure that training materials are available online, on-site, and via alternative modalities that accommodate cultural diversity and disability challenges.</p> <p>3. Expand proposed efforts to solicit input from participants themselves regarding how successfully service settings support well-integrated person-centered services and supports. Such processes should included suggested questions to be asked of participants in getting their clear and</p>	<p><i>Monitoring Team.</i></p>	<p>public input into the statewide transition plan.</p>	

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<p>meaningful input regarding how well the new standards' goals (<i>and</i> their individualized service plan goals) are met. This is not to minimize or devalue the importance of the provider's perspective, which is also critical to this assessment. However, there is no substitute for, and nothing more important than, the participant's experience, which is by definition, central to person-centered care.</p> <p>4. Expand ongoing opportunities for participants/consumers to provide direct qualitative feedback to the entity assessing the HCBS services/settings. Expanded access should include diverse modalities inclusive of interview, accessible questionnaire/surveys, and focus groups with participants as well as family members. Arrangements to ensure access to opportunities to provide input privately and/or anonymously must be included. It will be important for participants to be provided with ongoing information regarding program goals and requirements, as well as their rights vis a vis the services.</p>			
<p>dLCV would like further information about the actual composition of the audiences reached during the stakeholder sessions. We advocate for more</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comments in this section and the</i></p>	<p>The state will incorporate additional outlets for stakeholder input into the</p>	<p>Y</p>

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consumer based sessions to occur.	<i>section on Compliance Monitoring.</i>	plan and demote audiences targeted. the recommendations into the statewide transition plan.	
With regard to transition plans related to the Alzheimer's waiver, two commenters recommend enlisting additional stakeholder (including persons with expertise in Alzheimer's disease) input to strengthen efforts to achieve compliance with the new standards under the Alzheimer's Waiver.	<i>DMAS thanks the commenter for the comment. During the continued assessment phase of the AAL waiver settings individuals with expertise in Alzheimer's disease, and individuals with Alzheimer's disease, will be engaged in the assessment process.</i>	This was specified/clarified in the plan.	Y
Two commenters recommend provisions for stakeholder input (participants and their families in particular) in the assessment, monitoring, and plan development processes. The commenters stated that they recognize that there are unique challenges associated with obtaining direct input from many participants under this waiver. However, strongly encourage recognition and incorporation of the valid perspectives of participants who can give input into evaluation of the characteristics of settings and the quality and outcomes of services.	<i>DMAS thanks the commenter for the comment and DMAS agrees with this comment. There is every intention to include individuals and families in the continued assessment of the AAL waiver settings and compliance with the final rule.</i>	This was specified/clarified in the plan.	Y
Concerns about what seemed to be overly broad assumptions about this population – especially in light of current knowledge and goals regarding person-centered care, were shared. The concerns	<i>DMAS thanks the commenters for the comment. The statements in the transition plan the commenters are referring to were taken from provider self-assessments and are not that of DMAS. It is DMAS's determination</i>	This was specified/clarified in the plan.	Y

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<p>were based on some of “the language and implied assumptions in the proposed transition plan.” In particular comments about “Residents like being congregated with other people and the need for increased privacy has historically not been a concern,” and “individuals require safety mechanisms regardless of the setting they are in to prevent wandering.” The comments were referred to as “overly broad categorization as potentially damaging to efforts and goals to ensure truly person-centered care based on individual needs being met in the most integrated, least restrictive setting.”</p>	<p><i>based on its assessment to date additional training and education in person centered planning and practices are needed. This was referenced in the plan, however, upon review, and based on the feedback from the commenters, this was not clear in the plan and the commenters’ interpretation is understandable. For this reason, the language in the plan has been clarified. DMAS thanks the commenters and apologizes for any confusion.</i></p>		
<p>With regard to transition plans related to the Alzheimer's waiver, we recommend enlisting additional stakeholder (including persons with expertise in Alzheimer's Disease) input to strengthen efforts to achieve compliance with the new standards under the Alzheimer's Waiver.</p> <p>We recommend provisions for stakeholder input (participants and their families in particular) in the assessment, monitoring, and plan development processes. We recognize that there are unique</p>	<p><i>DMAS thanks the commenter for the comment. Please see above response regarding the involvement of stakeholders and those with expertise in Alzheimer’s in the continued assessment and on the C&MT. DMAS</i></p>	<p>This was specified/clarified in the plan.</p>	<p>Y</p>

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<p>challenges associated with obtaining direct input from many participants under this waiver. However, we would strongly encourage recognition and incorporation of the valid perspectives of participants who can give input into evaluation of the characteristics of settings and the quality and outcomes of services. Persons with early onset dementia, for example, can often provide input of unequalled value regarding the quality of services.</p> <p>We have concerns about what seem overly broad assumptions about this population – especially in light of current knowledge and goals regarding person-centered care. Some of the language and implied assumptions in the proposed transition plan are concerning. The plan states that “Residents like being congregated with other people and the need for increased privacy has historically not been a concern.” This seems to too easily dismiss the fundamental and important right to individual privacy. At the same time, such generalizations in general would seem to undermine the central notion here of person-centered care and service.</p> <p>Similarly, the proposed transition plan states on page 19 that “individuals require safety mechanisms regardless of the setting they are in to prevent wandering [therefore use of secured units or</p>			

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<p>buildings is necessary].” While we in no way minimize the true challenges of protecting the safety of participants meeting the criteria for this waiver who may have wandering behaviors, we see this overly broad categorization as potentially damaging to efforts and goals to ensure truly person-centered care based on individual needs being met in the most integrated, least restrictive setting.</p> <p>Because of the unique challenges of ensuring that persons with Alzheimer's Disease can receive appropriate care and services in the least restrictive and most integrated environment, The commenters we strongly urged DMAS to work with stakeholders (especially those with expertise in dementia care) on effective ways to translate the new rule/standards to the unique needs and realities of participants with Alzheimer's. We recommend the development of specifically tailored assessment, measurement, and monitoring mechanisms that can evaluate and promote the goals of this transition plan through the unique filter of Alzheimer's Disease. Once these interpretations are developed, specialized training in how to interpret these standards and translate them into practice relative to persons with Alzheimer's is essential to a meaningful implementation plan. An example might be that instead of acceding to</p>			

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<p>congregate gatherings as being automatically more suitable (to the participant with Alzheimer's) and therefore of greater value than the individual privacy standard, we may need to look at a setting's efforts to ensure privacy and dignity in a different way. That goal for an individual might be secured, for example, by enabling someone who has traditionally preferred 'alone time' to be assured of opportunities to enjoy being apart from the group – perhaps engaged in some individual activity (listening to favorite music, for example). Such opportunities might be achieved through ensuring a sufficient number of well-trained staff to enable that option. Attention to adequate staffing to support individuals' needs then would be a critical measurement tool. Furthermore, in many ways in the specific context of Alzheimer's Disease, maximizing access to the broader community needs to be examined/strengthened as much within the living setting/unit itself as with reference to the larger surrounding community. Again, adequacy of staffing becomes a critically important variable.</p>			
<p>It would be very helpful for the appropriate DBHDS/DMAS staff in collaboration with members of the public and private provider community to host town hall style open forums around the state to describe the “Rule” and the plans to comply.</p>	<p><i>DBHDS thanks the commenter for the comment. As part of its stakeholder outreach and education, DBHDS conducted several town-hall style webinars on the CMS final rule. DBHDS will consider</i></p>	<p>The state will review and consider the recommendation.</p>	<p>N</p>

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	<i>implementing additional such activities.</i>		
<p>On page 6 of the plan in the section titled “Public Input” the following is stated:</p> <p><i>An email address and fax number have been established and disseminated to individuals, family members, and other advocates familiar with various provider settings so they may submit comments on the draft transition plan and share their knowledge of settings and compliance with the Final Rule. In particular, those that DMAS and DBHDS can assist with needed technical assistance.</i></p> <p>We do not feel that this information has been adequately disseminated to the Intellectual Disability and Day Support Waiver recipients and their family members. Our recommendation would be to provide a more direct form of communication to include a notification letter sent to each Waiver recipient regarding VA’s Transition Plan to meet the CMS Final Rule on HCBS, as well as plans for the Waiver redesign pertinent to the plan.</p>	<i>DBHDS thanks the commenter for the comment Please see previous comments.</i>	The state will incorporate the various recommendations for strengthening/increasing public input into the statewide transition plan.	Y
Regarding the “Public/Stakeholder Engagement” section described in Appendix F: Intellectual Disability Waiver on page 53, it indicates that Community Services Boards “were requested to distribute information widely to their members and	<i>DBHDS thanks the commenter for the comment. Please see previous comments in this section. DBHDS will explore opportunities for additional direct engagement and</i>	The state will incorporate into the plan the recommendations into develop targeted communication for	Y

