# Statewide Assessment
## Home and Community Based Settings
### Policies and Procedures: September 2018 Update

<table>
<thead>
<tr>
<th>Type of Setting</th>
<th>Section of the Rule</th>
<th>Issue</th>
<th>Oppose/Silent</th>
<th>Remedial Strategy</th>
<th>Lead Agency</th>
<th>Target Date</th>
<th>Ongoing Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>(a) The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint</td>
<td>DDS Human Rights Policy (2013-DDA-H&amp;W-POL007) and implementing procedures already includes standards and guidelines to ensure safeguards are established to “protect and promote the human rights and freedoms of all people receiving services. The Human Rights policy requires that people served by DDS are “can exercise their right to personal liberty, dignity and respect.” That policy also provides protections from coercion and restraint. Please see: <a href="http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy">http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy</a>. The Most Integrated Community-Based setting policy (2015-DDA-POL01) requires DDS DDA to assist people with intellectual disabilities to obtain services and supports in the “least restrictive and most integrated community-based setting that is most appropriate for the needs of the person and the person is to receive communications that are courteous, respectful of the dignity of the person, and facilitate the person’s understanding of what is being communicated. Also, this policy outlines standards that require privacy, including the opportunity where possible; to be provided clearly defined living, sleeping, entertaining, and personal care spaces. Freedom from discomfort, distress, and deprivation that arise from an unresponsive and inhumane environment.”</td>
<td>Positive/Silent</td>
<td>All</td>
<td>Most of this was already required by DDS policy, but DDS policy did not specifically include a right to file an anonymous complaint. DDS created a Complaint Policy (2016-DDA-POL01) that includes the right to file anonymously. Please see: <a href="http://dds.dc.gov/publication/dda-complaint-policy">http://dds.dc.gov/publication/dda-complaint-policy</a>. DDS will update its Most Integrated Community Based Setting policy (2015-DDA-POL01) to specifically include items referenced in the CMS Exploratory Questions – for example, our policy already requires courteous and respectful communications, but we would add that people are addressed by their name or a preferred nickname. Please see <a href="http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy">http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy</a>. Update September 2018: DDS &amp; DHCF added this additional detail and specificity about HCBS Settings Requirements in our governing waiver regulations in November 2017. Please see 29 DCMR §1938 (Final Rule published March 2, 2018), this provision appears at §1938.1(b), available at <a href="https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938">https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938</a>. With these new regulations, no additional policy change is required.</td>
<td>DDS Complaint policy: completed. Most Integrated Community Based Setting policy: 09/30/2018 Update September 2018 – New HCBS Regulations: completed. Published 11/2017, HCBS Final regulations published 3/2/2018. (This was done in lieu of the Most Integrated Community Based Setting policy.) COMPLETE.</td>
<td>Service coordination monitoring, and provider certification review.</td>
</tr>
</tbody>
</table>
### All

<table>
<thead>
<tr>
<th>d.(i) The setting provides opportunities to seek employment and work in competitive integrated settings</th>
<th>Positive</th>
<th>All</th>
<th>DDS</th>
<th>Completed Update September 2018 – HCBS Final regulations published 3/2/2018. Updated ISP Policy and Procedure and format completed October 1, 2017. COMPLETE.</th>
</tr>
</thead>
</table>

### Positive

DSS already required this by policy. To help ensure that each person is on a pathway to competitive, integrated employment, DSS updated its **Individual Support Plan** policy, procedure and format to include a required Guided Conversation on Employment. Please see: http://dds.dc.gov/book/individual-support-plans-policy-and-procedures/isp-policy

**Update September 2018:**

Please see this provision in DDS’ governing regulations at 20 DCMR §1938.1(c), available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938.


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DDS Transition policy (2013-DDA-POL006) requires that “people who receive services and supports from DDA have the right to choose which providers support them. Please see: http://dds.dc.gov/book/transition-policy-and-procedures/transition-policy.


