

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**District of Columbia Plan to Comply with
New Federal Home and Community Based Services Requirements**

Section I: Purpose

The Centers for Medicare and Medicaid Services (CMS) issued a final rule effective March 17, 2014, that contains a new, outcome-oriented definition of home and community-based services (HCBS) settings. The purpose of the federal regulation, in part, is to ensure that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS. CMS expects all states to develop an HCBS statewide transition plan that provides a comprehensive assessment of potential gaps in compliance with the new regulation, as well as strategies, timelines, and milestones for becoming compliant with the rule's requirements. CMS further requires that states seek input from the public in the development of this transition plan.

The District maintains two HCBS waiver programs: the Elderly and Persons with Disabilities (EPD) Waiver, run by the District's Department of Health Care Finance (DHCF), and the Intellectual and Developmental Disabilities (IDD) waiver, run by the District's Department of Disability Services (DDS). The EPD waiver program is for the elderly and individuals with physical disabilities who are able to safely receive supportive services in a home and community-based setting. The IDD waiver program provides residential, day/vocational and other support services in the community for District residents with intellectual and developmental disabilities.

Below is the District of Columbia's Statewide Transition Plan for the HCBS waiver services. (The IDD Waiver-specific details are located in Appendix 1, page 13, and are incorporated by reference to this Statewide Transition Plan.) To assist in the development of the plan, DHCF formed a HCBS Stakeholder Subgroup: Transition Plan, which was comprised of individuals from the DC Senior Advisory Coalition; VMT Home Health Agency; Lisner Louise Dickson Hurt Home; DC Long-Term Care Ombudsman Legal Counsel for the Elderly; Premium Select Home Care, Inc; District of Columbia Health Care Association; DC Office on Aging; DC Department of Health; DC DDS; and KBC Nursing Agency & Home Health Care Inc.

This group met weekly January-February of 2015 and served as a mechanism for DHCF to receive feedback and input from stakeholders. Once the plan was drafted, DHCF posted the plan in its entirety on the Department of Health Care Finance (DHCF) website at www.dhcf.dc.gov on February 5, 2015, and at the same time, published a notice on our website announcing a period of public comment. The plan and notice of the public comment period were further disseminated to over 60 people connected to DHCF's HCBS Stakeholder Group, to the Medical Care Advisory Committee list-serve of over 50 individuals and organizations, and shared via the DC Developmental Disabilities Council (DDC) community list-serv, which includes over 500 recipients. Approximately two-thirds of the recipients are from the community side (i.e., District residents with disabilities, family members, activists, and representatives from community-based & non-governmental organizations). The plan and public notice of the comment period were also published in the District of Columbia Register on February 13, 2015, and then re-posted on DHCF's website February 23, 2015. The public comment period ran from February 5 to March 13, 2015.

DHCF also hosted a public forum at the DC Department of Health Care Finance at 441 4th St, NW, Washington DC, 20001 on Thursday, February 26, 2015, at 4 pm in the Main Street conference room (North Building, 10th floor), at which time DHCF explained the transition plan and received oral or written comments. Notice of the public forum was posted on DHCF's website and was disseminated via email to individuals and stakeholder organizations. DHCF reviewed all comments and incorporated appropriate suggestions, as appropriate. DHCF has summarized the changes made to the transition plan in response to the public comment, and will post the summary of public comments and responses on its website by March 20, 2015.

This revised version of the Transition Plan, dated March 16, 2015, reflects the public comments received during the public comment period and continuing guidance from CMS. Changes are largely focused on including more details on dates for key activities within the Transition Plan; including metrics around the number of individuals and settings impacted by the Rule; details on DHCF's heightened scrutiny process; and added opportunities for training on the Rule. The revised Plan will be posted, in its entirety, on the DHCF website by March 20, 2015.

DHCF appreciates all of the public feedback we received and the ongoing work of our HCBS Stakeholder Subgroup: Transition Plan. If you are interested in participating in this group, please contact Trina Dutta at trina.dutta@dc.gov or (202) 719-6632.

Section II: District of Columbia Initiatives to Increase Opportunities for Community Integration

A. Training and Capacity Building

The District of Columbia is engaged in a variety of efforts to build capacity across multiple agencies and among our provider community to support the full inclusion and integration of

individuals in need of long term care services and supports into community settings. Listed below are some examples of ongoing initiatives that build capacity and support compliance with the HCBS Settings Rule.

- Funded by a grant from the federal Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS), four District agencies (the Department of Disability Services (DDS), the Department of Health Care Finance (DHCF), the Aging and Disability Resource Center (ADRC) within the District of Columbia Office on Aging (DCOA), and the Department of Behavioral Health (DBH)) are collaborating to develop a plan to implement a No Wrong Door (NWD) system to streamline and facilitate access to long term care services and supports (LTCSS). A major emphasis of the District's planning activities is optimizing informed choice and promoting person-centered thinking and planning among District agency staff and service providers. The new system will be supported by a robust information management system that will optimize individual choice, person-centered planning and self-direction, and community integration.
- DHCF has been implementing a multi-year, multi-pronged strategy to reform Medicaid-funded long-term care services and supports. The first phase of this effort focused on the development and implementation of a standardized assessment tool and a conflict-free, face to face assessment process. The tool is designed to assess an individual's needs across multiple domains, rather than determining eligibility for a particular service or service setting. The tool provides the individual with a score that allows them to choose from a range of LTCSS options.
- DHCF and DCOA recently entered into Memoranda of Understanding designed to increase collaboration between DHCF and DCOA and strengthen the role of DCOA in providing choice counseling and application assistance to District residents and their families who are seeking LTCSS.
- DHCF has established a workgroup (comprised of DHCF, DCOA/ADRC, the Department of Health, the Economic Security Administration, etc.) to analyze workflows associated with the LTCA. The workgroup's efforts seek to modernize business processes to facilitate the application process, and issues identified by this workgroup are flagged and remedied.
- DHCF, working in conjunction with CMS consultants, on January 21, 2015 hosted an in-service on person-centered planning for DHCF stakeholders, and will continue to work with the technical assistance providers both for planning and training purposes addressing person-centered planning and conflict-free case management. These trainings will focus on DCOA staff and DHCF staff, as well as Medicaid case managers and other staff and stakeholders in the community. The consultants will work with DHCF staff to develop a Community of

Practice for DC Medicaid case managers focused on supporting and facilitating greater individualized community exploration and integration. The Community of Practice will allow for multi-directional training and information sharing: from District government to case managers; from case managers to District government; and amongst case managers. This Community of Practice will launch in Fall 2015.

- DHCF has engaged District staff, community stakeholders, and Medicaid service providers on the HCBS settings rule, with five trainings held in January 2014 (DHCF internal staff including the Executive Management Team), February 2014 (EPD Waiver Providers), April 2014 (EPD Waiver and Adult-Day Providers), November 2014 (Adult-Day Providers); and January 2015 (HCBS Stakeholders Group).

B. DHCF Waiver and State Plan Amendment Activities

DHCF is working to increase access to home and community-based services. DHCF is working on amendments to its 1915(c) waiver and other state plan services. Specifically, DHCF recently obtained approval of a new 1915(i) State Plan Amendment to establish an adult day health program. Listed below are examples of changes that support and facilitate greater individualized community exploration and integration.