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<p><i>constituents</i>". We do not feel that these instructions were clear and as prescriptive as indicated. CSBs received the email noted below from DBHDS, but there is no mention to distribute the information "<i>widely to members and constituents</i>". We acknowledge that CSBs were requested to share information with stakeholders, but did not fully understand the instructions to specifically inform Waiver recipients about the posting of the public comment period ending on September 6, 2014. We feel that more coordination with all CSBs is needed to ensure all Waiver recipients are made aware of the opportunities for public comment periods described in the transition plan. In addition, we recommend a more direct form of communication to include a notification letter sent to each Waiver recipient regarding VA's Transition Plan to meet the CMS Final Rule on HCBS, as well as plans for the Waiver redesign pertinent to the plan.</p>	<p><i>outreach to stakeholders and in conjunction with CSBs.</i></p>	<p>individuals and families via information disseminated to the CSB's for this purpose. the statewide transition plan</p>	
<i>Role of Support Coordinators/Transitioning Displaced Participants</i>			
<p>A concern over the role of the support coordinator and how this role will be implemented in July 2018. It appears that CSB support coordinators will be tasked to work with all of the individuals who need to transition to an alternative setting under the plan. It can be anticipated that there may be a fair number of individuals who are displaced depending on their service level and funding. We would like to see a</p>	<p><i>DBHDS thanks the commenter for the comment. DBHDS would like to work together with the VACSB Developmental Services Council over the course of the next year and a half to develop a plan.</i></p>	<p>Add more detail to transition plan The state will update the plan to add more detail with regard to developing a formal plan to transition dislocated individuals.</p>	<p>Y</p>

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more detailed and concrete plan regarding the CSB Support Coordinators role in terms of capacity for achieving a high volume of transitions if this occurs across the state.			
We have concern over the role of the CSB support coordinator in July of 2018 as described in Appendix F: Intellectual Disability Waiver – Section C. Technical Assistance and Compliance Monitoring (page 52). The support coordinator will be tasked with working with individuals needing to transition to alternative settings. We would like to see a more concrete plan of transition for those individuals who may have a change in their service level and may be displaced from their current service level. This has the potential to leave many of our consumers in a vulnerable situation that could affect their health and safety. We also question the statement of, “Individuals will be provided with reasonable notice of the need to transition and choose another setting”. A definition of “reasonable notice” is needed.	<i>DBHDS thanks the commenter for the comment. Please see previous comments.</i>	Add more detail to transition plan. See previous note.	Y
As a provider of Support Coordination services we can most assuredly be poised to work with individuals to obtain new services should their current providers not be able to comply with final rule, however we can't stress enough that we will need ample notice from licensure on which	<i>DBHDS thanks the commenter for the comment. This information will result from the completed assessment process and review.</i>	No changes to transition plan.	N

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<p>providers are not going to meet the new standards. Thank you again for the opportunity to provide comment.</p>			
<p>Support Coordination Teams have been, and will remain, key in supporting individuals impacted by training center closures. These teams are the identified coordinators of enhanced nursing and behavioral services supporting Waiver Reform. Furthermore, a significant need exists to focus supports on individuals on Medicaid Waiver waitlists and individuals who are not waiver-eligible. Securing funding to hire, train and provide workspace, and technological and other equipment and supplies, for support coordination staff for these initiatives alone is an increasing challenge. The added responsibility of Support Coordinator training and monitoring associated with the Final Rule is not reflected in DBHDS planning documents. Therefore, we strongly recommend that the capacity issue regarding support coordination be discussed and addressed in the Transition Plan.</p>	<p><i>DBHDS thanks the commenter for the comment. The state acknowledges that some of the requirements of the final rule are not supported by the current capacity and infrastructure existing in the state, but costs must be absorbed by the entire system as the requirements are mandatory.</i></p> <p><i>System transformation efforts underway are proposed to help improve the capacity and infrastructure of the Commonwealth to support the setting and integration requirements of the final rule making it possible to attract providers embodying these philosophies.</i></p>	<p>No changes to transition plan.</p>	<p>N</p>
<p>We have a great concern of the role of the CSB support coordinator in July of 2018 as described in Appendix F: Intellectual Disability Waiver - Section C. Technical Assistance and Compliance</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comments.</i></p>	<p>The state will update the plan to add more detail with regard to developing a formal plan to transition</p>	<p>Y</p>

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<p>Monitoring (page 52). They will be tasked with working with individuals needing to transition to alternative settings. We would like to see a more concrete plan and also question the statement of, <i>“Individuals will be provided with reasonable notice of the need to transition and choose another setting”</i>. A definition of <i>“reasonable notice”</i> is needed.</p>		<p>dislocate individuals. Add more detail to transition plan.</p>	
<p>Regarding the role of the CSB Support Coordinator in July of 2018 as described in the transition plan, more clarity is needed. The transition plans indicates that the Support Coordinator will be tasked with working with individuals needing to transition to alternative settings. It is recommended that a more concrete plan be provided. There is also concern regarding the statement, <i>“Individuals will be provided with reasonable notice of the need to transition and choose another setting”</i>. A definition of <i>“reasonable notice”</i> is needed. Our utmost concern is for those individuals who are currently receiving Waiver services, such as residential services in a group home, whose provider does not comply with the CMS final rule requirements. In order for Support Coordinators to ensure provider choice for the Waiver recipient; as well as to minimize disruption in the individual's life should they choose or need to relocate to another provider, the greatest amount of time possible to allow</p>	<p><i>DBHDS thanks the commenter for the comment. Please see previous comments.</i></p>	<p>The state will update the plan to add more detail with regard to developing a formal plan to transition dislocate individuals. Add more detail to transition plan.</p>	<p>Y</p>

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individuals to smoothly transition to another provider is needed.			
“Individuals will be provided reasonable notice of the need to transition and choose another setting.” “Reasonable notice” needs to be defined	<i>DBHDS thanks the commenter for the comment.</i>	The state will update the plan to add more detail with regard to developing a formal plan to transition dislocate individuals. Add more detail to transition plan.	Y
<i>Human Rights involvement</i>			
The VA CSB would like the Office of Human Rights to have a more defined and stronger role in the new model of services that is being mapped out this year via the plan. We request that the office of Human Rights be placed at the forefront of service discussions and complaint resolution as we implement the plan and any changes this year and next.	<i>DBHDS thanks the commenter for the comment, which is duly noted. The OHR is aware of the final rule requirements and the timeline for self-assessments and site visits. Additional direct involvement will be at the discretion of the OHR.</i>	No change to plan.	N
In terms of Virginia's preparation to meet the CMS final rule requirements pertinent to HCBS Waivers, it is strongly encouraged that the DBHDS Office of Human Rights be heavily involved in this process. Many consumers, families, authorized representatives, and legal guardians may have complaints and concerns regarding an individual's care after providers re-structure their service arrangement to align with the CMS final rule	<i>DBHDS thanks the commenter for the comment which is duly noted. See previous response.</i>	No change to plan.	N

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requirements.			
Costs/Fiscal Impact			
<p>Current and proposed Medicaid Waiver rates are not adequate nor do they acknowledge increased costs to meet or document compliance and/or exceptions to compliance of the Final Rule. The issue of compliance will significantly impact expenses in service delivery and supports, costs associated with service model alternatives (i.e., options that include living with non-disabled individuals and roommate choice), as well as expenses associated with staff training and administration. With no clear indication of how costs will be covered, we strongly recommend that the Transition Plan reflect prioritization of human rights and person-centered planning with benchmarks for higher cost items (i.e., assurance of alternative service models and/or services that will at least initially require increased support, opportunities to support and actualize vendor choice, securing authorized representatives or alternate decision makers where informed consent regarding leases is necessary, and increased monitoring by Support Coordination Teams) that</p>	<p><i>DBHDS thanks the commenter for the comment. The state acknowledges that some of the requirements of the final rule are not supported by the current capacity and infrastructure existing in the state, but costs must be absorbed by the entire system as the final rule requirements are mandatory. The order of priority and timeline for addressing final rule requirements has been established by CMS. This transition plan focuses only on the settings requirement of the CMS final rule, as states are required to be in full compliance by March 2019.</i></p> <p><i>System transformation efforts underway are proposed to help improve the capacity and infrastructure of the Commonwealth</i></p>	<p>No changes to transition plan</p>	<p>N</p>

