

ATTACHMENT A – Non-Residential Services Addendum to Massachusetts Statewide HCBS Transition Plan

The Massachusetts Department of Developmental Services Non-Residential Services Addendum to the Transition Plan for Compliance with the HCBS Community Rule (Including amendments to the Residential Transition Plan)

Introduction

This transition plan (see Appendix A for a summary of transition plan tasks and timelines) for non-residential services responds to the HCBS Community Rule published on March 17, 2014, by the Centers for Medicare & Medicaid Services (CMS). The CMS Community Rule is intended to assure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated settings possible. The new rule creates a more outcome-oriented definition of home and community based settings, rather than one based solely on a setting's location, geography, size or physical characteristics. With this general perspective in mind, DDS conducted a review and assessment of our compliance within the following HCBS Waiver Programs:

- Intensive Supports Waiver for Adults with Intellectual Disabilities
- Community Living Waiver for Adults with Intellectual Disabilities
- Adult Supports Waiver for Adults with Intellectual Disabilities
- Children's Autism Spectrum Disorder Waiver
- Acquired Brain Injury Residential Habilitation Waiver
- Money Follows the Person Residential Supports Waiver

These waivers support individuals in the community in their own homes or apartments, in homes and apartments with family members and other informal supports, and in 24-hour residential settings, and include non-residential supports including employment and day supports.

The initial Massachusetts transition plan focused on 24-hour residential settings and was submitted to CMS on February 27, 2015, and is currently being reviewed by CMS. In that plan, it was noted that an additional transition plan would be developed for Day and Employment settings. This document and accompanying attachments is that transition plan. This document also includes refinements that were made to the residential transition plan.

This transition plan addresses both Day and Employment Settings. In reviewing the status of DDS's compliance with the requirements of the HCBS Community Rule for non-residential services, we found it helpful to separate out our analysis by employment services and what DDS terms Community-Based Day Services (CBDS). While some individuals in CBDS services may be on a pathway to employment, many individuals served are of retirement age or are otherwise not participating in employment-focused activities. Therefore, the focus of many CBDS services is on meaningful day activities with a variety of individualized goals. In addition, DDS is at very different stages of evolution with respect to these two discrete service types. This transition plan therefore will report separately on progress towards achieving the outcomes articulated in the Community Rule for each of these services.

For DDS's actions to ensure compliance with the Community Rule with respect to employment settings, the transition plan relies heavily on the "Blueprint for Success: Employing Individuals with Intellectual Disabilities in Massachusetts" (Blueprint for Success) and progress reports associated with it.

For DDS's actions to ensure compliance with the Community Rule with respect to CBDS services, this transition plan will outline the steps DDS has taken and will be taking to identify and implement strategies needed to enhance outcomes for individuals in these settings to assure full compliance with the Community Rule by March 2019.

Overall DDS Assessment Process for Non-Residential Settings

The review process in which DDS is engaged involved a number of critical steps:

1. A thorough review of DDS's regulations, policies and procedures, Waiver service definitions, provider qualifications and quality management and oversight systems was conducted. This was critical to determining whether the systemic infrastructure was consistent with the principles of community integration. (Section I- Systemic Assessment)
2. A review was conducted of the Blueprint for Success as well as Progress Reports and Next Steps to confirm that the system-wide approach to transforming sheltered workshops and supporting integrated individual employment options was consistent and supportive of the requirements of the Community Rule for non-residential settings.
3. DDS developed a survey that was distributed to all 160 Community-Based Day Services programs (CBDS). The purpose of the survey was to gather data about establishing standards for what constitutes a meaningful day for individuals, best practices, challenges, and qualitative and quantitative measures for CBDS services. CBDS settings were also asked to determine where on the continuum of quality they determined their unique settings to be. As of the date of submission of this transition plan, surveys had been distributed, but data aggregation and analysis had not yet been completed. (Please refer to the attached timetable for completion of activities)
4. For the limited number of day service providers providing services only under the MFP and ABI waivers, please refer to the Massachusetts Rehabilitation Commission (MRC) transition plan which references the monitoring tool it uses for these providers that fully assesses and ensures compliance with the Community Rule.
5. Data gleaned from the surveys will be used to inform the existing Employment Work Group that is also addressing enhancement of CBDS as well as a recently formed group of advocates, participants/family members, and other stakeholders regarding the following:
 - a. The development of definitions and standards for what constitutes a meaningful day,
 - b. The incorporation of both qualitative and quantitative measures into the DDS licensure and certification process, and
 - c. Systemic strategies to assist all CBDS providers to achieve the outcomes of the Community Rule including but not limited to technical assistance, staff development and training, and budgetary enhancements.