EPD Waiver Amendment

DHCF is in the process of drafting amendments to its EPD Waiver, with plans to submit to CMS by June 15, 2015. The Department is revising its service descriptions for assisted living, homemaker, chore aide, personal care aide, participant directed services, case management, and environmental access adaptation services in order to better support and facilitate greater individualized community exploration and integration. In particular, the assisted living service description will incorporate specific requirements in the HCBS settings rule (including requirements around provider self-assessment of compliance), and the case manager service description will include mandatory assessment of settings relative to the HCBS rule. For all services, DHCF is revising the associated outcomes measures, as well, which will include measures related to supporting and facilitating greater individualized community exploration and integration. DHCF is also including provisions to increase the array of sanctions that DHCF may impose if a provider is out of compliance with one or more standards. DHCF will provide opportunity for a 30-day public comment period and will host at least one public meeting to explain the EPD Waiver Amendment in plain language and answer any questions. DHCF will notify the public of the 30-day public comment period and the public meeting(s) by via notice in the DC Register in April 2015.

DHCF State Plan Amendment

DHCF obtained approval of its new 1915(i) State Plan Amendment to establish an adult day health program (ADHP) on February 10, 2015. ADHPs provide essential services including social service supports, therapeutic activities meals, medication administration, and transportation to therapeutic activities for adults, age fifty-five (55) and over, during the day, in a safe community setting outside of their home. All ADHP providers will be compliant with the HCBS settings rule from launch of the 1915(i), which is set to start June 1, 2015.

In addition, DHCF is amending its State Plan with respect to Home Health Care and Personal Care Assistance Services. The amendments are designed to clarify and strengthen program requirements to promote community exploration and integration, among other things.

Section III: DHCF collaboration with Government Partners

A. Office on Aging

DHCF has entered into several Memoranda of Understanding with the District's Office on Aging (DCOA) that will support and facilitate greater individualized community exploration and integration. DCOA is responsible for advocating, planning, implementing, and monitoring programs in health, education, employment, and social services which promote longevity, independence, dignity and choice for District of Columbia residents 60 years of age and older and persons 18 years of age and older with disabilities. DCOA operates the Aging and Disability Resource Center (ADRC), a one-stop resource, providing information, referral and assistance; options counseling; and person-centered planning for persons seeking long term care services and supports. As a part of its information, referral and assistance services, DCOA's ADRC conducts a preliminary intake and pre-screening and assists individuals with applications for public benefits including Medicaid programs and services, i.e. the EPD Waiver, 1915(i) State Plan services and other public benefits. DCOA's ADRC is also the Local Contact Agency (LCA) for individuals in nursing homes who, in response to Section Q of the Minimum Data Set (MDS) that nursing homes are required to complete, indicate an interest in living outside of the nursing facility.

The purpose of these MOUs is to coordinate and share data in an effort to ensure that DCOA's ADRC can provide application assistance, options counseling and person-centered planning to individuals who are seeking or receiving long-term care services and supports who are current Medicaid beneficiaries or who may be eligible for Medicaid. Further, these MOUs ensure that individuals currently living in nursing homes who are medically able, Medicaid eligible, and express an interest in moving into the community are afforded the full range of necessary resources in order to effectuate a return to the community as quickly as possible. To that end, the ADRC Community Transition Team (CTT) provides transition coordination services for these nursing home residents. In November 2014, the District consolidated its nursing home-to-

community transition coordination units at the ADRC. The consolidation represented a merger of DC's Money Follows the Person (MFP) transition coordination unit, previously housed at DHCF under the MFP Demonstration, and a transition coordination unit already housed at the ADRC.

This level of collaboration between the agencies, including the sharing of data, is necessary in order to complete and track required assessments and identify needs, assist with the eligibility determination process, support educated options counseling about Medicaid services and community supports, and satisfy all legal requirements while helping District residents attain or maintain their independence in the most integrated setting appropriate to their needs and preferences.

B. Department of Health

In addition to DHCF's collaboration with DCOA, DHCF is also working with the District's Department of Health (DOH) to ensure that the HCBS settings qualities and requirements are incorporated into the District's regulatory requirements for community-based residential settings. DOH's responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources. Within DOH, the Health Regulation and Licensing Administration (HRLA) protects the health of the residents of the District and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework.

Specifically, DHCF is working with DOH/HRLA's Intermediate Care Facilities Division (ICFD) which licenses group homes for persons with intellectual, developmental and physical disabilities residing in the District of Columbia. The ICFD also licenses Home Care Agencies, Community Residence Facilities, and Assisted Living Residences to ensure their compliance with local licensure requirements. In this role, HRLA staff inspects licensed health care facilities and providers who participate in the Medicare and Medicaid programs, responds to consumer and self-reported facility incidents and/or complaints, and conducts investigations. When necessary, HRLA takes enforcement actions to compel facilities and providers to come into compliance with District and Federal law. DHCF and DDS are working with HRLA to revise the regulations for community residential facilities which incorporate both licensed small group homes known as community residence facilities and assisted living residences. The revisions specific to the community residence facility regulations will be promulgated with a formal opportunity for public comment. Final publication is anticipated in FY 2015. In FY 2016, DOH will draft regulations relative to Assisted Living Residences that support compliance with the HCBS settings rule.

Section IV: Assessment Process, Remedial Strategy, and Monitoring and Compliance

Heightened Scrutiny Process

DHCF does not have any settings in a publicly or privately-owned facility that provide inpatient treatment; or on the grounds of, or immediately adjacent to, a public institution. It is DHCF's best estimate that DC's residential settings do not have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.

If, based upon review of assessment data, DC determines that one or more of our settings have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS; and DHCF projects that this will not be cured by March 17, 2019 via remediation (changes in service definition, regulations, certification, etc.), DHCF will either: (1) determine that the setting does not meet the HCBS Settings Rule and will transition people to a new provider and eliminate the setting from the program; or (2) submit evidence to CMS for heightened scrutiny review.

A. Assessment Process

DHCF estimates that all of our settings are at least partially compliant with the Rule, and conducted an extensive, systematic legal analysis of the laws and rules regulating the settings impacted by the HCBS settings rule, namely settings comprised of assisted living residences (*Assisted Living Residence Regulatory Act of 2000, effective June 24th, 2000, (D.C. Law 13-127, D.C. Official Code §§ 44-101.01-44-108.03)* and community residence facilities (*D.C. Mun. Regs. 22-B DCMR §§ 3401-3499; D.C. Mun. Regs. 22-B38 DCMR §§3800-3899*). While DC regulations often mirror or have equivalent federal requirements, some components of the District regulations do not comport with the new federal HCBS settings requirements. Therefore, DHCF's specific actions for coming into compliance include:

- Identify regulations that do not comport with federal HCBS requirements,
- Work with DOH to promulgate new regulations to revise and strengthen HCBS settings requirements,
- Conduct provider training and stakeholder outreach on new regulations, and
- Monitoring.

DHCF will be developing a settings self-assessment tool for use by HCBS providers, and will use CMS' "Exploratory Questions to Assisted States in Assessment of Residential Settings" as a guide in developing this self-assessment. Operators that participate in Medicaid will be expected to conduct this self-assessment either as part of their initial application process to become DC Medicaid Providers, or as part of their re-enrollment process (whichever comes first). DHCF

will work with its HCBS Stakeholders Subgroup: Transition Plan to develop the tool, criteria/scoring process, implementation approach, and associated remedial actions. DHCF will conduct provider training on use of the tool in August 2015, and will begin administering this self-assessment tool in September 2015.