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are consistent with the realization of actual fiscal capacity.	<i>to support the setting and integration requirements of the final rule, making it possible to attract providers embodying these philosophies.</i>		
While the tentatively proposed Waiver Redesign contains a few elements that will assist providers in compliance, there has been no strategic evaluation of the potential cost associated with the implementation of this plan. Lacking significant revision of the rate structure, funded to accommodate the elements to this Rule, the exercise described in the Transition Plan will be just that – an exercise.	<i>DBHDS thanks the commenter for the comment. The state acknowledges that some of the requirements of the final rule will require adjustments to the operational processes, practices, and procedures of provider agencies and may not be without financial impact. These impacts are also being absorbed by the state as compliance with federal regulations is mandatory and must be implemented.</i>	No changes to transition plan.	N
Final Rule requirements and transition plans are on an inconsistent timeline with the development and passage of related legislative changes. We further recommend that both Final Rule requirements and related legislative changes be moving in the same direction at the same time.	<i>DBHDS thanks the commenter for the comment. The Transition Plan timeline was developed in accordance with the timeline for implementation imposed by CMS which does not necessarily correlate to Virginia's legislative process calendar. The state recognizes the multiple systems transformation efforts underway but notes that this</i>	No changes to transition plan	N

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	<i>is not a DBHDS developed requirement but a mandatory federal requirement.</i>		
<p>Many persons who are already in the least restrictive or most independent placement possible have impairments which preclude full implementation of Final Rule guidelines, and in fact, may be exposed to situations which compromise their health and safety under the Final Rule. We believe that related documentation for exceptions should not be extensive or costly. A wealth of expertise exists among all stakeholders to collaborate on a “justifiable exception process” that optimizes individual capacity and assures safety and well-being without unnecessarily compromising provider resources. Therefore, the Committee strongly recommends that collaborative efforts to identify and clarify specific documentation for exceptions occur in advance of full Final Rule implementation.</p>	<p><i>DBHDS thanks the commenter for the comment. As per the requirements of the CMS final rule, individuals shall have preference and choice in determining services and supports provided in the most integrated LRE setting possible. DBHDS and DMAS view community integration as an enriching and essential component of life for individuals with I/DD. While DBHDS respects the importance of supporting a provider’s ability to maintain an individual’s health and safety, it strongly believes that even the most intensive support needs individuals can be safely supported in an integrated setting. Therefore DBHDS does not support measures that would allow an individual to “opt out” of community integration solely for health and safety reasons. As part of its needs-based I/DD</i></p>	<p>No changes to transition plan</p>	<p>N</p>

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	<p><i>system philosophy, DBHDS is committed to providing training and technical assistance to providers to assist them in obtaining the skills and knowledge necessary to support high needs individuals.</i></p> <p><i>The licensing regulatory effort underway will address the commenter’s concerns regarding documentation and compliance monitoring.</i></p>		
<i>Limited provider capacity</i>			
<p>The Transition Plan does not address capacity issues, but does address “disenrollment” and “transitioning” to alternative settings. If a transition is needed because of provider disenrollment, there is not currently available capacity within the CSB for such a transition to take place. It will be difficult, or improbable, for persons to receive the services covered by the Final Rule if appropriate settings are not available. We highly recommend that the critical issue of capacity be addressed in the Transition Plan.</p>	<p><i>DBHDS thanks the commenter for the comment. The state acknowledges that some of the requirements of the final rule are not supported by the current capacity and infrastructure existing in the state. System transformation efforts underway, along with the results of the provider self-assessment, will help improve the capacity and infrastructure of the Commonwealth to support the setting and integration requirements of the final rule, making it possible</i></p>	<p>No changes to transition plan</p>	<p>N</p>

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	<i>to attract providers embodying these philosophies.</i>		
<p>Finally, lack of capacity cannot remain “the elephant in the room” if full compliance with the Final Rule is to be realized. The Committee acknowledges that a number of the requirements included in the Final Rule have already been met, and others can be met with “minor adjustments”, as is forecasted in the DBHDS preliminary status of compliance. However, the fact that other requirements cannot be met within the identified timeframe of the Final Rule without increased capacity is not referenced. The Committee strongly recommends that the crucial issue of insufficient capacity be recognized, discussed and addressed as part of the DBHDS Transition Plan.</p>	<p><i>DBHDS thanks the commenter for the comment. The state acknowledges that some of the requirements of the final rule are not supported by the current capacity and infrastructure existing in the state. System transformation efforts underway, along with the results of the provider self-assessment, will help improve the capacity and infrastructure of the Commonwealth to support the setting and integration requirements of the final rule, making it possible to attract providers embodying these philosophies.</i></p>	<p>No changes to transition plan</p>	<p>N</p>
<i>Technical assistance and training needed</i>			
<p>The concept that DBHDS Licensing Specialists, Human Rights Advocates, CRCs, CIMs, Case Managers, and DMAS QMR staff will all be equally qualified to “provide technical assistance” accurately and consistently is flawed. The resulting suggestions/direction from such a diverse and fluid</p>	<p><i>DBHDS thanks the commenter for the comment. The state understands the need for significant training and technical assistance for both providers, individuals, and all system stakeholders for full</i></p>	<p>The state will add Mmore details on provider training and technical assistance, including revised timeline, into the will be incorporated into</p>	<p>Y</p>

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group of individuals will be confusing and detrimental to the providers attempting to comply. A small group should be tasked with the technical assistance/consultative function and, if necessary, be the resource for not only providers but the aforementioned groups. This seems to be the direction taken in the second paragraph on page 7, though it also seems to contradict the preceding paragraph.	<i>implementation of the final rule. Once the full system has been assessed for overall compliance, training will be developed and administered to target the areas identified through the provider self-assessment. Stakeholder education and awareness training will be shared by DBHDS, DMAS and their community partners.</i>	the transition plan.	
A recent decision from CMS that a residential setting that isolates (even if it is not HCBS funded) would eliminate the ability of the individuals to benefit from any HCBS may change the assessment that all family homes are compliant.	<i>DBHDS thanks the commenter for the comment. The state has determined that when an individual receives services in their own home, or in the home of a parent/family member where they reside (a non-provider owned or operated setting) the setting is HCB.</i>	No action on comment needed. No changes to plan.	N
The DBHDS Transition Plan relies heavily on provider self-assessment and provider-developed corrective action to comply with Final Rule requirements. While technical assistance is referenced in the plan, much of the related description of this assistance is directed to "...monitor and ensure ongoing compliance." We recommend that technical assistance be toned and implemented in an intentionally collaborative manner with immediate and ongoing actual	<i>DBHDS thanks the commenter for the comment. Please see section on Compliance and Monitoring team. Documentation requirements will be addressed with the planned updating of regulations.</i>	No changes to plan.	N

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solutions, helpful suggestions, and the benefits of a broad state-wide perspective on how to efficiently meet requirements. We further recommend that forthcoming regulations address the implementation of Final Rule requirements within available Medicaid Waiver reimbursement rates, as well as provide clear expectations regarding documentation of efforts that will be reviewed during the compliance monitoring process.			
Other			
The Commonwealth's proposed HCBS transition plan, in contrast, continues to use location and size as primary criteria in identifying settings that are presumed to have institutional qualities	<i>DBHDS thanks the commenter for the comment.</i>	No required changes to plan.	N
The statewide transition plan applies a very restrictive criteria for determining when a congregate living or day program setting is presumed to have institutional characteristics and, therefore, deserves heightened scrutiny in determining whether it meets the regulatory settings criteria (see, for example, the discussion of Adult Day Health Center (ADHC) services under the Elderly or Disabled Consumer Directed (EDCD) waiver program on pages 11-12 of the plan).	<i>DMAS thanks the commenter for the comment. CMS set the criteria for settings CMS presumes to be institutional. A regulatory and licensure review confirmed compliance with the setting requirements for non-residential settings. More specific language will be incorporated into regulation and policy to strengthen the expectation of compliance with the setting requirements The comment is duly noted.</i>	No required changes to plan	N
Despite the findings of the Independent Reviewer,	<i>DBHDS thanks the commenter for</i>	No required changes to	N