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The Most Integrated Community – Based (2015-DDA-POL01) setting policy sets standards “Each person on his or her pathway to community integration and employment, including providing opportunities for employment, community exploration, and meaningful non-work activities in the community.” Please see http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy.

The Employment First Policy (2014-DDS-EMPL-01) requires that for people DDA supports, on-going career planning shall be addressed in the Person Centered Planning Process using Discovery or other forms of person-centered vocational assessment so that career and career advancement opportunities are explored on a regular basis. If a person is...
<table>
<thead>
<tr>
<th>All</th>
<th>d. (ii) engage in community life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>All</td>
</tr>
</tbody>
</table>

The **Most Integrated Community-Based setting policy** (2015-DDA-POL01) sets standards that require settings to provide the “opportunity to engage in activities and styles of living that encourage and maintain the integration of the person in the community, including social integration in settings typical of the community, which maximize the person’s contact with others who live or work in that community.” Please see [http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy](http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy). No remedial action required.

**Update September 2018:**
While no remedial action was required, please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(i), available at [https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938).

**DDS Completed Update September 2018 – HCBS Final regulations published 3/2/2018.**

Service coordination monitoring, and provider certification review.
d. (iii) The setting provides opportunities to control personal resources.

It is the DDS [Personal Funds Policy (2014-DDA-POL006)](http://dds.dc.gov/book/personal-funds-policy/personal-funds-policy) to “ensure that people who receive supports and services from DDA control their own resources to the greatest extent possible, and that people’s funds are accounted for and safeguarded.”

However, the Personal Funds Policy (2014-DDA-POL006) also requires each residential provider to account for maintaining of personal accounts. So therefore, the policy requires people to control their personal funds but also requires providers to manage personal resources and provide an accounting to DDS.


Positive/Silent All

DDS will work with stakeholders to update its Personal Funds policy to ensure that it is not creating any unnecessary barriers to a person’s ability to control his or her personal resources, while ensuring protections. [http://dds.dc.gov/book/personal-funds-policy/personal-funds-policy](http://dds.dc.gov/book/personal-funds-policy/personal-funds-policy).

DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC).

DDS will update its Provider HRC procedure to align. This might also require an update to DDS’s Behavior Supports policy and procedures.

**Update September 2018:**

DDS & DHCF updated our governing waiver regulations in November 2017 to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC). Please see [29 DCMR §1938.1(l), §1938.4](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938), available at [https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938).


Updated ISP Policy and Procedure and format completed October 1, 2017.

Updated Personal Funds Policy, complete September 30, 2018.

Updated Provider HRC Meeting Minutes form completed, June 22, 2018.

NEW Person-Centered Service coordination monitoring, and provider certification review.
DDS updated its Personal Funds Policy which will be completed by September 30, 2018, and be posted October 15, 2018, on the DDA Policies and Procedures webpage, available at

DDS developed a required template for Provider HRC meeting minutes, available on-line at:

DDS developed a new Person-Centered Modifications Procedure which will be completed by September 30, 2018 and posted to the DDA Policies and Procedures page by October 15, 2018, available https://dds.dc.gov/page/policies-and-procedures-dda, to ensure clarity in exactly which requirements in its HCBS Settings Requirements Rule regulations permit PCMs and who is to carry out which piece of the work. The regulations, ISP Policy Modifications Procedure complete by September 30, 2018; posting by October 15, 2018. COMPLETE.
and Procedure changes, and this Procedure are in lieu of changes to the Provider HRC procedure. Because a PCM is not part of a BSP, no update to DDS’ BSP Policy and Procedures was needed.