A high level summary of DHCF’s legal analysis are set forth in Table 1.

Table 1. Legal Analysis of HCBS Settings Regulations compared to DC Regulations

CMS HCBS Setting Requirements	Do DC Regulations Meet Federal HCBS Standards?		
	Community Residence Facilities	Assisted Living Residence	Community Residence Facilities for Mentally Ill Persons
The setting is integrated in and supports full access to the greater community	Yes	Yes	No
Is selected by the individual from among setting options	Yes	Yes	Yes
Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Yes	Yes	No
Optimizes autonomy and independence in making life choices	No	Yes	No
Facilitates choice regarding services and who provides them	No	No	No
The individual has a lease or other legally enforceable agreement providing similar protections	Yes	Yes	Yes
The individual controls his/her own schedule including access to food at any time	No	No	No
The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit	No	No	No
The individual can have visitors at any time	No	No	No
The setting is physically accessible	Yes	Yes	Yes

With regard to those settings impacted by this rule, there are sixteen (16) Department of Health regulated assisted living residences in the District. Of these, three (3) are Medicaid waiver-approved ALR providers and they served 39 unique individuals in 2014. There are four (4) Department of Health regulated community residence facilities for the elderly and physically disabled in the District.

B. Remedial Strategy

Implementing Revised State Regulations to Support the HCBS Settings Requirements

As a result of the revisions noted above, DOH will review licensing applications to ensure that applicants comply with the regulations and HCBS settings requirements as set forth in rule. DOH will require licensees be compliant with the HCBS settings rules per the regulations, where the rules must be incorporated into the licensees' policies and procedures, as necessary (including regarding visitation, choice of roommate, and food access). Please note that DHCF will work with DOH to train staff on the new HCBS settings rules within three (3) months of the rules being promulgated.

Partnering with Department of Behavioral Health

DHCF is in discussions with the Department of Behavioral Health regarding revising regulations for community residence facilities for mentally ill persons to comply with the Rule. This component of the transition plan will be completed by October 1, 2015. DHCF will include this information in an amendment to the D.C. HCBS Waiver Transition Plan, and will follow the requirements for public notice and input for amendments to the Plan. DHCF expects to file the first update to the Transition Plan by March 1, 2016.

Revising Provider Requirements

As mentioned above, DHCF's Long Term Care Administration (LTCA) is currently revising its EPD Waiver provider requirements and the application process in order to ensure organizations providing EPD services to DC residents are supporting and facilitating greater individualized community exploration and integration. In addition to reengineering the internal mechanism for processing provider applications, the LTCA is adopting a new Long Term Care Provider Review Checklist that applicants must use when submitting their application materials. The Checklist will include HCBS Setting requirements and will be posted on DHCF's provider site (www.dc-medicaid.com) by March 30, 2015. As this checklist is being refined, a section will be added that reflects the HCBS settings rule, where applicants, when appropriate, must attest to complying with the rules and submit their policies and procedures, as appropriate. DHCF will use CMS' "Exploratory Questions to Assist States in Assessment of Residential Settings" to amend the checklist. Only applicants with approved policies and procedures will be referred to DHCF's Division of Public and Private Provider Services for enrollment as EPD waiver and

1915(i) providers. Additionally, DHCF has developed an addendum to the conflict-free assessment tool with the HCBS Setting rule requirements for prospective 1915(i) applicants.

Conducting Statewide Provider Training on New State Standards

Upon publication of the revised existing DOH standards and completion of the revised EPD Waiver provider requirements, DHCF will work with DOH and DCOA's ADRC to co-host no less than three trainings for providers on both the DOH standards and the new EPD provider requirements. DHCF and the ADRC will also co-host a training for stakeholders on the DOH standards and the new EPD provider requirements. We anticipate these trainings will begin in the Fall of 2015 and will be publicized via the DHCF website and provider listserv.

C. Monitoring and Compliance

- As a result of the revised regulations, DOH will account for the added requirements relative to HCBS settings during its monitoring process of ALRs and CRFs. At present, providers must have their DOH license renewed annually (within 90 days of license expiration). The renewal requires that a surveyor or team of surveyors (depending on the type/size of provider) make an unannounced site visit which includes three stages. First, the surveyors will observe staff interaction with individuals receiving HCBS services, assess whether the environment is in compliance with the regulations, and interview staff and clients. Then, the surveyors begin record verification, which includes reviewing medication administration, employment records, and policies and procedures. From this information, the surveyors make a compliance decision to determine if there are any deficient practices, which will be shared with the provider during the site visit exit interview. A written report detailing results of the site visit and the observed deficiencies is shared with the provider within ten days of the exit interview, and the provider then has ten days to respond with a corrective action plan. Upon receipt and approval of the plan, DOH may conduct an unannounced follow up site visit to ensure that the corrective action plan is being adhered to. This monitoring process will account for compliance with the HCBS settings rule and associated policies and procedures of the provider/licensee. Please note that DHCF will work with DOH to train staff on the new HCBS settings rules within three (3) months of the rules being promulgated.
- DHCF's EPD Monitoring Team has a comprehensive monitoring tool for all EPD waiver services which has a specific section dedicated to assisted living services. This section will be amended to reflect the HCBS settings requirements. The EPD Monitoring Team will also use the aforementioned Readiness Checklist for renewals of assisted living providers' status as EPD Waiver providers. This Checklist will be implemented by September 2015.
- Beyond DHCF's efforts to monitor enrolled Medicaid providers, the LTCA engages in an assessment process for the level of need for beneficiaries who receive long term care services

and supports, as mentioned above. On June 6, 2014, DHCF published a notice of public rulemaking in the DC Register establishing standards governing the Medicaid assessment process and to establish numerical scores (via use of a standardized needs assessment tool) pertaining to the level of need necessary to establish eligibility for a range of services. DHCF received and incorporated comments and is in the process of publishing a second notice of public rulemaking. DHCF is augmenting the assessment tool to include an addendum regarding the HCBS settings requirements and qualities, using the CMS “Exploratory Questions to Assist States in Assessment of Residential Settings” as a guide. Note that this assessment tool is also used for beneficiaries’ annual re-enrollment process. DHCF expects the second and final notice of rulemaking will be published by April 2015.

- EPD assisted-living service providers deemed noncompliant with the HCBS settings rule will be notified of areas of deficiency and given 30 days to submit a corrective action plan to DHCF. DHCF will utilize this corrective action plan as a component of ongoing monitoring processes. If the provider continues to be non-compliant, DHCF will evaluate the appropriateness of various sanctions as established by DHCF’s amended rules. In the event that people must be transitioned from one provider to another because the provider setting does not comply with the HCBS Settings Rule, DHCF will coordinate transitions and ensure continuity of services in accordance with DHCF’s Transition policy and procedure. Enforcement of compliance rules will launch September 2015.
- DHCF will issue a transmittal informing all providers of DHCF’s expectations that they will come into compliance with the HCBS Settings Rule. The transmittal will be issued prior to June 15, 2015.