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<p>the Commonwealth's transition plan contains no evidence that state officials have assessed the current capacity of non-disability settings to serve HCBS waiver participants and arrive at a plan to increase capacity in such residential and non-residential settings so waiver participants are afforded a genuine choice among alternative service settings.</p>	<p><i>the comment. The state acknowledges that some of the requirements of the final rule are not supported by the current capacity and infrastructure existing in the state, including non-disability settings. System transformation efforts underway, to include stakeholder involvement, are proposed to help improve the capacity and infrastructure of the Commonwealth to support the setting and integration requirements of the final rule, making it possible to attract providers embodying these philosophies.</i></p>	<p>plan</p>	
<p>The goals of the settlement agreement parallel the goals of compliance with CMS's settings requirements since both documents seek to afford recipients of Medicaid HCBS wider choices and greater access to supports that integrate them into the fabric of community life. For this reason, it is important that the two initiatives be co-managed.</p>	<p><i>DBHDS thanks the commenter for the comment. Although the overall goals of the settlement agreement and the CMS final rule are similar, the federal agencies managing the activities and the timelines are distinct; therefore, the state must work in accordance with the parameters established by the DOJ and CMS for prescribed activities. VA I/DD system transformation efforts, including I/DD waiver</i></p>	<p>No required changes to plan.</p>	<p>N</p>

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	<i>redesign, is intended to ensure integration of both sets of requirements; however, this is a separate activity from the transition plan.</i>		
A primary weakness in the Commonwealth's proposed transition plan is that it seriously underestimates the barriers to creating a I/DD service delivery system built on the principles of individualization, consumer choice and full community inclusion.	<i>DBHDS thanks the commenter for the comment. The Commonwealth acknowledges that it will not fully know the extent of all barriers to full compliance with the requirements until the assessment process yields enough data for review.</i>	No required changes to plan	N
At the present time, the state is in the process of restructuring its three existing I/DD waiver program in an attempt to broaden the types and intensity of supports available, with the aim of allowing participants to receive the supports they need to engage more fully in normative community activities. These existing and impending reforms, however, have yet to be melded together to form a cohesive strategy for fostering broad-scale, system-wide change. The transition plan provides an unparalleled opportunity to create such a cohesive strategy. But, the proposed plan draws a distinction between activities designed to meet the requirements of the settlement agreement and activities designed to comply with CMS's settings	<i>DBHDS thanks the commenter for the comment. Although the overall goals of the settlement agreement and the CMS final rule are similar, the federal agencies managing the activities and the timelines are distinct; therefore, the state must work in accordance with the parameters established by the DOJ and CMS for meeting requirements. However, VA I/DD system transformation efforts, including the I/DD waiver redesign, is intended to ensure integration of both sets of requirements. CMS has provided</i>	No required changes to plan	N

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rule, indicating “This transition Plan is not intended to be a report on current and future efforts associated with compliance with DOJ and systems redesign and transformation.” ³	<i>direction that statewide transition plans specifically address only the setting requirements of the final rule for home and community based services; therefore, the VA Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services.</i>		
Concern was expressed regarding the analysis of the AAL waiver for compliance with HCBS requirements. Participation in this waiver mandates receipt of services in an institutional setting. Assuming people with Alz., Unlike recipients of other waiver services, can only live in only one of the 16 licensed ALFs rather than in community settings defies logic. The requirement should be altered so that this waiver is truly “home and community based”	<i>DMAS thanks the commenter for the comment. The assessment of AAL waiver sites is not complete. Continued assessment is needed prior to making a final determination regarding compliance status and presenting CMS with a determination. DMAS</i>	No required changes to plan	N
Concerned about the following language “Providers that are unable to comply with the rule will forfeit their Medicaid Waiver provider status and be	<i>DBHDS thanks the commenter for the comment. As outlined in the statewide transition plan, CMS is</i>	No required changes to plan	N

³ Statewide Transition Plan, p. 3.

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<p>disenrolled by March 2019.” This seems an extraordinarily long time to come into compliance. dLCV is not aware of a corrective action plan or DBHDS corrective action which has ever allowed for such an extended duration.</p>	<p><i>allowing until March 2019 for states to reach full system-wide compliance. There will be a lead time following training and technical assistance for providers to show a good faith effort to achieve compliance. “Providers not currently meeting the settings requirements will be asked to regularly report on the status of their compliance with the requirements through the completion of follow-up self-assessments. Those provider agencies that do not comply by June of 2018 will receive a letter notifying them that they will likely forfeit their Medicaid Waiver provider status and be disenrolled by March of 2019.”</i></p>		
<p>Advocate for the inclusion of Applied Behavioral Analysis as a waiver service.</p>	<p><i>DBHDS thanks the commenter for the comment which is duly noted. This statewide transition plan is only assessing the settings requirement of the CMS final rule. The VA I/DD system/waiver redesign is a separate activity and is not addressed in this plan.</i></p>	<p>No required changes to plan</p>	<p>N</p>

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<p>Transportation is a CSB challenge state-wide, particularly so in Northern Virginia. Proposed Medicaid Waiver redesign changes service reimbursement for Employment and Day services from a unit time period to an hourly time period. While this may allow for increased individualization which is applauded, transportation issues, and in particular, Logisticare service issues, may preclude the ability of providers to be reimbursed for the daily hours necessary to make a program fiscally viable. This issue needs significant consideration in implementation of the final rule.</p>	<p><i>DBHDS thanks the commenter for the comment. This transition plan focuses only on the settings requirement of the CMS final rule as states are required to be in full compliance by March 2019. VA I/DD system transformation efforts, including I/DD waiver redesign, is a separate activity from the transition plan.</i></p>	<p>No changes to plan required</p>	<p>N</p>
<p>Although XXX can stand, walk and speak in a limited capacity she requires 100% supervision at all times. I have to be here to provide for my daughter. I am asking you to keep this in mind as I may only get paid for 344 days out of the year and stand to receive a potential 11% reduction in my pay. I don't get to take sick days, I can't say "I quit," and I can't stop providing care for my daughter. I am able to stay home with her due to having Sponsored Residential reimbursement along with SSI. This allows me to provide XXX to have "A Life Like Yours."</p>	<p><i>DBHDS thanks the commenter for the comment. This transition plan focuses only on the settings requirement of the CMS final rule as states are required to be in full compliance by March 2019. VA I/DD system transformation efforts, including I/DD waiver redesign, is a separate activity from the transition plan.</i></p>	<p>No changes to plan required</p>	<p>N</p>
<p>The Commonwealth's proposed HCBS transition plan continues to use location and size as primary</p>	<p><i>DBHDS thanks the commenter for the comment. Settings that have</i></p>	<p>No changes to plan required</p>	<p>N</p>

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<u>Public Comment</u>	<u>Response</u>	<u>Disposition</u>	<u>Incorporated into Transition Plan Y/N</u>
<p>criteria in identifying settings that are presumed to have institutional qualities This problem is compounded by an extremely narrow interpretation of the types of settings with institutional characteristics that should be presumed to be non-HCBS settings and, therefore, the focus of heightened scrutiny within the plan.</p>	<p><i>been determined to be non-compliant and that are presumed to have institutional characteristics have been specifically outlined by CMS. Results of provider self-assessments and DBHDS site visits will will determine the need to facilitate the heightened scrutiny process. CMS will also consider information collected during the public input process and information provided by other stakeholders as part of the heightened scrutiny process to review if settings determined to be non-compliant, or presumed to have institutional qualities, in fact, do not meet requirements. CMS has indicated that it may also conduct individual site visits as well.</i></p>		
<p><i>Response:</i> Response to comment <i>Disposition:</i> Summary of modifications that will or will not be made to the Transition Plan made in response to public comment; and in the case where the state's determination differs from public comment, the additional evidence and the rationale the state used to confirm the determination (e.g. site visits to specific settings).</p>			

**Virginia’s REVISED Statewide Transition Plan
Appendix C: Public Comment Summary: April 2016**

The Commonwealth received 18 unduplicated public commenters on the revised Statewide Transition Plan (STP). Although the public comment response was low, the commentary submitted was comprehensive with specific recommendations and themes that were repeated across several organizational public comments. The public comment responses are organized into twelve categories and one general other category.