| All | e. The setting is integrated and supports access to the greater community | The Most Integrated Community–Based Setting policy (2015-DDA-POL01) requires “The ISP shall emphasize residential supports that promote the person’s independence and the opportunity to actively engage with other citizens who live and work in that community. Toward this goal, the ISP team process shall consider residential supports that actively promote and enhance each person’s growth, attainment, and maintenance of independence, and that least interfere with the person’s independence while providing the services that address the person’s needs.” Please see [http://dds.dc.gov/book/hi-service-planning/most-integrated-community-setting-policy](http://dds.dc.gov/book/hi-service-planning/most-integrated-community-setting-policy). | Positive | All | No remedial action required. **Update September 2018:** While no remedial action was required, please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(n), available at [https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938). | [Update September 2018 – HCBS Final regulations published 3/2/2018.](#) | [COMPLETE.](#) | Service coordination monitoring, and provider certification review. |
| All | f. The setting provides opportunities to engage in community life | The **Most Integrated Community – Based Setting** policy (2015-DDA-POL01) requires “The ISP shall emphasize residential supports that promote the person’s independence and the opportunity to actively engage with other citizens who live and work in that community. Toward this goal, the ISP team process shall consider residential supports that actively promote and enhance each person’s growth, attainment, and maintenance of independence, and that least interfere with the person’s independence while providing the services that address the person’s needs.” Please see [http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy](http://dds.dc.gov/book/ii-service-planning/most-integrated-community-setting-policy). | Positive | All | No remedial action required. **Update September 2018:** While no remedial action was required, please see this provision in DDS’ governing regulations at § 29 DCMR §1938.1(a), available at [https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938). | DDS | Completed | Service coordination monitoring, and provider certification review. |
| All | g. the setting provides opportunities to control personal resources | It is the DDS [Personal Funds Policy](http://dds.dc.gov/book/personal-funds-policy) (2014-DDA-POL006) to “ensure that people who receive supports and services from DDA control their own resources to the greatest extent possible, and that people’s funds are accounted for and safeguarded.” However, the [Personal Funds Policy](http://dds.dc.gov/book/personal-funds-policy) (2014-DDA-POL006) also requires each residential provider to account for maintaining of personal accounts. So therefore, the policy requires people to control their personal funds but also requires providers to manage personal resources and provide an accounting to DDS. Please see: [http://dds.dc.gov/book/personal-funds-policy](http://dds.dc.gov/book/personal-funds-policy). | Mixed | All | DDS will work with stakeholders to update its [Personal Funds Policy](http://dds.dc.gov/book/personal-funds-policy) (2014-DDA-POL006) and procedures to ensure that it is not creating any unnecessary barriers to a person’s ability to control his or her personal resources, while ensuring protections. [http://dds.dc.gov/book/personal-funds-policy](http://dds.dc.gov/book/personal-funds-policy). DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC). DDS will update its [Provider HRC procedure](http://dds.dc.gov/book/Provider-HRC-procedure) to align. This might also require an update to DDS’s [Behavior Supports policy and procedures](http://dds.dc.gov/book/behavior-supports-policy). | DDS | Update September 2018 – HCBS Final regulations published 3/2/2018. COMPLETE. | Service coordination monitoring, and provider certification review. |

**Update September 2018 – HCBS Final regulations published 3/2/2018. COMPLETE.**
DDC will update its Provider HRC procedure to align.

This might also require an update to DDS’s Behavior Supports policy (2013-DDA-POL008) and procedures.

Update September 2018:
DDS & DHCF updated our governing waiver regulations in November 2017 to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC). Please see 29 DCMR §1938.1(l); §1938.4, available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938.


Procedure and format completed October 1, 2017.

Updated Personal Funds Policy, complete by September 30, 2018; posting by October 15, 2018.

Updated Provider HRC Meeting Minutes form completed, June 22, 2018.

NEW Person-Centered Modifications Procedure complete by September 30, 2018; posting by October 15, 2018.

COMPLETE.
DDS updated its Personal Funds Policy, which will be completed by September 30, 2018, and be posted October 15, 2018, on the DDA Policies and Procedures webpage, available at https://dds.dc.gov/page/policies-and-procedures-
dda.