6. Advice and consultation was gathered from a small stakeholder group (including providers, advocates and participants/family members) prior to finalizing a draft of the transition plan.
7. The draft transition plan was published, an open public forum was conducted, and review of, and response to public comments was completed, prior to finalizing this transition plan addendum.
8. Finalization of the transition plan.
9. Implementation of the final plan and its various components will be subject to periodic updates with stakeholders to gather continued feedback and to keep stakeholders apprised of progress toward full implementation of the plan. Stakeholders involved will mirror those whose input was sought in the development of this plan and include but not be limited to the Association of Developmental Disability Providers, the Arc of Massachusetts, Massachusetts Advocates Standing Strong, Massachusetts Families Organizing for Change, the Massachusetts Developmental Disabilities Council, the Disability Law Center, and the Brain Injury Association of Massachusetts and participants/families. In addition, periodic updates will be shared with DDS's Statewide Advisory Council and the Statewide Quality Council as well as the ABI/MFP/TBI stakeholder group. DDS plans to share updates with the abovementioned stakeholders on a semi-annual basis.

Details of findings are described in more depth in the sections that follow. In addition, please refer to the chart of the summary of tasks and timeframes in Appendix A.

Public Input Process

DDS is committed to ensuring this plan is reviewed publicly and the public has an opportunity to have input into it. As part of the commitment to an open and public process the following forums/ meetings took place leading up to the submission of the transition plan to CMS:

- Initial introduction of the intent of the HCBS rule and the process DDS was going to use, with DDS staff, providers, advocacy groups, individuals, and families;
- Ten regional meetings with providers and DDS staff to provide more details;
- Stakeholder review and provision of input into the draft transition plan. This stakeholder group included representation from several advocacy groups including but not limited to the Arc of Massachusetts, Massachusetts Advocates Standing Strong, Massachusetts Families Organizing for Change, Massachusetts Developmental Disabilities Council, the Disability Law Center, the Down Syndrome Congress, AFAM, the Federation for Children with Special Needs, the Brain Injury Association of Massachusetts, and the Association of Developmental Disability Providers; and
- Information and updates included on the DDS web-site in an on-going manner.

DDS participated fully in Massachusetts Medicaid (MassHealth) public input activities, related to this non-residential addendum, including the following:

- Publication of draft plan for 30 days with the opportunity for comments to be submitted by email or regular mail

- Public Forum held on June 1, 2015, at 1:00 p.m. at the Worcester Public Library, Saxe Room, 3 Salem Square, Worcester, MA.
- Review and comment on all input received by email, mail and in the public forum

I. Systemic Assessment

Listed below are the documents that were reviewed to determine whether and how DDS is positioned to assure that our standards are consistent with those outlined in the new community rule for both residential and non-residential services and supports. Where areas for improvement were identified, they are indicated below as part of the transition plan.

- 1) DDS regulations 115 CMR 1.00-10.00 were reviewed with an emphasis on the following chapters:
 - a. Chapter 5.00: *Standards to Promote Dignity*
 - b. Chapter 7.00: *Standards for Services and Supports*
 - c. Chapter 8.00: *Licensure and Certification*
- 2) Policies and Procedures
- 3) Review of Waiver Service Definitions
- 4) Review of Provider Qualifications including review of the open bid process for providers
- 5) Review of Quality Management and oversight systems including review of the licensing and certification process
- 6) Review of the Blueprint for Success (Employment Supports)

Findings and Remedial Actions

1) Regulations:

- a. **Chapter 5.00:** For the most part, Chapter 5.00 clearly articulates the outcomes regarding integration, choice, and quality of life which the HCBS rule requires. Changes, however, need to be made to the current section on the implementation of behavior management plans. DDS is currently engaged in a major initiative to implement the practice of Positive Behavioral Supports (See Appendix C). This approach to supporting individuals replaces the emphasis in Chapter 5.00 on the management of behavior to one which incorporates the principles, intent, and implementation of the philosophy of positive behavioral supports. This major cultural shift in DDS and its provider system will necessitate a rewriting of this section of the regulations. At the time of submission of this transition plan, proposed regulations had been drafted. While specific hearing dates have not yet been confirmed, DDS intends to finalize and publish the regulatory changes in 2016.
- b. **Chapter 7.00:** Chapter 7.00 clearly articulates the expectations that DDS has of its providers with respect to qualifications of staff, environmental standards, and outcomes for individuals. Chapter 7.00 regulations were recently amended to reflect changes identified in the residential transition plan. Promulgation is anticipated in 2015. Included in these changes is a new section outlining standards for both employment and day supports. This new section is consistent with the requirements

of the Community Rule and emphasizes DDS commitment to employment as the first option for all individuals of working age.

- c. **Chapter 8.00:** Chapter 8.00 articulates the system DDS uses to license and certify its providers. The process is very stringent, assuring that providers meet all the components consistent with the HCBS community rule. It is anticipated that some changes may be needed to this chapter to reflect modifications that are under consideration regarding the certification process. Promulgation is anticipated in 2015 which reflect changes and enhancements that were made to the Licensure and Certification process at an earlier date.

2) Policies and Procedures

- a. On July 20, 2010, DDS issued an “Employment First Policy.” This policy clearly articulated DDS’s commitment to individual integrated employment as the preferred option for individuals of working age. Since its issuance, DDS has been working collaboratively with providers and stakeholders to assure that individuals are assisted to enter integrated employment options.
- b. “The Blueprint for Success: Employing Individuals with ID in Massachusetts” is DDS’s plan to increase integrated employment opportunities for people with intellectual disabilities and transform sheltered workshop settings. To accomplish this goal which is aligned with the HCBS Community Rule, key policy initiatives are being implemented: halting new referrals to sheltered workshops, closing sheltered workshops, and transitioning individuals in sheltered workshops to integrated individual or group employment at or above minimum wage or enhanced CBDS or both. To that end, in FY 14, FY 15 and planned for FY 16, DDS has committed to funding a capacity-building initiative, partnering with Institute for Community Inclusion/UMass Boston (ICI), for its provider agencies focused on staff training, organizational change consultation efforts, expanding an employment collaborative model, providing technical assistance, and supporting forums for individuals and families. The ICI is a nationally recognized organization with demonstrated expertise in the area of supporting employment and inclusion for individuals with disabilities. An important area of focus for these efforts has been on program design and quality features of inclusive CBDS programs, including three statewide trainings with national experts that reached more than 200 providers and DDS staff as well as technical assistance and consultation services with specific providers. This plan was developed by a group of providers, advocates, and leaders. The Blueprint for Success documented the strengths that will be enhanced and the challenges that need to be addressed to meet this goal.
- c. Previous policy initiatives supporting compliance with the HCBS Community Rule are the Department’s commitment to developing alternatives to sheltered workshops as seen in FY2010 procurements for day and employment programs, and new rates (2013) that incentivized integrated employment and community based day services.

3) Waiver Service Definitions

We reviewed all waiver service definitions to determine if the definitions themselves meet the following requirements:

1. Does the service ensure that individuals receive services in the community to the same degree of access as individuals not receiving Medicaid Home- and Community-based services?
2. Does the service definition allow for integration and access to the greater community?
3. Are the services selected by the individual?
4. Does the service optimize interaction, autonomy, and independence in making life choices?
5. Does the service facilitate choices regarding supports and who provides them?