In summary, NF LOC comments included:

- AAL Waiver Determination
- Settings Compliance: individuals’ own home or family home
- Settings Compliance: Adult Day Health Centers
- General Comments

ICF/IID LOC comments included:

- Recommendations for more stakeholder engagement and participation in the identification and reporting of provider compliance,
- Establishment of a single entity for compliance and monitoring activities with more specific details on actions, timelines follow ups, and outcomes,
- Recommendation that newly enrolled providers be required to demonstrate compliance at initiation of enrollment,
- Earlier identification of non-compliant providers,
- More training of DBHDS Licensing and DMAS QMR staff on the settings regulation,
- More information, education and training of providers, more stakeholder education and outreach on HCBS requirements,
- More details on how provider capacity is being developed, and
- Consideration of assessment of individual/family home settings where waiver services are provided.

STP Public Commenters

Associations:	Providers:	Parents and Self Advocates:
-The Arc of Virginia -Virginia Association of Centers for Independent Living (VACIL) -Virginia Board for People with Disabilities (VBPD) -Disability Law Center of Virginia (dLCV) -Virginia Alzheimer’s Disease and Related Disorders Commission -Virginia Assisted Living Association (VALA) Alzheimer’s Association -Leading Age	-Optima Health -MVLE -The Brambles -Virginia Network of Private Providers (VNPP) -Sentara Nursing Center, Virginia Beach -Southside Regional Medical Center, Petersburg	-Andrea Wilson – parent -Cindy Cook-Parent -Ackie Jones-parent -Mary Nell Clark-Parent -Steven Grammer-Self Advocate

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AAL Waiver Determination

Summary: Two commenters ask that DMAS work with CMS to modify the AAL Waiver to meet the requirements of the HCBS settings requirements. The commenters support the continuation of the waiver and believe its elimination will lead to an increase in number of persons with dementia unnecessarily being placed in nursing home level of care. Commenters expressed that many persons with dementia cannot recognize danger and cannot be allowed to move freely in and out of the facility. Further, commenters state that the *Olmstead* decision states persons should be in the least restrictive environment based on their needs and assisted living is the most integrated setting that meets a person with dementia's needs. In addition, commenters share that, if the AAL Waiver cannot be modified to meet the new rule, the following services, at a minimum, will be required to serve persons with dementia in the community: Personal Emergency Response System (PERS) devices that use gyroscopes and not buttons, companion care for 10 hours per day to cover time away from home for a family caregiver who works, medication management specifically for persons with dementia, increased medical oversight and case management.

Response: We thank the commenters for their comments. The HCBS regulations articulate a new standard for settings that provide HCBS services. The requirements include both the settings themselves as well as the experience of the individual receiving services in HCBS settings. For settings presumed to be institutional, CMS expects states to submit information and documentation as evidence that a particular setting has the qualities of a HCB setting and does not have the qualities of an institution. This evidence cannot focus on the aspects and/or severity of the disabilities of the individuals served in the setting. In addition, CMS will review the information and/or documentation submitted to ensure that all participants in the setting are afforded the degree of community integration required by the regulation and desired by the individual. The state has determined that bringing AAL Waiver settings into compliance for all individuals residing in the setting may not be possible, especially given the low number of people currently being served through this waiver.

The state is committed to ensuring AAL Waiver eligible individuals receive needed services and supports. To this end, budget language (item 306#8c) from the 2016 General Assembly states:

"SSSS. The Department of Medical Assistance Services shall convene a work group of stakeholders, which shall include the Department for Aging and Rehabilitative Services, dementia service providers and dementia advocacy organizations to review the Alzheimer's Assisted Living (AAL) Waiver to determine if it can be modified to meet the 2014 Centers for Medicare and Medicaid Services Home and Community Based Services final rule requirements. If the waiver cannot be modified to meet the federal requirements, then the department shall create a plan that: (i) ensures current waiver recipients continue to receive services and (ii) addresses the service needs of the persons with dementia who are currently eligible for the AAL Waiver. The

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department shall report its plan and implementation recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2016."

Status: *The above information will be added to the STP as an update. The recommendations that come out of the workgroup will advise the Commonwealth's plan to ensure individuals currently receiving waiver services continue to receive services and to address the needs of persons with dementia who are currently eligible for the AAL Waiver.*

Summary: One commenter thanked the state for the opportunity to comment on the statewide transition plan. The commenter disagreed with the determination that AAL waiver settings are not compliant and is not able to come into compliance. The commenter listed some of the HCBS requirements and offered comments on how assisted living communities who participate in the AAL Waiver program are already in compliance with the CMS HCBS requirements, and as such the AAL Waiver program should continue. The commenter stated that they understand that some of the requirements may require changes to current regulations, practices, and terminology, but is confident that many of Virginia's assisted living communities are already at least partially compliant and would like to work with the Commonwealth of Virginia and CMS to become fully compliant.

Response: We thank commenter for their comments. Assisted living communities provide an important and valuable service. Based on systemic assessment findings, DMAS found that the AAL Waiver requirement that individuals enrolled in the waiver receive services in a "safe, secure environment" within the ALF has emerged as a compliance issue. The regulatory base for the AAL Waiver ([12VAC30-120-1600 et seq.](#)) requires that the individual reside in a "self-contained special care unit." All ALF sites in the AAL Waiver currently have a "self-contained special care unit" that is secured through a locking device. The AAL Waiver is slated for renewal in July 2018. The state does not plan to request renewal of the AAL Waiver from CMS.

The state is committed to ensuring AAL Waiver eligible individuals receive needed services and supports. To this end, budget language (item 306#8c) from the 2016 General Assembly, referenced in the above response, will provide an opportunity for workgroup representatives to review the states determination and create a plan per the requirements in Item 306#8c. CMS has committed to providing further technical assistance and guidance to detail how the HCBS settings requirements can be implemented for individuals with dementia or Alzheimer's disease. DMAS will provide the CMS guidance to workgroup members when it is released.

Status: *The above information will be added to the STP as an update. The recommendations that come out of the workgroup will advise the Commonwealth's plan to ensure individuals currently receiving waiver services continue to receive services and to address the needs of persons with dementia who are currently eligible for the AAL Waiver.*

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Settings Compliance: individuals' own home or family home

Summary: A few commenters requested that the state provide additional details within the STP about how the Commonwealth determined that services provided in an individual's own home or apartment or the home of an individual's family member comply with the HCBS settings regulation.

Response: We thank commenters for their comments. CMS concurred with Virginia's determination that an individual's own home or apartment or the home of an individual's family member complies with the HCBS settings rule. The state is committed to assuring that individuals receiving HCBS who live in their own home or with their family receive those services in a person centered and individualized manner taking into account an individual's preferences and choices.

Status: *This explanation will be added to the STP narrative.*

Settings Compliance: Adult Day Health Centers

Summary: A few commenters asked the state to reevaluate the Commonwealth's conclusions about the compliance status of Adult Day Health Centers (ADHC's) and ensure that these settings are included in the Commonwealth's ongoing monitoring activities. In addition, the commenters encouraged the Commonwealth to look more closely at the actual practices of ADHCs as part of its ongoing assessment and monitoring activities to ensure that the interpretation and application of state regulations at these facilities is truly consistent with HCBS settings regulations.

Response: We thank commenters for their comments. DMAS intends to engage with our internal waiver operations and aging services staff and quality monitoring review (QMR) staff, as well as Virginia Department of Social Services licensing staff, the Virginia Adult Day Health Services Association and the State Long-Term Care Ombudsman, as needed/appropriate, with education and training efforts to ensure the HCBS items are met on an ongoing basis. Further, efforts are underway to update the DMAS documentation/forms to further facilitate compliance with the person-centered service plan (PCSP) requirements and documentation for each individual enrolled in the EDCD waiver.