Section VI: Ongoing Outreach and Engagement

- DHCF sought stakeholder input from the HCBS Stakeholder Sub-Group: Transition Plan to adjust, as needed, the draft transition plan prior to publication for public comment.
- DHCF provided public notice through multiple venues to share the Statewide Transition Plan with the public, including but not limited to: (1) published notice in the DC register; (2) publication on the DHCF website; (3) email alerts to over 500 individuals and DHCF Stakeholders; and (4) announcement at existing meetings.
- DHCF posted the entire Statewide Transition Plan on its website and made it available in hard copy upon request and at all public meetings when its contents were under discussion.
- DHCF hosted one public meeting to explain the HCBS Settings Rule and this transition plan in plain language, and answer any questions. Oral comments on the plan from attendees at this meeting were recorded and accepted as public comments.

- There was a public comment period that ran from February 5 to March 13, 2015. During that time, DHCF received 72 comments on the Transition Plan.
- DHCF accepted comments in a variety of formats, including in person, and by email and mail or fax submission.
- DHCF responded to all public comments received and made changes to the Statewide Transition Plan, as appropriate, based on those comments.
- DHCF will publish the public comments and responses on its website by March 20, 2015, and will store the comments and responses for CMS and the general public.
- The HCBS Stakeholder Subgroup: Transition Plan, which was engaged throughout the process of drafting the Transition Plan. Upon EPD Waiver Amendment submission to CMS, the subgroup will be engaged in development of assessment tools and training, as appropriate.
- All activities related to the Statewide Transition Plan were done in partnership with sister District agencies, in particular the Department of Disability Services (DDS), the Department of Health (DOH), the Deputy Mayor's office (DM), and the Office on Aging (DCOA).

APPENDIX 1

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

Section I: Introduction

The Centers for Medicare & Medicaid Services (CMS) issued a final rule effective March 17, 2014, that contains a new, outcome-oriented definition of home and community-based services (HCBS) settings. The purpose of the federal regulation, in part, is to ensure that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS. CMS expects all states to develop an HCBS transition plan that provides a comprehensive assessment of potential gaps in compliance with the new regulation, as well as strategies, timelines, and milestones for becoming compliant with the rule's requirements. CMS further requires that states seek input from the public in the development of this transition plan.

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

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

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

DDS appreciates all of the public feedback we have received and the ongoing work of our HCBS Settings Advisory Group. If you are interested in participating in that group, please contact Erin Leveton at erin.leveton@dc.gov or (202) 730-1754. Meetings are also posted on our website at <http://dds.dc.gov/> under Upcoming Events.

Section II: District of Columbia HCBS Settings and Estimate of Settings That Comply with the HCBS Settings Rule

A. District of Columbia HCBS IDD Settings

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

Service	# of Sites	# People Receiving Services
Supported Living	445	784
Host Home	59	81
Residential Habilitation	42	149
Supported Employment	19	141
Day Habilitation	4 totally community based	756
	25 with a facility	
Employment Readiness	5 totally community based	358
	13 with a facility	
Individualized Day Service	not applicable	141

B. Heightened Scrutiny Process

DDS does not have any settings (residential or day) in a publicly or privately-owned facility that provide inpatient treatment; or on the grounds of, or immediately adjacent to, a public institution. Additionally, all of our residential locations are small (5 people or less, with the majority being 3 people or less) and are located in apartments and homes in neighborhoods within D.C. and the surrounding suburbs. It is DDS's best estimate that DC's residential settings do not have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.

If, based upon review of assessment data, DC determines that one or more of our day, vocational or residential settings have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS; and DDS projects that this will not be cured by March 17, 2019 via remediation (changes in service definition, regulations, certification, etc.), DDS will either: (1) determine that the setting does not meet the HCBS Settings Rule and will transition people to a new provider and eliminate the setting from the program; or (2) submit evidence to CMS for heightened scrutiny review.

In the event that people must be transitioned from one provider to another because the provider setting does not comply with the HCBS Settings Rule, DDS will coordinate transitions and ensure continuity of services in accordance with DDS's Transition policy and procedure, available on-line at: <http://dds.dc.gov/book/ii-service-planning/transition-policy-and-procedures>. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes. Specifically, DDS will ensure reasonable notice and due process, including a minimum of thirty (30) days' notice is given to all people needing to transition between providers. DDS service coordinators will conduct a face-to-face visits as soon as possible to discuss the transition process and ensure that each person and their family, where appropriate, understand any applicable due process rights. The service coordinators shall, using the person-centered planning process, ensure that each person is given the opportunity, the information, and the support needed to make an informed choice of an alternate setting that aligns, or will align with the regulation, and that crucial services and supports are in place in advance of the person's transition.

In the event that DDS submits a provider setting for heightened review, DDS will conduct an on-site review, engage stakeholders and solicit public input, including posting at least two notices notice and offering at least a 30 day public comment period, prior to submission to CMS.

C. Estimate of Compliance with HCBS Settings Rule

As described below, in Section IV, DDS has not yet completed its assessment process of all HCBS Settings and therefore cannot provide detailed estimations on the number of settings that

meet the requirements of the HCBS Settings Rule, and whether there are settings that would require heightened scrutiny. Nonetheless, based upon our understanding of the rule and our system requirements, DDS estimates that all of our settings are all at least partially compliant with the Rule. Additionally, we estimate that all of our Individualized Day Supports are in compliance. These are highly individualized supports that occur within inclusive community settings and provide opportunities for socialization, life skill development, and opportunities for vocational exploration.

DDS estimates that all of our settings are at least partially compliant with the rule, because there are a number of elements of the HCBS Settings Rule that DDS already requires via statute, regulation, policy, procedure, or other practice. As examples:

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

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

- Be treated with courtesy, dignity and respect;
 - Be assured that for the purposes of record confidentiality, the disclosure of the contents of his or her personal records is subject to all the provisions of applicable District and federal laws and rules;
 - Voice a complaint regarding treatment or care, lack of respect for personal property by staff providing services without fear of retaliation; and
 - Be informed orally and in writing of complaint and referral procedures. . .and the telephone number of the DDS customer complaint line.
- DDS's Master Human Care Agreement (HCA), used for all Residential HCBS Settings requires, in part, that:
 - The Provider shall provide daily experiences that support the person to develop to his/her potential, inclusive of access/integration of people into community life;
 - The Provider shall provide a range of socialization and religious experiences to enhance peer and intra-personal relationship building and maintenance in accordance with the person's respective ISP;
 - Leases should be in the name of the people being supported;
 - All homes offered for providing services to people with accessibility needs shall be accessible to persons with mobility limitations, consistent with the

Rehabilitation Act of 1973 as amended P.L. 93-112 (Section 504) incorporated herein by reference; and

- There are means of communication available, including telephone (local and long-distance) and Internet access for each person who lives in the residential setting and receives waiver supports.
- DDS's Human Rights Policy (available on-line at: <http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Human%20Rights%20Policy%208-9-2013.pdf>), which is applicable to all of our staff and providers states, in part, that it is DDS's policy that:
 - People with intellectual and developmental disabilities can exercise their right to personal liberty, dignity, respect and privacy.
 - People with intellectual and developmental disabilities are supported with the most proactive, least restrictive and effective interventions.
 - People with intellectual and developmental disabilities can exercise their right to freely make and express choices through verbal, nonverbal and behavioral means; and that their right to voice complaints, concerns and suggestions without interference or fear of reprisal is protected.
 - Safeguards are established in order to protect and promote the human, civil and legal rights of all people receiving supports and services through its service delivery system
 - People with intellectual and developmental disabilities are provided with the least restrictive living conditions possible. This standard shall apply to use of free time, movement, privacy, opportunities to engage in interpersonal relationships, staffing support, employment, and access to community resources.