Based on these criteria, we determined that all current waiver service definitions comply with the HCBS rule. This includes the Day Habilitation Supplement, which provides additional support for individuals choosing the Day Habilitation State Plan Service. This supplement allows individuals with substantial clinical needs to benefit from and take full advantage of this service. In addition, the flexibility of the ABI and MFP waivers to use more than one provider or more than one day or employment service setting, ensures for maximum choice and opportunity for participants to access various settings and specialized services based on individualized interests.

4) Provider Qualifications

Providers of Day and Employment services are the subject of an open bid process and are required to be qualified to provide services and supports. All providers that have been qualified are thus shown to adhere to the requirements for supports to individuals. The Request for Responses (RFR, 2009) that providers responded to outlines critical outcomes with respect to choice, control, career exploration, employment, rights, integration and inclusion in community life. This process demonstrates, for all Day and Employment providers, DDS's commitment to the HCBS settings requirements. An integral part of the procurement process was a requirement that providers re-structure their services to create alternative employment program options. Providers were required to submit their plan to DDS about how they would increase the number of individuals working in integrated employment, and how they would phase out sheltered workshop services within a five year period. The RFR became an important precursor to the "Blueprint for Success."

All providers that are qualified must demonstrate adherence to the requirements for supports to individuals. Following qualification, providers of Day and Employment services are subject to licensure and certification on an on-going basis. Certification outcomes also focus on rights, choice, control, employment and meaningful day activities, and community integration. As part of the on-going monitoring and assurance that providers are moving to enhancing their outcomes, DDS will be revising its licensure and certification tool to assure that it includes all the indicators of quality necessary to meet the intent of the Community Rule.

Please note that in the residential transition plan submitted on March 2, 2015, DDS referenced the development of an on-site verification tool that would be implemented as a separate and distinct process from the licensure and certification tool. Upon further reflection, DDS has determined that it would be more efficient, effective, and non-duplicative to integrate the indicators envisioned in the verification tool into the existing licensure and certification process.

This will send a clear message, regardless of what stage of evolution a provider is in, that the components of the Rule apply to ALL providers of both residential and non-residential supports.

In addition, for ABI and MFP day and employment providers not qualified through the above process by DDS, the MRC Provider Standards for Acquired Brain Injury (ABI) and Money Follows the Person (MFP) Waiver Service Providers identify the requirements to become credentialed to provide waiver day and employment services. Regardless of the state agency that is directly responsible to qualify a particular provider, the community rule will be met consistent with CMS requirements. Please refer to the MRC transition plan for more specific information.

5) Review of quality management and oversight systems.

DDS has an extensive and robust quality management information system (QMIS) which addresses the criteria in the HCBS rule in every aspect of the system. These processes have been in place for many years, and based upon review were determined to be responsive to the outcomes addressed in the HCBS Rule.

While DDS has many quality management systems in place, the following components relate most directly to the HCBS rule:

- a. **Licensure and certification process:** The licensure and certification process is the basis for qualifying providers doing business with the Department. The process applies to all public and private providers of residential, work/day, site-based respite and individualized home support services. The system measures important indicators for health, personal safety, environmental safety, communication, human rights, staff competency, and goal development and implementation for the purpose of licensure, as well as specific programmatic outcomes related to community integration, support for developing and maintaining relationships, exercise of choice and control of daily routines and major life decisions, and support for finding and maintaining employment and/or meaningful day activities. Survey teams review provider performance through on-site reviews on a prescribed cycle. Providers are required to make corrections when indicators are not met, and are subject to follow up by surveyor staff. These indicators support and fully comply with the HCBS Community Rule. As mentioned in the previous section, however, the licensure and certification tool is in the process of being revised to assure that it incorporates all the critical elements of the Community Rule with respect to both residential and non-residential settings.
- b. **Service Coordinator Supervisor Tool:** The SC Supervisor Tool measures the quality, content, and oversight of the service planning process and its implementation. The tool measures how effective the service planning process is in involving the individual, how well the objectives reflect the vision of the individual, whether the services being delivered address both individual needs and goals, whether the services are modified as needs and goals change, and whether service coordinators are aware of and addressing issues of concern raised by the individual. No changes are needed to assure that this tool reviews important indicators of a process based on an individual's desired goals and objectives, and assures that individuals exercise choice and control of their services and supports.