Status: *This explanation will be added to the STP narrative.*

Summary: One commenter commented that it is unclear if anything significant other than comments from the adult health care industry were used to determine that these services are in compliance. Adult day health care services are typically provided in a segregated environment with little options for interactions with nondisabled individuals. Individuals with disabilities use adult day health care services typically because the

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individual wants to be out of their home for a portion of each day. The commenter asked how were people with disabilities, including people who are elderly, were consulted when determining if these settings meet the requirements to be in compliance with the settings rule.

Response: We thank commenter for their comments. The state has determined through its systemic assessment that current rules and regulations comply with the settings requirements. The state is in the process of updating forms and documentation requirements to further facilitate a person centered planning. Training will be offered to ADHC staff on the updated forms and documentation recommendations as well as person centered planning. This documentation will include a description of the proximity to and scope of interactions with individuals and community settings not using HCBS.

Status: *This explanation will be added to the STP narrative.*

Summary: One commenter thanked the state for the opportunity to comment on the statewide transition plan for six 1915(c) home and community based waivers. The commenter agrees with the determination that Elderly or Disabled with Consumer Direction (EDCD) Waiver settings, with the exception of settings requiring heightened scrutiny, currently comply with CMS Home and Community Based Services requirements.

Response: We thank commenter for their comments.

Status: *No changes to the STP needed.*

General Comments

Summary: One commenter commented that the community waivers are very important services that support individuals to remain in the community versus readmitting into expensive healthcare systems. The commenter expressed concern about the process for pre-admission screening. The commenter recommends allowing agencies that provide the waiver program/services the ability to complete the initial screening and UAI documentation.

Response: We thank commenter for their comments. While pre-admission screening is not part of this process, the comments have been noted for other activities in which DMAS is involved, including the electronic pre-admission screening (ePAS) system and efforts to update the uniform assessment instrument (UAI) training curriculum.

Status: *No changes to the STP needed.*

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Summary: One commenter commented on the Auxiliary Grant Program (AG) for Assisted Living eligible residents in the Commonwealth and the low reimbursement amount. The commenter shared that the low reimbursement raises many questions including creating additional risk for the provider and residents they serve while further limiting access to services. The commenter asks that DMAS examine this reimbursement and develop a reimbursement structure that recognizes the true cost of providing appropriate services to individuals living in an assisted living facility

Response: DMAS thanks the commenter for the comment. While auxiliary grant rates are not part of this process, the comments have been noted and shared with the Virginia Department for Aging and Rehabilitative Services, which oversees the administration of the auxiliary grant program.

Status: *No changes to the STP needed.*

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Safety and Security in Waiver Settings

Summary: One commenter expressed that the state, through its rental choice voucher program, does not provide adequate funding for individuals with disabilities to live in safe, middle class housing areas outside of facilities that are typically populated with elderly residents.

Response: We thank the commenter for the comment. DBHDS disagrees that individuals receiving HCB services who also receive a Housing Choice Voucher or state funded rental subsidy are limited to substandard, unsafe housing options. These housing options are in safe neighborhoods with all units routinely inspected as required by the Housing Choice Voucher (previously called Section 8) and Rental Choice VA programs. Personal choice is a hallmark of a rental subsidy program. Unit availability is based on the areas where participating landlords and developers have vacancies and rental rates are based on the fair market rent in the area.

Status: *No changes were made to the STP resulting from the comment.*

Summary: The commenter also referred to the responsibility of localities, and not service providers, to provide transportation services to help individuals gain access to the community on a regular basis.

Response: The state agrees with the commenter. Access to safe and dependable transportation is paramount for access to the community and to employment options. Advocates are encouraged to work in their localities to support the development of public and paratransit options in areas that currently lack this resource.

Status: *No changes were made to the STP resulting from the comment.*

HCBS Regulatory and Policy Updates

Summary: One commenter noted an assumption that "each HCBS Setting requirements must specifically appear within some regulation applicable to the providers of HCBS." The commenter disputed this assumption and further noted that in previous public comment, controlling regulations for providers of HCBS should be DMAS regulations specific to HCBS services covered by the federal regulation. The commenter notes that the DMAS provider agreement already requires that each provider comply with all applicable state and federal laws, as well as administrative policies and procedures of VMAP.

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The commenter also referred to the lack of reference in the revised STP to the stakeholder group that was to be convened by DBHDS to provide feedback on the Emergency Licensing Regulations. The commenter also questioned whether the recent General Assembly budget proposal granted authority for emergency licensing regulations to be issued for this intended purpose.

Response: We thank the commenter for the comment. DBHDS and DMAS agree that all of the HCBS requirements do not need to be cited in the Licensing regulations. As such, the draft emergency Licensing regulations that have been submitted contain a general reference to the authority for the HCBS settings regulation. The process for updating licensing regulations was begun in 2014. The authority for issuing emergency licensing regulations during that time was to incorporate language referencing requirements of the DOJ settlement agreement and the HCBS settings regulation.

CMS has made clear to states that through the systemic assessment of compliance, states need to note areas where regulations conflict with the settings requirements, comply, or are silent. It is the expectation of CMS that states remediate areas in which regulations and rules are silent on the settings provisions of the CMS HCBS regulations. Therefore, the statement in the provider agreement requiring that providers comply with all state and federal laws is not adequate and HCBS requirements must be included in regulations.

Once the emergency regulations are finalized for both the licensing and waiver regulations, stakeholders will have an opportunity to provide public comment during the full notice of intended regulatory action (NOIRA) process and provide input into provider manual updates.

Status: *No changes to the STP needed.*

Summary: Another commenter expressed disappointment that the Licensing regulations have not yet progressed to completion; expressing a concern that the need for codified standards was not a priority for the state, using the progress of other states as a comparison. Several commenters requested that the state share the draft regulations with the public and stakeholders during a 30 day public comment period to elicit their views on key regulatory issues during the process of preparing both emergency and permanent waiver and licensing regulations and updates to provider manuals.

Response: We thank the commenters for their comments. The process for updating licensing regulations was begun in 2014. The authority for issuing emergency licensing regulations during that time was to incorporate language referencing requirements of the DOJ settlement agreement and the HCBS settings regulation. The emergency regulatory process does not require or allow for public comment. The emergency licensing regulations have been submitted for AG review. This process can take up to 18 months for completion. However, once

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the emergency regulations are finalized for both the licensing and waiver regulations, stakeholders will have an opportunity to provide public comment during the full notice of intended regulatory action (NOIRA) process and provide input into provider manual updates. A stakeholder group will be convened to review the revisions to the provider manual concerning the waiver and relevant parts of the transition plan.

Status: *No changes to the STP needed.*

Settings Presumed to be Institutional

Summary: One commenter disagreed with the state's determination that any site with greater than 8 beds may need targeted remediation. The commenter believes that this determination is contradictory to CMS's removal of references to the number of residents as criteria for compliance with the regulation, and appears to impose a size limit that is artificially restrictive. Other commenters supported the state's determination that some settings have institutional characteristics that are inherent due to their size and/or close proximity to other segregated living settings.

Response: We thank the commenters for their comments. The state has determined that some settings with larger bed capacity are more likely to have characteristics that make it more difficult for individuals to be integrated in the community. Therefore, it has been determined that targeted remediation may apply to these providers following a designated site visit to measure compliance with the settings requirements and the level of community integration individuals are experiencing in the setting. Most HCBS settings have already been subject to site visits by licensing specialists to determine the level of compliance with remediation details recorded.

Status: *No changes to STP as a result of the comment.*

Amended Waivers

Summary: One commenter commended the state for joining together the elements of the amended waivers with the HCBS settings regulation requirements. Another commenter expressed concern with the state's perceived reliance on the amended waivers to ensure compliance with the regulation. Another commenter expressed concern that the STP does not address segregated day programs, which are currently the primary setting for day services and will continue under the new waivers. The commenter recommends that the plan include

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more details on how the new day programs will be integrated so that participants have the same opportunity to participate in the community as those not receiving waiver services.

Response: We thank the commenters for their comments. The state believes that the changes to the waivers will help to achieve compliance. These changes include new services and new rates that are structured to incentivize community integration and decrease reliance on congregate residential settings. Under the amended waiver system, 246 site based group day providers who do not have a non-center based day support license may add this license in order to provide the new community based day services of community engagement and community coaching. DBHDS Office of Licensing is providing instructions and will assist these providers to add this license so that individuals will have an opportunity to connect with other people during activities held in the community. Technical assistance, provider trainings followed by compliance and monitoring reviews will still occur to ensure that providers understand the expectations of the settings regulation and maintain its integration requirements. Ongoing technical assistance will be available to assist providers in meeting the requirements of the waiver service definitions.