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

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

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

Upon completion of the systemic assessment process described below in Section IV, DDS will provide CMS with our best estimate of the number of settings that: (a) fully comply with the federal requirements; (b) do not comply with federal requirements and will require modifications; cannot meet the federal requirements and require removal from the program and/or relocation of people; and (d) are presumptively non-home and community-based, but for which the District of Columbia will provide justification that these settings do not have the characteristics of an institution and do have the qualities of home and community-based settings. DDS's analysis and estimate will be completed by October 1, 2015. DDS and DHCF will include this information in an amendment to the D.C. HCBS IDD Waiver Transition Plan. DDS and DHCF will follow the requirements for public notice and input for amendments to the Plan. DDS and DHCF expect to file the first update to the Transition Plan by March 1, 2016.

Section III: District of Columbia Initiatives to Increase Opportunities for Competitive, Integrated Employment and Community Integration & Support Providers to Achieve Compliance with the HCBS Settings Rule

A. Training and Capacity Building to Support Providers to Achieve Compliance with the HCBS Settings Rule

DDS is engaged in a variety of efforts to build the capacity of its staff and provider agencies to support and facilitate greater individualized community exploration and integration, including competitive, integrated employment. Listed below are some examples of ongoing initiatives that build capacity and support compliance with the HCBS Settings Rule. Additionally, DDS has provided training on the HCBS Settings Rule itself. All DDS initiatives that build capacity for compliance with the HCBS Settings Rule will be completed prior to March 17, 2019.

HCBS Settings Rule

DDS offered three forums on the HCBS Settings Rule, our pending waiver amendments and this Transition Plan. This is described further in Section VI, below. Each forum included a one hour training on the new Rule. The training PowerPoint is available on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.

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

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

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

In FY 2014, DDS offered Train the Trainer training to the DDA and day/ vocational provider staff on “Discovery: Developing Positive Personal Profiles,” a nationally recognized tool and process for assessing the vocational interests and goals of people and supporting career exploration and community integration activities. This training teaches participants how to create a Positive Personal Profile (PPP) and adapt the traditional Job Search Plan to an Job Search and Community Participation Plan that provides guidance to staff working with a person to help identify meaningful daytime and work experiences. PPPs and the accompanying plans are part of the Discovery process that leads to customized employment and community inclusion, and are considered best practice in the developmental disabilities field for people who have significant disabilities and/or face significant barriers to employment.

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

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

Community Integration in Day Programs

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

Additionally, DDS created an IDS Toolkit, available on our website at <http://dds.dc.gov/node/801142>. Where appropriate, DDS has shared materials developed for IDS with all providers, such as materials for recruiting Direct Support Professionals with skills in community integration and as community builders.

DDS will also provide training and technical support to traditional day and employment readiness programs to improve the quality of those programs and to help those providers plan for future business models that support community integrated services. Training for our staff will begin in March 2015 and we are planning kick off meetings with selected provider agencies in April 2015. This will be completed by September 30, 2015.

Employment First

DDS recently issued an Employment First policy, available on-line at <http://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Employment%20First%20Policy.pdf>, that establish Employment First as a priority and guiding philosophy for people with disabilities who receive services from the agency.

The District of Columbia was selected as one of 15 states by the Department of Labor, Office of Disability Employment Policy (ODEP) to be part of their Employment First State Leadership Mentoring Program (EFSLMP). DDS is coordinating a Leadership Team that includes District Human Services, Education and Workforce agencies, to work together to better ensure that youth and adults with disabilities achieve employment outcomes and become economically self-sufficient. The District will benefit from support from ODEP and several Subject Matter Experts to enable all of our agencies and our provider networks to collaborate more effectively, leverage each other's resources, and build the competency of our staff and providers communities. In FY 2015, DDS will offer additional training and

technical assistance on Provider transformation toward employment and integration, through our participation in this program. This work will continue through September 30, 2015.

DDS's work with providers also includes the development of and participation in the Administration on Intellectual and Developmental Disabilities' Employment Learning Community (ELC), which brings providers together on a regular basis through a community of practice approach where national and local resources are shared and providers learn from one another. The ELC has focused on customized employment. In addition to implementing customized employment practices through their own agencies, the ELC recently conducted a two-day training in which they trained additional staff from the provider community on customized employment. This is an ongoing effort and will continue at least through September 30, 2015.

Monthly Provider Leadership Meetings

In addition to offering opportunities for training and technical assistance, DDS will communicate about the need and timing for change in practices, policies, regulations, licensing, certification, the waiver, etc., and educate providers during monthly meetings of the Provider Leadership (for Residential, Day and Vocational providers) and Day/ Vocational Provider Leadership. DDS has established the HCBS Settings Rules and the DDS Transition Plan as a standing item for each of these monthly meeting in February 2015, with initial presentations at the general Provider Leadership on February 26, 2015, and the Day/ Vocational Provider Leadership meeting on March 4, 2015. These discussions with providers will continue, for as long as needed, through March 17, 2019.

B. HCBS IDD Waiver Amendments that Support Systemic Compliance with the HCBS Settings Rule

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

- Supported Living with Transportation provides flexible transportation to people receiving Supported Living services to increase opportunities for community engagement.
- DDS launched a new Home and Community Based Services waiver service, Individualized Day Supports ("IDS"), implemented in the FY 2014, which provides

habilitation supports in the community to foster independence, encourage community integration, and helps people build relationships. IDS provides for highly individualized supports that occur within inclusive community settings. In addition to providing opportunities for socialization and life skill development, IDS provides opportunities for vocational exploration that may lead to further employment services and supports. Additionally these supports can serve as a supplement to employment services for individuals who may work part time and be in need of additional supports in addition to employment.

Additionally, DDS and DHCF are amending waiver to further opportunities for community and meaningful day, addressing the need for more individualized integrated approaches of the provision of support to people, and achieving compliance with the HCBS Settings Rule. The waiver amendments were submitted to CMS by March 1, 2015.

- Day Habilitation: Clarifies service definition to require meaningful adult activities and skills acquisition that support community exploration, inclusion and integration based upon the person's interests and preferences. Specifies that individualized community integration and/ or inclusion activities must occur in the community in groups that do not exceed four participants and must be based on the people's interests and preferences.
- Small Group Day Habilitation: Introduces a small group rate with a staffing ratio of 1:3 and no more than fifteen (15) people in a setting for people with higher intensity support needs. Small Group Day Habilitation must be provided separate and apart from any large day habilitation facility.
- Individualized Day Supports: Modifies IDS service definition to clarify that IDS includes the provision of opportunities that promote community socialization and involvement in activities, and the building and strengthening of relationships with others in the local community. Allows IDS to be combined with other day and employment supports for a total of forty (40) hours per week. Offers IDS in small groups (1:2) and one-to-one, based upon the person's assessed need and, for limited times, based on ability to match the person with an appropriate peer to participate with for small group IDS. Adds orientation requirements for DSP staff working in IDS. Limits minimum service authorizations. Adds provision of one nutritionally adequate meal per day for people who live independently or with their families.
- In Home Supports: Clarifies service definition to require meaningful adult activities and skills acquisition that support community exploration, inclusion and integration based upon the person's interests and preferences

- Supported Employment and Small Group Supported Employment: Amend provider qualifications by requiring that all Supported Employment providers become Rehabilitation Services Administration service providers within one year of approval of these amendments. Revise service definition to include benefits counseling.
- Supported Living and Supported Living with Transportation: Modifies the service definition to create more flexibility in the application of the reimbursed staffing hours and ratios, to better reflect the time individual persons may spend in their residence during the course of the day to be responsive to individualized person-centered plans.
- Provider Requirements: Adds the requirement that owner-operators of residential, day and vocational supports complete training in Person-Centered Thinking, Supported Decision-Making, Supporting Community Integration, and any other topics determined by DDS, and in accordance with DDS published guidance within one year from the date the waiver application becomes effective for current providers and prior to any new waiver provider becoming approved to initiate services.