- c. **Incident Reporting:** DDS has a web-based incident reporting and management system, which requires providers to report a specifically defined set of incidents within 24 hours. The provider must report specific details regarding the incident as well as what actions they took to protect the health and safety of the individual and what long range actions they may take. For an incident to be closed, DDS staff must review the report and approve the actions taken. Aggregate information from the system is reviewed and analyzed and forms the basis for service improvement targets. Some incidents may involve events that directly relate to the HCBS Community Rule; the current Incident Reporting system will continue to be used to monitor these events.
- d. **Human Rights System:** The Department's Human Rights System is based on the principle that affirmation and protection of individual rights must occur on all levels of the organization and in all services and supports. Therefore, each location where individuals live or work has a Human Rights officer, and providers have Human Rights Coordinators. On all levels of a provider's service system, individuals are supported to understand their rights, know who they can turn to if they have a complaint, and to speak up on their own behalf. In addition, Human Rights Committees with representation from individuals, families and professionals monitor human rights issues, including the review of behavioral interventions and restraint reports. By virtue of this strong human rights system, individuals are supported to exercise choice, control, and informed decision making consistent with the intent of the Community Rule.
- e. **Site Feasibility:** Providers intending to serve individuals in site-based Day sites must have any proposed sites reviewed for their feasibility to provide the necessary physical site requirements for the individuals proposed. Prior to serving any individual in a day or work site, staff reviews the location and assures that all necessary safeguards are in place and the location can be approved for occupancy. These safeguards include accessibility issues, so ongoing compliance with certain aspects of the HCBS Community Rule will be monitored for new providers and settings.
- f. **Quality Council:** The Department has a Statewide Quality Council. The Council has representation from self-advocates, family members, providers and DDS staff. The Council's sole function is reviewing and analyzing data and making recommendations for statewide and local service improvement targets and monitoring progress toward achieving targets. Since its inception, the Council has reviewed and monitored statewide efforts to assist individuals to develop relationships and obtain employment in integrated settings, among other outcomes.
- g. **National Core Indicator Surveys:** Massachusetts has participated in the National Core indicators (NCI) survey for many years. Participation in NCI has enabled the Department to benchmark its performance on several key indicators of quality against other states and the national averages. Data from NCI is incorporated into the QA Briefs available on DDS's web-site. NCI involves indicators related to the experience of individuals in settings. As such, continued involvement in the NCI surveys reinforces DDS's commitment to the principles and outcomes delineated in the HCBS Community Rule.

II. Provider Assessment

- Concurrent with the systemic review described above, the survey tool that has been sent to all 160 providers of CBDS services incorporates questions that enable a provider to assess where it is in the continuum of outcomes necessary to meet the requirements of the Community Rule. The tool has been distributed to all 160 CBDS settings.
- Data has not as yet been received. Once received, it will be aggregated, reviewed, and analyzed.

Findings

The review process is still ongoing. It is expected that some of the 160 CBDS settings will be in compliance with the HCBS Rule with little or no changes, while others may require more substantive changes to comply. Statewide and nationally there is much research and analysis into the issue of what constitutes a meaningful day for individuals for whom employment is not a primary goal. DDS's primary emphasis, therefore, similar to our approach towards employment supports, will be on a statewide, systemic response to modifications necessary to meet the requirements of the Community Rule.

If settings are determined to be non-compliant, then individuals served in settings that cannot meet requirements will be notified by the DDS Waiver Unit that they will no longer be receiving services in settings on the HCBS Waiver. Individuals will be informed of their right to request to receive services in another setting and of implications if they choose to stay in their current setting.