DDS developed a new Person-Centered Modifications Procedure which will be completed by September 30, 2018 and posted to the DDA Policies and Procedures page by October 15, 2018, available https://dds.dc.gov/page/policies-and-procedures-dda, to ensure clarity in exactly which requirements in its HCBS Settings Requirements Rule regulations permit PCMs and who is to carry out which piece of the work. The regulations, ISP Policy and Procedure changes, and this Procedure are in lieu of changes to the Provider HRC procedure. Because a PCM is not part of a BSP, no update to DDS’ BSP Policy and Procedures was needed.

DDS will update its Most Integrated Community-Based Setting policy to specifically include this: http://dds.dc.gov/booklet-service-planning/most-integrated-community-setting-policies.

**Update September 2018:**
Please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(k), available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-.
| All | i. (ii) The setting is a private unit in a residential setting | No policies speak to this currently. | Silent | All | DDS will issue a policy on Contribution to Cost of Supports that will address choice of units and ability to have a private unit, if the person is able to contribute. |
| All Residential | j. If provider-owned or controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under a legally enforceable agreement. | No policies speak to this currently. | Silent | All | No remedial action required. This is governed by the General Provision regulations and Human Care Agreements. General Provisions, [http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1900](http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1900), Home and Community Based Settings Requirements. A sample HCA for residential expenses is available on-line at: | DDS | Contrib. to cost of supports: 9/30/2018 |

**Update September 2018:**
While no remedial action was required, please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(a), available at [https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938). **COMPLETE.**

** DDS Contrib. to cost of supports: 9/30/2018 **
**Update September 2018 – HCBS Final regulations published 3/2/2018. COMPLETE.**
address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.


Update September 2018:
While no remedial action was required, please see this provision in DDS’ governing regulations at 29 DCMR §1938.2, available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938.

All
m. If provider-owned or controlled, the setting provides that each individual has privacy in their sleeping or living unit.

All
Although the Human Rights (2013-DDA-H&W-POL007) and Most Integrated Community Based Settings (2015-DDA-POL01) policy both speak to the right to privacy, this is not specifically detailed.


All

DDS will update its Provider HRC procedure to align. This might also require an update to DDS’s Behavior Supports policy and procedures.

DDS will update its Provider HRC procedure to align: http://dds.dc.gov/publication/provider-hrc-procedures.

This might also require an update to DDS’s Behavior Supports policy (2013-DDA-POL008) and procedures: http://dds.dc.gov/book/behavior-support-policy-and-procedures/behavioral-support-plan-policy.

DDS
Most Integrated Community Based Setting policy: 9/30/2018
Human Rights Policy: 9/30/2018

Update September 2018 – HCBS Final regulations published 3/2/2018
Updated ISP Policy and Procedure and format completed October 1, 2017.

Service coordination monitoring, and provider certification review.
DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC).

Update September 2018:


DDS developed a required template for Provider HRC meeting minutes, available on-line at:

Updated Provider HRC Meeting Minutes form completed, June 22, 2018.

NEW Person-Centered Modifications Procedure complete by September 30, 2018; posting by October 15, 2018.

COMPLETE.
| All          | n. If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed | No policies speak to this currently. | All | DDS will update it’s the Human Rights (2013- DDA- H&W POL 007) and Most Integrated Community Based Settings policies (2015- DDA POL01), http://dds.dc.gov/book/ii-health-and-wellness/human-rights-policy and http://dds.dc.gov/book/iii-health-and-wellness/most-integrated-community-based-setting-policy. DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC). DDS will update its Provider HRC procedure to align. This might also require an update to DDS’s Behavior Supports policy and procedures. DDS developed a required template for meeting minutes, available on-line at: | DDS | Most Integrated Community Based Setting policy, 9/30/2018  
DDS will update its Provider HRC procedures to align. 