Status: *This explanation will be added to the STP narrative.*

Summary: One commenter inquired how new waiver services available under the amended waivers will be assessed and monitored to meet compliance with the rule? The commenter notes that the plan appears to only address current waiver services and not new anticipated services that will be available as part of the waiver redesign.

Response: We thank the commenter for their comment. As with existing services, HCBS compliance and monitoring activities will occur though a combination of QMR, QSR and Licensing reviews. (Calendar, WaMS, Case managers/support coordinators?)

Status: *This explanation will be added to the STP narrative.*

Summary: Several other comments were submitted for this revised STP regarding the amended waivers which did not reference any elements of the STP or the HCBS settings regulation. Most were personal in nature and thus were determined to be out of scope for this STP.

Response: No response needed.

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Status: *No changes to STP needed.*

Responsibility for Remediation and Compliance Monitoring

Summary: One commenter noted that the plan appeared to shift the compliance burden away from the Department of Medical Assistance Services, the actual regulatory authority, to an already overburdened Department of Behavioral Health and Developmental Services. The commenter questions whether Licensing Specialists have adequate resources to fulfill the additional responsibility of facilitating compliance with the settings regulation. The commenter recommends that DMAS retain monitoring responsibilities under the regulation.

Response: We thank the commenters for their comments. The state has investigated ways for both agencies to maintain shared responsibility for these activities. The departments and agencies identified in the STP will work together in a unified fashion to facilitate compliance with the settings regulation. DBHDS is adding nine licensing positions as well as creating five regional leads that will enhance the ability to identify providers with areas of needed remediation during their standard (annual or triennial) sites visits that would trigger a compliance review. Licensing will notify QMR and DBHDS' Office of Provider Development who work together to help the provider to conduct a review, provide technical assistance and if needed develop a remediation plan to achieve compliance. DMAS QMR will have the authority to issue corrective action plans to providers who do not meet compliance goals within established timetables. DMAS will investigate the possibility of adding QMR HCBS compliance and monitoring staff under its existing contracts to perform some of this work. The Commonwealth also welcomes opportunities to partner with stakeholders to integrate public and stakeholder activities into the process in a legally appropriate and responsible manner.

Status: *A more detailed narrative on the above issue will be added to the STP.*

Summary: Another commenter suggests that monitoring of providers should not fall to waiver providers, case managers or even CSB's as they may have conflicts with ensuring compliance. Another commenter requested that the state define an "integrated setting" for providers.

Response: We thank the commenters for their comments. The state believes that the responsibility for ensuring compliance should be shared by all in the DD system. Each entity has a different role with reviews and/or monitoring occurring at different points in time which would serve as a checks and balances system. Further, CMS guidance has strongly suggested that states use their existing licensing, recertification, and case management processes as part of their monitoring and oversight of home and community-based setting

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compliance. The definition of an integrated setting, according to the ADA and Olmstead, which is repeated in the CMS HCBS settings regulation, is defined as “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities. Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual’s choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible.” Variations of this definition have been made available through provider trainings and will continue to be shared during these and other upcoming training forums.

Status: *A more detailed narrative on the above issue will be added to the STP narrative.*

Summary: Several commenters recommended that the state establish a single permanent oversight entity with the responsibility and authority to plan, direct, and oversee all of the Commonwealth’s proposed compliance monitoring activities, including receipt of complaints and reports of noncompliance, investigation of alleged violations, and remedying violations with prompt corrective action. The commenters recommend that the entity be a permanent independent entity that would operate in accordance with a common understanding of the requirements, delivering a single, unified message to providers. Commenters also recommend that the state conduct ongoing assessment and monitoring activities in an open and transparent manner, making data about the Commonwealth’s progress towards compliance available and accessible to the public. Commenters also suggested that the state designate a single responsible party with the responsibility to receive complaints and reports of noncompliance, investigate alleged violations and prompt corrective active.

Response: We thank the commenters for their comments. The Commonwealth currently does not have plans to create a single entity with oversight responsibility for monitoring of compliance with the settings regulation. The departments and agencies charged with the responsibility for compliance actions fall under a single Secretariat in the state authority. These departments will work with internal and external stakeholders to ensure that the state agencies and local case managers work together in a unified fashion to facilitate compliance with the settings regulation. The state intends to make data about progress toward compliance publicly available.

The state does agree that a designated method for the state to receive complaints and reports of noncompliance would be beneficial to stakeholders and for compliance monitoring. The DMAS will identify a telephone number to receive complaints and process for investigation and corrective action.

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Status: *A more detailed explanation of the above issue will be added to the STP narrative.*

Summary: One commenter noted that the plan did not provide detailed information on the circumstances under which remediation plans would be determined necessary. The commenter recommends that the state require remediation plans from all providers with identified issues, to include milestones and reasonable timelines for achieving full compliance. Another commenter recommended that provider agency transition plans should include intermediate milestones for achieving compliance with both the HCBS settings requirements and permanent state waiver regulations by the effective date.

Response: We thank the commenters for their comments. All providers with documented compliance issues will be required to have a remediation plan with associated timelines.

Status: *A clarification of the above issue will be added to the STP narrative.*

Summary: A commenter commended the state for the change in its assumptions outlined in the initial STP that presumed all sites were compliant, to the revised STP assumption that most sites are non-compliant.

Response: We thank the commenter for the comment. To clarify, the initial STP acknowledged that there were both settings that ranged from fully compliant to non-compliant, with varying levels of compliance in-between. The state has taken the approach that definitive determinations of compliance or non-compliance cannot be achieved until the state's rules, regulations and policies require compliance. The level of compliance statewide will be determined through continued assessment and validation using information and evidence already gathered and assessment, remediation and monitoring activities underway and/or planned.

Status: *This explanation will be added to the STP narrative.*

Stakeholder Participation

Summary: Several comments referenced a perceived lack of direct, in-person engagement with stakeholders when developing the STP, soliciting input, or reporting progress. Commenters referenced the initial STP's Compliance and Monitoring team, noting that the revised STP did not include a description of each category of stakeholder feedback represented by the compliance and monitoring team and did not

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describe stakeholder participation in the plan. Commenters recommended that the STP be updated to include a process for individuals and families to challenge the state's determination of compliance and/or report providers' violations of compliance.

Response: We thank the commenters for their comments. The STP includes several methods for direct stakeholder reporting of non-compliant settings, with statewide progress reported via a webinar format made widely available to stakeholders and posted on both the DMAS and DBHDS website. During and following the initial STP time period, DMAS and DBHDS actively solicited stakeholder participation in the process and both agencies continue to solicit specific stakeholder suggestions and recommendations on ways public input on noncompliant settings can be reported, in addition to the reporting outlets noted in the plan which include the My Life My Community e-mail, a dedicated telephone reporting line and fax number. However, the state agrees that more stakeholder participation and engagement is needed and will consider the recommendations that have been proposed in public comment for this STP. The DBHDS HCBS provider database incorporates site specific information, including addresses of individuals, and is therefore unable to be shared publicly. Results of provider compliance and monitoring will be shared with stakeholders.

Status: *The STP will be updated to include activities and additional venues to solicit stakeholder input and participation in compliance monitoring and reporting activities resulting from public comment.*

Summary: A few commenters suggested that the STP be updated to clarify whether the formation and convening of the "Institute of Community Inclusion," recommended in a 2016 General Assembly budget amendment, will still occur, or if another stakeholder group will take its place, since the amendment was not approved. One commenter cited the STP's lack of a plan to identify the steps to be taken during the remainder of the implementation process to engage with HCBS participants, their families, and other stakeholders and recommended the following activities:

- Conduct interviews and/or surveys with HCBS participants to obtain their feedback on the extent to which they are being integrated into the mainstream of community life.
- In-person presentations throughout implementation process
- Involving stakeholders in the development of permanent HCBS waiver rules, licensing regulations and updates to provider manuals

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Several commenters suggested developing a method similar to human rights reporting, whereby citizenry can directly report on provider compliance which would then trigger a review by DBHDS staff with follow up actions. One commenter also stated that many other residential and day settings have very little exposure to community life and people without disabilities; therefore, transition plan compliance decisions should be based on evidence gathered during onsite reviews supplemented by direct feedback from stakeholder and public citizens. A few commenters suggested that the DBHDS HCBS provider database described in the STP be open and easily accessible to the public to help with provider selection decisions and to enable families to challenge its findings.