Actions Related to Compliance

Employment

As noted above, the "Blueprint for Success: Employing Individuals with ID in Massachusetts" identified the following goals:

- Stopping the flow of new referrals to sheltered workshop programs by 1/1/14 (completed)
- Phasing out of center-based work/sheltered workshops by 6/30/16
- Transitioning participants in sheltered workshops to other options during FY 15-16 (in progress)
- Maintaining stability for individuals during the transition period and non-work hours (ongoing)
- Expanding CBDS programs to include career exploration and a planning component to serve as a pathway to employment (this is currently happening in some settings)
- Phasing out group supported employment that pays less than minimum wage by 6/30/18

Actions to build system capacity include:

- Staff training and professional development opportunities for both provider and DDS staff,

- Technical Assistance/consultation for provider agencies to facilitate organizational change and new service models, including inclusive CBDS programs,
- Expansion of Regional Employment Collaboratives to facilitate and coordinate new job opportunities, and
- Outreach and communication with individuals with ID and their families/guardians to offer information, resources, and support.

Highlights of the progress to date include:

- 17 out of 31 agencies received new funding in FY15 to facilitate transitions to completely phase out sheltered workshops by 6/30/15
- Monthly meetings of the Employment Work Group to develop plans, address issues and identify new ways to support goals
- Formation of Regional Employment First Implementation Teams to share information, best practices, and resources
- Development of an Employment First electronic newsletter and website (employmentfirstma.org)
- 19 Regional Employment Forums for families and self-advocates with a total of 1,250 participants
- 5 forums for self-advocates with a total of 100 participants
- Technical assistance to 19 provider agencies
- Trainings, which have reached more than 300 provider staff including a statewide conference, a six-day comprehensive employment supports series, and one- and two-day sessions (including benefits training)
- Explore, Prepare, Act training that reached more than 600 individuals/self-advocates and 200 support staff
- Expansion of Employment Collaboratives, one of which, the Central Massachusetts Employment Collaborative, resulted in 93 job offers for individuals served by DDS employment programs

Next Steps:

- Use available funding in FY16 to assist approximately 846 individuals, currently remaining in sheltered workshops (August 2015), to move to valued jobs in the community or CBDS.
- Provide additional trainings
- Provide ongoing technical assistance support
- Participate in an Employment Incentive Pilot Program with the Massachusetts Executive Office of Labor and Workforce Development
- Distribute guidance on development of social enterprises.
- Further develop programs focused on transition from school to employment

CBDS

Statewide, the results of the surveys will be used by the two work groups, along with ICI, to determine systemic changes needed. These changes will include, but not be limited to:

- Development of clear guidelines/standards that define CBDS services including what constitutes meaningful day activities, and how services and supports can be integrated into the community more successfully
- Provision of training and staff development activities to enhance the knowledge of providers and their staff with respect to successful strategies to support individuals in meaningful day activities (in part, through the ICI initiative)
- Development of revised certification indicators against which to measure provider performance and quality of services
- Technical assistance to providers to assist in enhancing their program design and operation
- Review contracting provisions to ensure appropriate incentives towards outcomes required by the Community Rule.

Ongoing Monitoring and Public Input Processes

1. Ongoing Monitoring

For all CBDS settings in which changes will be required, DDS will institute a process to assure that the changes occur as stipulated. This process will include consultation and support to providers to enable them to successfully transition, quarterly reporting by providers to update DDS on progress towards compliance, and reviews by designated Area, Regional and Central Office staff to assure adherence to transition plans and processes.

In addition, the QMIS systems outlined in “5) Review of Quality Management and Oversight Systems” will provide continued oversight and assurance that systems, providers and settings remain in compliance with the spirit and intent of the HCBS Rule.

Should any of the ongoing monitoring indicate a need for a substantive change in the transition Plan (such as a determination that one or more settings will be held up for heightened scrutiny), DDS along with MassHealth will revise the Transition Plan, complete public input activities (as noted below) and resubmit the Transition Plan for CMS approval.

2. Ongoing Public Input

DDS is committed to transparency during both the planning phase and the implementation phase to comply with the HCBS Community Rule. Transparency will be achieved through the following activities:

- 1) Information and updates on the implementation of the Transition Plan will be posted on the DDS website.
- 2) Updates will be provided to the Quality Councils (as noted above), DDS’s Statewide Advisory Council and other stakeholder groups on at least a semi-annual basis. These groups will include but not be limited to the Arc of Massachusetts, Massachusetts Advocates Standing Strong, the Massachusetts Developmental Disabilities Council, the Disability Law Center, Advocates for Autism of Massachusetts, the Massachusetts Down Syndrome Congress, the Brain Injury Association of Massachusetts, Massachusetts Families Organizing for Change, and The Association of Developmental Disability Providers. Thus, individuals and families receiving services, self-advocates, potential recipients of services and providers will be made aware of progress towards compliance.