This might also require an update to DDS’s Behavior Supports policy (2013-DDA-POL008) and procedures. 

Update September 2018:  

In addition, DDS developed a new Lockable Space Policy, which will be completed by September 30, 2018, and be posted October 15, 2018, on the DDA Policies and Procedures webpage, available at https://dds.dc.gov/page/policies-and-procedures-dda.


NEW Person-Centered Modifications Procedure complete by September 30, 2018; posting by October 15, 2018.
<table>
<thead>
<tr>
<th>All Residential</th>
<th>o. If provider-owned or controlled, the setting provides individuals who are sharing units a choice of roommates.</th>
<th>No policies speak to this currently.</th>
<th>Silent</th>
<th>All</th>
<th>DDS will issue a policy on Contribution to Cost of Supports that will address choice of units and ability to have a private unit, if the person is able to contribute.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Update September 2018: Please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(a)(2), available at <a href="https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938">https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938</a>. With these new regulations, no additional policy change is required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Residential</td>
<td>p. If provider-owned or controlled, the setting provides individuals with the</td>
<td>No policies speak to this currently.</td>
<td>All</td>
<td>DDS will update its Most Integrated Community-Based Setting policy (2015- DDA-POL01) to specifically address this.</td>
<td>DDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
freedom to furnish and decorate their sleeping or living units within the lease or other agreement.


**Update September 2018:**
Please see this provision in DDS’ governing regulations at 29 DCMR §1938.2(h)(2).
With these new regulations, no additional policy change is required.


DDS developed a required template for Provider HRC meeting minutes, available on-line at: https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Final%20Provider%20HRC%20Minutes%20Template%206.22.18.pdf.

DDS developed a new Person-Centered Modifications Procedure which will be completed by September 30, 2018 and posted to the DDS Policies and Procedures page by October 15, 2018, available https://dds.dc.gov/page/policies-and-

**Based Setting policy:**

**Update September 2018 – HCBS Final regulations published 3/2/2018.**

Updated ISP Policy and Procedure and format completed October 1, 2017.

Updated Provider HRC Meeting Minutes form completed, June 22, 2018.

NEW Person-Centered Modifications Procedure complete by September 30, 2018; posting by October 15, 2018.

COMPLETE.
| All | q. (i) If provider-owned or controlled, the setting provides individuals with the freedom and support to control their schedules and activities | No policies speak to this specifically | All | DDS issued guidance on the requirement for Individualized Schedules. DDS also updated the General Provisions to require that “All Supported Living, Supported Living with Transportation, Host Home, Residential Habilitation, Day Habilitation and Employment Readiness settings must create individualized daily schedules for each person receiving supports that includes activities that align with the person’s goals, interests and preferences, as reflected in his or her ISP.” General Provisions, http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-1900, Home and Community Based Settings Requirements. DDS will issue a policy, based upon the guidance already issued, requiring this. **Update September 2018:** Please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(g & i), available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938.

In addition, DDS developed a new Individualized Daily Schedule Policy and Procedure which will be completed by September 30, 2018, and be posted October 15, 2018, on the DDA Policies and Procedures webpage, available at https://dds.dc.gov/page/policies-and-procedures-dda, which substantively and in form fulfill the remediation requirements of the STP. | DDS | Individual Schedules: 9/30/2018
**Update September 2018 – HCBS Final regulations published 3/2/2018.**


COMPLETE. | Service coordination monitoring, and provider certification review. |
<table>
<thead>
<tr>
<th>All</th>
<th>(ii) If provider-owned or controlled, the setting provides individuals with the freedom and support to access to food at any time</th>
<th>No policies speak to this currently.</th>
<th>Silent</th>
<th>All</th>
</tr>
</thead>
</table>

DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC).

DDS will update its Provider HRC procedure to align. This might also require an update to DDS’s Behavior Supports policy and procedures.