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

Section IV: Assessment & Remediation

A. DDS Policy on Compliance with HCBS Settings Rule

DDS will issue a policy requiring that agency staff and providers participate in efforts to assess and achieve compliance with the HCBS Settings Rule. This will include the expectation that providers conduct a critical and honest self-assessment; cooperate fully with the assessment and transition process; and demonstrate on-going efforts, cooperation and progress towards compliance with the HCBS Settings Rule.

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

B. State Level Self-Assessment

The State has established an HCBS Settings Rule Advisory Group and begun meetings to assess all rules, regulations, licensing requirements, certifications processes, policies, protocols, practices and contracts to determine which characteristics of HCBS settings are already required and where there are gaps. The review group will identify areas where changes are needed to ensure compliance with the HCBS settings characteristics rule and make recommendations for remediation.

1. DDS has invited representatives of the groups below to participate in the review group and will invite and consult with others, including the Department of Health (DOH), as needed. DDS will post the meeting dates on its website and members of the public will be welcome to attend and participate. DDS SODA is responsible for arranging and facilitating the meetings. DDS Information Technology (IT) will post items, as needed, on the website. Meetings are underway and will continue through the assessment and remediation process.

Invited members of the review group include:

- a. DDS, including representatives from DDA Service Coordination, DDA Waiver Unit, SODA, a Person-Centered Thinking Leader, and others, as needed, including representatives from DDS/DDA Quality Management Division and DDS/DDA's Provider Certification Review team;
 - b. DHCF;
 - c. D.C. Developmental Disabilities Council
 - d. Project ACTION!, D.C.'s self-advocacy group;
 - e. D.C. Supporting Families Community of Practice;
 - f. Quality Trust for Individuals with Disabilities;
 - g. University Legal Services, D.C.'s protection and advocacy organization;
 - h. D.C. Coalition of Disability Services Providers; and
 - i. Georgetown University Center for Excellence in Developmental Disabilities.
2. The self-assessment will specifically include, but is not limited to, a review and analysis of:
 - a. All HCBS waiver service definitions and provider requirements (including all residential, day and vocational services). The HCBS waiver amendments will be posted on DDS's Waiver Amendment Information page within one week of submission to CMS. The website where this will be posted is: <http://dds.dc.gov/node/880702>.

- b. All regulations governing HCBS. The regulations are available on the DDS website at: <http://dds.dc.gov/node/721742>.
 - c. DDS/DDA Provider Certification Review (PCR) process. DDS's PCR policy, procedure, guidance and tools are available on-line at: <http://dds.dc.gov/book/vi-administrative-dda/provider-certification-review-policy-and-procedures>.
 - d. DOH licensing requirements and regulations. These rules govern Residential Habilitation facilities and are in addition to the waiver rules. They are available on-line at: <http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B35>.
 - e. All relevant DDS/DDA policies, procedures, and protocols, including Quality Management practices and tools. These items are available on-line at: <http://dds.dc.gov/page/policies-and-procedures-dda>.
 - f. Provider training requirements. DDA's provider training policy is available on-line at: <http://dds.dc.gov/book/vi-administrative-dda/direct-support-professional-training-policy-and-procedure>. DDS is currently engaged with stakeholders through our Training Curriculum Committee to review and revise training requirements. DDS Human Capital Administration is leading this effort.
 - g. Human Care Agreements and rate methodologies; and
 - h. Information systems.
3. The state level assessment will be completed by September 1, 2015 and will result in D.C. having a list of required changes needed to the waiver itself, implementing regulations, and policies, procedures and practices.
 4. Based on the assessment already underway, policy and procedure revisions will begin to occur by May 1, 2015 and will continue, on an ongoing basis, as needed, to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019.
 5. Based on the assessment already underway, changes to the District's Human Care Agreements will begin to occur by June 1, 2015 and will continue, on an ongoing basis, as contracts are renewed. The District's Human Care Agreements will fully support and require compliance with the expectations in the HCBS Settings rule no later than March 17, 2019.
 6. Based on the assessment already underway, the first round of regulation revisions will occur by July 1, 2015 and will be timed to the effective date of the waiver

amendments. Regulatory revisions will continue, on an ongoing basis, as needed, to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019.

7. Upon completion of the assessment, D.C. will establish specific timelines and milestones for additional revisions needed to achieve compliance with the HCBS Settings Rule. In instances where a change in rule or policy requires a public comment period, time lines will be adjusted accordingly to accommodate time needed to process and respond to public input and incorporate such comments into document revisions. This will be completed by October 1, 2015.
8. DDS and DHCF will include this information in an amendment to the D.C. HCBS IDD Waiver Transition Plan. DDS and DHCF will follow the requirements for public notice and input for amendments to the Plan. DDS and DHCF expect to file the first update to the Transition Plan by March 1, 2016.
9. DDS SODA is responsible for tracking where characteristics of HCBS settings are already required and where there are gaps and changes are needed to ensure compliance with the HCBS settings characteristics rule, drafting the amendments to the D.C. HCBS IDD Waiver Transition Plan in accordance with the results of the assessment process, and establishing a process that complies with CMS public input requirements.

C. Provider Self-Assessment and Remediation

1. DDS will draft an electronic provider self-assessment tool to guide a critical self-review of provider policies, procedures, protocols, and practices (including, but not limited to, access to food, keys, visitors, choice of community activities, etc.). The assessment will be by provider service-type. For example, a provider may be required to prepare one assessment for its day habilitation program, a second for its supported living service, and a third for its host home program.
2. DDS SODA has engaged Support Development Associates and convened the HCBS Settings Rule Advisory Group to develop the self-assessment tool. The tool will be finalized by April 15, 2015 and posted on the DDS website.
3. DDS SODA is responsible for drafting the self-assessment tool, in collaboration with staff from DDA, including representatives from Service Coordination, Waiver Unit, and Quality Management Division (QMD). DDS IT will assist, as needed, with making this an electronic tool.