Response: The STP will be updated to include reference of a stakeholder workgroup which will address compliance and monitoring issues.

Status: *This information will be added to the STP narrative.*

Identification of Non-Compliant Providers:

Summary: A few commenters requested that the state provide additional details within the STP about how the Commonwealth determined that services provided in an individual's own home or apartment or the home of an individual's family member comply with the HCBS settings regulation. The commenters suggest that in certain circumstances these conclusions hold true. One commenter referenced as an example, family members supporting individuals in the family home using waiver services who may be limiting opportunities for their family member to gain independence and participate in activities in the community along with individuals without disabilities.

Response: We thank commenters for their comments. The state has determined that the setting of an individual's own home or apartment or family home comply with the setting requirements. The state is committed to assuring that individuals who live in their own home or family receiving HCBS services receive those services in a person centered and individualized manner following the states requirements for Person Centered Planning ensuring community integration and engagement.

Status: *This explanation will be added to the STP narrative.*

Summary: One commenter expressed that early identification of non-compliant providers is critical and recommended that the plan provide for public reports on compliance and remediation efforts well before June 2017.

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Response: We thank the commenter for the comment. The state agrees with the commenter and will clarify the intent to provide the public and stakeholders with updates on compliance and remediation prior to June 2017.

Status: *A more detailed explanation of the above intent will be added to the STP narrative.*

Summary: Several commenters recommended that newly enrolled providers be required to demonstrate compliance prior to enrollment, beginning immediately. The commenters recommended that the timelines for providers already identified as non-compliant, be moved up from June 2018 deadline after the regulations take effect rather than waiting until final, enforceable waiver operating and licensing rules are issued. This is proposed to allow more time for individuals to find a new provider, if necessary.

Response: A requirement that new providers meet HCBS requirements upon enrollment will be effective when the states regulations require compliance. The state intends to work with providers currently identified as non-compliant to remediate issues of non-compliance prior to the final regulations being promulgated anticipated for January 2018.

Status: *The STP will be updated to include this information.*

Provider Compliance Reporting

Summary: One commenter presented specific suggestions for reporting of data that would allow for comparisons between provider self-assessments and assessments conducted by DBHDS Licensing Staff, including: comparisons between corresponding assessments when both provider assessments and licensing staff assessments are available for the same provider, data on the percentage of all sites in Virginia represented by the DBHDS licensing staff assessment data, disaggregating data order to allow for comparisons between types of settings, such as day support versus residential settings, and comparisons between different sized residential settings to allow for more targeted remediation strategies. The commenter also suggests that the STP explain the inclusion/exclusion of incomplete provider surveys resulting in some discrepancies in some of the reported data.

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Response: We thank the commenter for the comment. As indicated in the STP, there is no comprehensive statewide source data reporting for providers to identify all providers according to their location, service, and/or setting type; therefore, provider assessment data is limited to the providers identified in site visits. Once all site assessments are completed, this information will be available in future reporting.

Status: *The initial self-assessment provided good information about weaknesses and areas in which the state needs to prioritize education and training efforts. The self-assessment did not provide reliable information upon which the state could make a determination of compliance. For this reason the state is not using the January 2015 self-assessments as a mode of determining compliance. The STP will be updated to include updated data for future reporting.*

Education and Training

Summary: Several commenters recommended that the STP include more detail on the training and education of DBHDS Licensing and Quality Management Review staff on the setting checklists to ensure that staff fully understand the HCBS settings requirements and are qualified to evaluate compliance. One commenter requested information on the education and training on HCBS setting requirements and compliance strategies that will be available to waiver providers with associated timelines.

Response: We thank the commenters for their comments. HCBS training has been ongoing. The state agrees that additional training is needed for DBHDS and QMR staff on the HCBS settings regulation and will review the planned trainings to ensure that staff members can or are accessing the trainings.

Status: *The STP will be updated to include information on training activities that have taken place and that are planned to occur.*

Role of DBHDS Licensing

Summary: Several commenters applauded the state for determining that it will presume all providers out of compliance and for recognizing that presence in the community does not mean full integration and the need for education on the issue. Commenters also noted that many providers have significant deficits both in physical sites and in service delivery philosophy; however, there is no mechanism to identify

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deficits at specific sites. The commenters recommend that DBHDS licensing staff be equipped to monitor individual sites, rather than just providers, and be prepared to examine all physical facilities and associated programs.

Response: We thank the commenters for their comments. The state, through its Provider Development role, conducts extensive training in person centered principles for new and current providers and staff. These trainings are ongoing. The training modules are also available for downloading on the DBHDS website. As part of the amended waivers, the state is instituting a planning calendar that will be linked to the individual's service plan which will help to ensure that integration and individual choice are available in the life of each individual

Status: *A more detailed explanation of the above issue will be added to the STP narrative.*

Relocation of Beneficiaries

Summary: One commenter noted that the revised STP does not provide an estimate of the number of individuals expected to be affected by relocation, nor details about how the state will ensure that services and supports will be in place for those individuals who must be relocated from noncompliant settings.

Response: The STP does not project the number of individuals who may need assistance in relocation at this point in time. During the continued assessment and remediation process, DBHDS will be able to identify and project how many individuals may be impacted by the need to relocate require additional services and supports. This information will be made available during compliance and monitoring updates.

Status: *The plan will be updated to note that DBHDS has begun working with and will continue to work with providers to come into compliance, which will include specifics on how individuals served may be affected.*

Summary: One commenter requested that the STP include more details on the timeline for the notification and transition process for individuals living/receiving services in settings determined to be non-compliant with the HCBS settings rule, especially in areas that lack capacity to offer services in non-disability specific settings.

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Response: DBHDS agrees that additional capacity is required in some areas of the state. DBHDS is actively developing community providers across the state. Specifically, Virginia continues to expand providers in Northern and Southwest Virginia. In addition, integrated housing resources are coming on line with active housing teams in four urban areas, with teams being added in other areas of the state to increase independent living options.

Status: *More detail will be added to the STP.*

Development of Provider Capacity

Summary: Several commenters referenced the need to increase provider capacity and requested further details on the methods and strategies being used by the CRC's to increase provider capacity across the state. Commenters recommend that the STP describe which planned activities are intended to address provider capacity; outline the specific steps that the state will take to ensure adequate providers; and report on the ongoing assessment of provider capacity with details and an accompanying timeline to ensure that HCBS participants have access to a non-disability specific setting. The commenters also request that the information outline the current capacity of non-disability specific settings and the specific strategies to expand access.

Response: We thank the commenters for their comments. DBHDS, through its Office of Provider Development, has been working to improve provider capacity within the state. In addition to ongoing activities, the state is preparing requests for proposals for Regions 1 and 3, with the goal of increasing provider capacity, particularly in the Northern Virginia area.

Status: *A more detailed narrative on development of provider capacity will be added to the STP.*

General Comments

Summary: One commenter inquired how the state plans to absorb the financial impacts regarding compliance with the HCBS regulations referenced in public comment response to the initial STP.

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Response: We thank the commenter for the comment. To continue participating in the HCBS program in VA, both the state and providers alike are required to modify their operations and allocate financial and human resources to support compliance with the HCBS settings regulation for many years to come. Both supplemental staffing, hours and internal infrastructure have been allocated toward this effort with these resources directed toward assessment, compliance, monitoring and remediation activities and planning. Examples of some of these changes include the hiring of new licensing, service authorization and housing specialist staff to assist with HCBS transitions.

Status: *No changes to STP needed.*

Summary: One commenter recommended that the agency should plan for elimination of the wait list, and that transition plans should be written with that objective in mind – rather than in anticipation that the continuation of a waitlist is an acceptable standard.

Response: With implementation of the amended waivers and increased rates for community integration, more people are expected to be able to access the community decreasing reliance on more costly facility based, congregate settings. The state hopes and expects that this will help to bend the cost curve so that the state will be better positioned financially to expand its waivers and state funding to serve more individuals.

Status: *No changes to STP needed.*

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