**Update September 2018:**


Please see DDS’ updated ISP documents: Person Centered Planning Process and DDS Human Rights Policy:

- **Update September 2018 – HCBS Final regulations published 3/2/2018.**
- Updated ISP Policy and Procedure and format completed October 1, 2017.
- Updated Provider HRC Meeting Minutes form completed, June 22, 2018.
- NEW Person-Centered Modifications Procedure complete by September 30, 2018; posting by October 15, 2018.
- **COMPLETE.**

**Service coordination monitoring, and provider certification review.**
| All | r. If provider-owned or controlled, the setting allows individuals to have visitors at any time. | This is already required by the DDS Human Rights Policy (2013-DDA-H&W-POL007) and procedures. Please see: [http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy](http://dds.dc.gov/book/iii-health-and-wellness/human-rights-policy). | Positive | All | DDS and DHCF are updating the waiver regulations Home and Community Based Settings Requirements to require that any permissible deviation from HCBS Settings requirements must be supported by a DDS Service coordination monitoring, and provider |
specific assessed need, justified and documented in the person’s person-centered Individualized Support Plan, as well as reviewed and approved as a restriction by the Provider’s Human Rights Committee (HRC).

DDS will update its Provider HRC procedure to align. This might also require an update to DDS’s Behavior Supports policy and procedures.

This might also require an update to DDS’s Behavior Supports policy (2013-DDA-POL008) and procedures. http://dds.dc.gov/publication/provider-hrc-procedures.

Update September 2018: Please see this provision in DDS’ governing regulations at 29 DCMR §1938.1(m), available at https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=29-1938. With these new regulations, no policy change was required in the Provider HRC Procedure or DDS Behavior Supports Policy is necessary.

DDS developed a required template for Provider HRC meeting minutes, available on-line at: https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Final%20Provider%20HRC%20Minutes%20Template%206.22.18.pdf.

DDS developed a new Person-Centered Modifications Procedure which will be completed by September 30, 2018 and posted to the DDA Policies and Procedures page by October 15, 2018, available https://dds.dc.gov/page/policies-and-procedures-dda, to ensure clarity in exactly which requirements in its HCBS Settings Requirements Rule regulations permit PCMs and who is to carry out which piece of the work.

All
s. If provider-owned or controlled, the setting is physically accessible to the individual.
No policies speak to this currently. Silent All


Update September 2018:

DDS Most Integrated Community Based Setting policy: 9/30/2018


Service coordination monitoring, and provider certification review.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0All</td>
<td>General compliance</td>
<td>No policies speak to this currently</td>
</tr>
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</table>

DDS issued a [HCBS Settings Rule Compliance policy, 2015-DDS-POL23](http://dds.dc.gov/publication/hcbs-settings-rule-compliance-policy), that requires “All active HCBS residential, day and vocational services providers shall conduct a critical and honest self-assessment in accordance with the process and timelines set out by DDS; cooperate fully with the assessment and transition process; and demonstrate ongoing efforts, cooperation and progress towards compliance with the HCBS Settings Rule.”


**Update September 2018:**
In order to determine whether, when and how to submit a facility-based HCBS Settings Day Setting for people with ID to the Centers for Medicare and Medicaid Services (CMS) for Heightened Scrutiny review, DDS also released a new [Home and Community Based Services for People with Intellectual Disabilities Day Setting Heightened Scrutiny Review Procedure, 2018-DDS-PR-02](http://dds.dc.gov/publication/home-community-based-services-day-setting-heightened-scrutiny-review-procedure), May 25, 2018. Available at [https://www.dcregs.dc.gov/Common/DCMRS/SectionList.aspx?SectionNumber=29-1938](https://www.dcregs.dc.gov/Common/DCMRS/SectionList.aspx?SectionNumber=29-1938). With these new regulations, no additional policy change is required.

(This was done in lieu of the Most Integrated Community Based Setting policy.)

**COMPLETE.**