4. DDS will conduct mandatory provider education and training sessions on the requirements of the HCBS Settings Rule and how to complete the provider self-assessment tool. These trainings will take place by May 15, 2015, with additional trainings as needed. DDS will invite Project ACTION!, DC's self-advocacy organization, to participate in the trainings. Assigned DDS staff will also attend these trainings.
5. Providers will receive the self-assessment tool along with instructions and timelines for completion. At a minimum, all active HCBS residential, day and vocational services providers shall be required to complete a self-assessment.
6. Providers will be required to include a cross section of their organization, including at least one executive, middle manager, and direct support professional, in addition to people supported and their family members. Providers are encouraged to include advocates and other stakeholder in their self-assessment process.
7. Providers will be required to include in their self-assessment a description of their self-assessment process, including participation of the aforementioned persons.
8. Providers will submit their self-assessment, along with specific evidence of compliance, for further review by DDS by July 1, 2015. Additional evidence may be requested or further reviews conducted as needed to further assess and validate compliance with these rules.
9. DDS QMD will develop a process and conduct a validity check for the provider self-assessments, by September 1, 2015.
10. Providers who self-report that they are non-compliant or whom are assessed to be non-compliant with the HCBS Settings Rule will be required to submit a Provider Transition Plan identifying the areas of non-compliance and describing their proposed plan for coming into compliance along with associated timelines that ensure compliance with all aspects of the HCBS Settings Rule no later than March 17, 2019. For example, remedial actions might include, but are not limited to changes to operations to assure that people receiving supports have greater control over activities like access to meals, engagement with friends and family, choice of roommate, and access to activities of his or her choosing in the larger community, including the opportunity to seek and maintain competitive employment. Provider Transition Plans based upon the provider self-assessment results will be due by September 1, 2015. DDS may seek additional plans or revisions to the plans based upon the DDS QMD

validation results, or at any time in which DDS learns or determines that a provider is not in compliance with the HCBS Settings Rule.

11. By September 1, 2015, DDS will amend its Provider Performance Review (PPR) policy, procedure, and process to incorporate Provider Transition. Please see the DDS PPR policy and procedure on-line at <http://dds.dc.gov/page/policies-and-procedures-dda>. In the amended PPR policy and procedure, Provider Transition Plans will become a required element of the CIP and the provider's progress in achieving and sustaining compliance with the HCBS Settings Rule will be reviewed on a quarterly basis. Additionally, performance measures regarding compliance with the HCBS Settings rules from the various assessment tools will be incorporated into the annual PPR review to ensure ongoing sustainability.
12. All Provider Transition Plans will be reviewed and approved by DDS through the PPR process, and DDS will monitor implementation.
13. Providers needing assistance to achieve compliance may request such assistance from DDS, another compliant provider of the same service type, and/or people they support and their families and advocates.
14. It is DDS's expectation that providers conduct a critical and honest self-assessment; cooperate fully with the assessment and transition process; and demonstrate on-going efforts, cooperation and progress towards compliance with the HCBS Settings Rule. Providers determined by DDS to be unwilling or unable to conduct a self-assessment and/ or come into compliance will be required to cooperate with transition assistance to ensure all people who receive supports are transitioned to another provider, maintaining continuity of services, in accordance with DDS's Transition policy and procedure and the HCBS Settings compliance policy and procedure. The Transition policy and procedure is available on-line at: <http://dds.dc.gov/book/ii-service-planning/transition-policy-and-procedures>. DDS, DHCF and DOH, where appropriate, shall oversee all necessary transition processes.
15. In the event that people must be transitioned from one provider to another for failure to comply with the HCBS Settings Rule, DDS will ensure reasonable notice and due process, including a minimum of thirty (30) days' notice is given to all people needing to transition between providers. DDS service coordinators will conduct a face-to-face visits as soon as possible to discuss the transition process and ensure that each person and their family, where appropriate, understand any applicable due process rights. The service coordinators shall, using the person-centered planning process, ensure that each person is given the opportunity, the information, and the

support needed to make an informed choice of an alternate setting that aligns, or will align with the regulation, and that crucial services and supports are in place in advance of the person's transition.

16. DDS will review and analyze the results of the assessment tool, and post aggregated results on its website by September 15, 2015.

D. Assessment by People who Receive Waiver Supports and their Families

1. DDS will draft an assessment tool that people with intellectual disabilities who receive waiver supports, their families, and their advocates can use to assess services and guide informed provider choice. This tool will be incorporated into the pre-existing service coordination day and residential monitoring tools and will take place in people's residential, day and vocational settings, using a combination of personal interviews, observation, and document review.
2. DDS SODA has engaged Support Development Associates and convened the HCBS Settings Rule Advisory Group to develop the self-assessment tool. The tool will be finalized by April 15, 2015 and posted on the DDS website.
3. DDS SODA is responsible for drafting the self-assessment, in collaboration with staff from DDA. DDS IT will assist, as needed, with making this an electronic tool.
4. The tool will be in two formats. First, it will be incorporated into the service coordination monitoring tools for an ongoing experience-based assessment of compliance with the HCBS Settings Rule and to ensure sustainability. The DDS Service Coordination Monitoring policy and procedure, available on-line at: <http://dds.dc.gov/book/ii-service-planning/service-coordination-monitoring-policy-and-procedures>, describes the process, in part, as follows:
 - a. The Service Planning and Coordination Division will conduct regular monitoring for each person who receives supports or services through the DDA service delivery system.
 - b. Services monitored include, but are not limited to:
 - i. Residential Supports: group homes [residential habilitation], supported living settings, host homes, and other places where people receive residential support.
 - ii. Work/Day Supports: day habilitation, vocational services, including but not limited to employment readiness and supported employment.

- c. All monitoring visits should include direct contact with involved family. Efforts should be made to meet with involved family in person. Where appropriate, the family member should be encouraged to attend the monitoring visit with the service coordinator.
 - d. During the visit, service coordinators will gather information by performing document reviews, conducting observations, and interviewing the person receiving services, family members, staff providing supports, and anyone else who may have information regarding the provision of supports and services.
 - i. Interviews: During the visit, service coordinators will interview the person receiving services whenever possible and appropriate. Face-to-face interviews with him or her are required.
 - ii. Observations: Service coordinators will observe the person in his/her residence or work/day support environment.
 - iii. Documentation Review: During the visit, service coordinators will review the person's record and other relevant documentation about services received at the location.
5. Additionally, the tool will be posted on-line, distributed at ISP meetings to family members who may wish to complete and return them, and shared with the DC Supporting Families Community of Practice, so that families have an opportunity to complete the survey and share their perspectives. Additionally, this gives people who receive supports the opportunity to fill out the survey on their own, or with support from family, friends, and/ or advocates.
6. DDS will conduct mandatory education and training sessions for service coordination staff on the HCBS Settings Rule, the changes to the monitoring tools to incorporate the new questions, and the web-based version of the tool for families. These trainings will take place by May 15, 2015, using the typical process for training staff on updates to the monitoring tools, and will continue, as needed. DDS Human Capital Administration will track attendance to ensure that all service coordinators are trained.
7. Such assessments will be conducted, beginning June 1, 2015, during the regular service coordination monitor schedule, as set out in the DDS Service Coordination Monitoring policy and procedure, available on-line at: <http://dds.dc.gov/book/ii-service-planning/service-coordination-monitoring-policy-and-procedures>.

8. This assessment period will be ongoing for one year to allow each service coordinator the opportunity to conduct the assessment tool with the person at their residential and day location while completing scheduled monitoring reviews.

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

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

DDS QMD will review the results of the National Core Indicators (NCI) Adult Consumer Survey and Family Surveys, reports from the *Evans* Court Monitor, and reports from the Quality Trust for Individuals with Disabilities to assess where indicators suggest systemic evidence of compliance or need for remediation with the HCBS Settings Rule. This will be completed by September 1, 2015.