- 3) If, in the course of monitoring activities, DDS determines that substantive changes to the Transition Plan are necessary (such as a determination that one or more settings will be held up for heightened scrutiny), DDS and MassHealth will engage in public input activities including:
 - Publication of any draft plan for 30 days with the opportunity for comments to be submitted by email or regular mail
 - Public Forum(s)
 - Review and comment on all input received by email, mail and in any public forum.

Refinements to Residential Transition Plan

As a result of on-going meetings with stakeholder groups collaborating with DDS on the implementation of the HCBS Community Rule a number of refinements have been made to the original residential transition plan. They are noted below:

- Page 9, Item #6 refers to the development of an on-site verification tool which will be used to determine a provider's compliance with the Community Rule. Originally, this tool was intended to be a separate and distinct tool from the current DDS licensure and certification process. Rather than creating a separate tool, however, it was decided that it would be more desirable, efficient and effective to integrate the outcomes required in the Community Rule into the DDS existing licensure and certification process. Therefore, a workgroup has been formed to enhance the existing certification indicators to assure that they include all the outcomes identified in CMS's guidance. While the 14 identified residential providers may have an out of cycle review of their settings based on the submission of their plans and timetable for compliance, integration of the outcomes into the routine schedule of licensure/certification reviews will assure that all providers continue to meet the requirements of the Community Rule.
- Page 1, Introduction in the residential transition plan indicates that a self-assessment tool will be completed for day settings. While a self-assessment question will be a component of the survey referenced in Items #3 and #4 on page 2 of this document, the primary emphasis will be on gathering data for the statewide systemic enhancements that we know will be need to be made to meet the requirements of the Community Rule
- The Residential Transition Plan includes an appendix that outlines guidance for the submission of provider specific compliance plans. Language has been added to indicate that the primary emphasis of a provider's transition plan should be on achieving the outcomes identified in the Community Rule. The guidance in this document has been refined to include some additional examples of enhancements to outcomes and distinguishes between changes a provider may make to its physical settings versus programmatic changes that a provider may choose to make to achieve the outcomes. How a provider achieves these outcomes, however, is part of its internal planning process and may involve a focus on outcomes, making modifications to its physical setting or a combination of both. (Please see Appendix E)

Appendices

Appendix A–Summary of Tasks and Timelines

Appendix B–Blueprint for Success (Employment Supports)
Appendix C–Positive Behavioral Supports Policy and Guidelines
Appendix D–Employment Progress Report
Appendix E–Revised Guidance/Criteria to assist providers in compliance with HCB setting requirements
Appendix F–Survey tool for Community Based Day Services

Appendix A – Summary of Tasks and Timelines

<u>Transition category</u>	Specific tasks	Timeframes	Comments
Systemic Changes	Regulatory changes to Chapter 5.00	In process. Scheduled to become effective in 2016	
	Regulatory changes to Chapters 7.00 and 8.00	In process. Scheduled to become effective in 2015	
	Changes to the licensure and certification process	In process. Scheduled to become effective in 2016	
	Full Implementation of Positive Behavioral Supports including regulatory changes, continued training	All components for full compliance complete by March 2019; other efforts will be ongoing	
	Full Implementation of Blueprint for Success (Employment Supports)	All components for full compliance complete by March 2019; other efforts will be ongoing	
Specific Setting Changes	Statewide systemic changes to both employment and CBDS services and supports	No later than March, 2019	
Oversight of changes	Develop specific mechanism to monitor progress of systemic changes	No later than December 2015	
	50% of milestones across statewide system are met	June 30, 2017	If 50% of milestones are not met, determine if change to DDS Transition Plan is needed
	75% of milestones across statewide system are met	June 30, 2018	If 75% of milestones are not met, determine if change to DDS Transition Plan is needed
	100% of milestones across statewide system are met	March 16, 2019	