Section V: Achieving Initial Compliance, Sustaining Ongoing Compliance, and Amendments to the D.C. HCBS IDD Waiver Transition Plan

- A. As a result of the assessments, DDS will issue revisions to policies and procedures as needed, with publication beginning in May 2015 and continuing on an ongoing basis, as needed, to ensure full compliance by March 17, 2019. All revised policies will be distributed to agency staff and providers, posted on the DDS website at <http://dds.dc.gov/page/policies-and-procedures-dda>, and will be discussed at meetings with provider leadership.

- B. As a result of the assessments, DDS and DHCF will promulgate revised regulations for the HCBS waiver, on an on-going basis, with publications beginning by July 1, 2015.

- C. Upon review of the state self-assessment and the assessment by people DDA supports and their families, and review and validation of provider self-assessments, the District will submit an amendment to the D.C. HCBS IDD Waiver Transition Plan with specific remediation activities (specifically including but not limited to revisions of rules, regulations, licensing requirements, certifications processes, policies, protocols, practices and contracts) and milestones for achieving compliance with the HCBS Settings Rule. DDS SODA is responsible for drafting the amendments to the D.C. HCBS IDD Waiver Transition Plan in accordance with the results of the assessment process, and establishing a process that complies with CMS public input requirements. This will be completed by March 1, 2016.
- D. For providers needing assistance to come into compliance, the state proposes to implement the following strategies, in addition to the capacity building activities listed above in Section III:
1. Facilitate a Community of Practice, comprised of both non-compliant and compliant providers who can talk through provider-specific issues and problem-solve how to achieve compliance together.
 2. Provide one-to-one technical assistance.
- E. As compliance with the HCBS Settings Rule is achieved, strategies to assure on-going compliance include:
1. Incorporating the assessment by the person into ongoing service coordination monitoring activities, beginning June 1, 2015.
 2. Quality assurance methodologies will incorporate monitoring performance measures that ensure compliance with the HCBS Settings Rule. The PPR process will be revised by September 1, 2015.
 3. Provider certification and licensing requirements will incorporate requirements that reflect compliance with the HCBS Settings Rule. New indicators will be added to the PCR process by January 1, 2016.
 4. Continued review of NCI data and external monitoring data to support its ongoing compliance monitoring efforts. The initial review will be completed by September 1, 2015 and will continue on a semi-annual basis.

- F. DDS's Director is responsible for monitoring and ensuring DDS's compliance with this Transition Plan. DDS has created a work plan to track each item in this transition plan and ensure timely completion. This will be reviewed with responsible staff, on an ongoing and periodic basis, as needed to ensure full compliance with the HCBS Settings Rule no later than March 17, 2019.

Section VII: Outreach and Engagement

- A. DDS sought initial stakeholder input from the HCBS Setting Rules Advisory Group to adjust, as needed, the drafted transition plan prior to publication for public comments. This meeting took place on October 21, 2014 and the transition plan was revised accordingly. The initial draft of the Transition Plan, a summary of the Advisory Group's comments and the revised Transition Plan are posted on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.
- B. D.C. published notice of the proposed transition plan in the DC Register on October 31, and on November 28, 2014. (D.C. also published notice of an earlier draft of the transition plan in March 28, 2014.) Each published notice launched a thirty (30) day public comment period. DDS also posted notice on our website, sent an email announcement to our stakeholders list, and made announcements at community events. The public notices are attached an Appendix to the Transition Plan and are posted, along with invitations to the public forums, on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.
- C. DDS posted the entire D.C. HCBS IDD Waiver Transition Plan on its website at the start of the public comment period, and made it available in hard copy upon request and at all public meetings when its contents were under discussion. Please see the attached public notices and the the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702>.
- D. DDS hosted three public forums. The forums took place on November 17, 2014, December 1, 2014 and December 8, 2014. In each, we distributed copies of the entire Transition Plan, explained the new HCBS Settings Rule and our transition plan, and accepted oral comments.
- E. In addition to oral comments during the public forums, DDS also received and accepted comments during the public comments periods by phone and in writing.

- F. This Transition Plan is incorporated by reference into the D.C. Statewide Transition Plan and attached as an Appendix. The public outreach and engagement for the D.C. Statewide Transition Plan included:
- a. DHCF made public notice through multiple venues to share the Statewide Transition Plan with the public, including but not limited to: (1) published notice in the DC register; (2) publication on the DHCF website; (3) email alert to the DHCF Stakeholder Listserv; and (4) announcement at existing meetings. Please see, *e.g.*,: <http://dhcf.dc.gov/release/public-notice-district-columbia-plan-comply-new-federal-home-and-community-based-services>.
 - b. DHCF posted the entire Statewide Transition Plan on its website and made it available in hard copy upon request and at all public meetings when its contents were under discussion.
 - c. DHCF hosted one public meeting to explain the HCBS Settings Rule and this transition plan in plain language, and answer any questions. DDS attended and participated in this meeting. Please see the website announcement at: <http://dhcf.dc.gov/release/hcbs-transition-plan-forum-rescheduled-february-26>. Oral comments on the plan from attendees at this meeting were recorded and accepted as public comments.
 - d. There was a thirty (30) day public comment period from the time notice was published in the D.C. Register. The notice was published on Friday, February 13, 2015 and is available on-line at http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/Public%20Notice%20DHCF%20Transition%20Plan%20final.pdf.
 - e. DHCF accepted comments in a variety of formats, including in person, and by email and mail or fax submission.
 - f. DHCF and DDS will respond to all public comments received and make changes to the Statewide Transition Plan, as appropriate, based on those comments.
 - g. DHCF will publish the public comments and responses on its website, and will store the comments and responses for CMS and the general public.
 - h. All activities related to the Statewide Transition Plan will be done in partnership with sister District agencies, in particular the Department of Disability Services

(DDS), the Department of Health (DOH), the Deputy Mayor's office (DM), and the Office on Aging (DCOA).

- G. DDS and DHCF have reviewed all comments. We have incorporated appropriate suggestions and summarized the changes made to the transition plan in response to the public comment. A copy of the public comment chart is attached to this Transition Plan.
- H. DDS will publish the public comments and DDS and DHCF responses on its website and will store the comments and responses for CMS and the general public. These will be posted on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702> within one week of submission to CMS.
- I. DDS will post the revised D.C. HCBS IDD Waiver Transition Plan on its website along with all previously posted iterations, and the rationale for changes made. This will be posted on the DDS Waiver Amendment Information page at: <http://dds.dc.gov/node/880702> within one week of submission to CMS.
- J. DDS will post a version of this Transition Plan in a work-plan/ table format that is more user-friendly and easier to track, to help ensure ongoing accountability to stakeholders. This will be developed by the DDS Performance Management Unit by April 17, 2015 and will be posted our website on the Waiver Amendment Information page by DDS IT by April 24, 2015.
- K. In addition to the explanation of the HCBS Settings Rule at the public forums, DDS will design, schedule and conduct trainings for people who receive supports and their families and other stakeholders on the requirements of the Rule, changes they can expect to see that may affect their supports, and how they can be involved in the transition process. DDS SODA will work collaboratively with the HCBS Settings Advisory Group, Project ACTION!, and the DC Supporting Families Community of Practice on these trainings. The first training will take place by July 1, 2015.

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