



Washington State COPES Waiver-Specific Transition Plan for New HCBS Rules

January 30, 2015

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Introduction-Purpose

The Washington State Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) submit this proposed **COPES waiver-specific transition plan** in accordance with the requirements set forth in the Centers for Medicare and Medicaid Services new requirements for Home and Community-based Services (HCBS Final Rule 42 CFR Parts 430, 431, 435, 436, 441 and 447) that became effective March 17, 2014. Washington State fully supports the intent of the HCBS setting rules. Washington State has long been an advocate for providing services to clients in the most integrated home and community-based settings, and is a leader in providing clients with choices regarding the settings in which long-term services and supports are provided.

Overview of Washington’s HCBS System

[Aging and Long-Term Support Administration--Overview](#)

The DSHS Aging and Long-Term Support Administration (AL TSA) mission is to transform lives by promoting choice, independence and safety through innovative services. The COPES waiver is a critical component of Washington’s long-term services and supports system. AL TSA’s Medicaid HCBS waiver programs are:

- The Community Options Program Entry System (1915(c) waiver)—serving over 36,000 individuals.
- The New Freedom HCBS (1915(c) waiver)—serving about 640 individuals.
- The Residential Support Waiver (1915(c) waiver)—this waiver was recently approved by the Centers for Medicare and Medicaid Services and is intended to serve about 70 individuals.

In addition to the Medicaid HCBS waiver programs, AL TSA also offers these state plan programs:

- Medicaid Personal Care—serving over 16,000 individuals.
- Managed Care PACE—serving over 500 individuals.
- Private Duty Nursing—serving about 100 individuals.

AL TSA also administers the Roads to Community Living (Money Follows the Person) federally -funded program—serving over 1100 individuals.

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AL TSA offers services that empower individuals to remain independent and supported in the setting of their choice. This is accomplished through the development of person -centered care plans that reflect individual choices and preferences.

AL TSA offers a variety of services that support people in the community, including:

- Personal care and supportive services for about 54,400 individuals living in their own homes, adult family homes and assisted living settings.
- Assistance with skilled nursing needs available in all settings.
- Assistance with movement from nursing homes to independent living and community residential settings.
- Information and assistance regarding services available in-home, in adult family homes, assisted living facilities, and nursing homes, including options counseling for individuals regardless of income.
- Locally-designed programs focused on the needs of adults who are older.
- The Stanford University Chronic Disease Self-Management Education Programs and other evidence-based health promotion programs.
- Care coordination for foster children to support improved health outcomes for children and their families.
- Protection of safety, rights, security and well-being of people in all settings, including licensed or certified care settings □ Protection of vulnerable adults from abuse, neglect, abandonment, and exploitation.

AL TSA’s strategies are driven by several bedrock principles. Staff are essential in carrying out these core principles and are one of the primary reasons the state’s long-term care system is ranked as one of the best in the nation.

We believe the individuals we support:

- Should have the central role in making decisions about their daily lives.
- Will choose supports that promote health, independence, community integration, and self-determination.
- Succeed best when support is person-centered and recognizes that their needs are interrelated.

We believe families and friends of the people we support:

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives, and the lives of their loved one, with even a small investment in support.

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- Act as advocates for quality support and services in the best interest of their family member or friend.

We believe the system of services administered by AL TSA must be:

- Accountable for outcomes and costs.
- Informed by evidence of effectiveness.
- Responsive to changing needs.
- Sustainable over time and within realistic resource estimates.
- Collaborative with service recipients, families, communities, providers, partners, and other stakeholders.
- Accessible to individuals who are Limited English Proficient or have a communication barrier due to a disability.
- Able to keep people free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates and communities to prevent or respond to abuse and abusers.

Operationalizing these strategies has allowed Washington State to be a national leader in rebalancing our service delivery system from institutional to home and community-based settings with 84% of Medicaid clients receiving services in their own homes and community residential settings. In fact, AARP released its 2014 scorecard of states' long-term care systems in which Washington State was ranked second in the nation in terms of long-term services and supports for older adults, people with physical disabilities, and family caregivers.

Provider Types used by AL TSA

Individuals on the COPES Waiver may receive HCBS services in their own home or from a residential provider. In-home service providers include individual providers, and home care agency providers. Residential providers include enhanced residential services, assisted living facilities and adult family homes.

Oversight of AL TSA

DSHS licenses Adult Family Homes and Assisted Living Facilities, and certifies supported living and group home providers, according to state laws (Revised Code of Washington, RCW) and Washington Administrative Code (WAC). The Department's Residential Care Services Division (RCS) conducts unannounced inspections at least every 18 months and at least every two years for supported living and DDA group homes, complaint investigations and monitoring visits to determine if homes are in compliance with laws, regulations, and contract requirements. The provider must promote the health, safety, and well-being of each resident living in each licensed or certified setting. The licensing and certification processes include monitoring of the following:

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- Criminal background checks on all providers, staff, volunteer caregivers, and anyone who will have unsupervised access to residents;
- National fingerprint-based background checks on all providers, entity representatives, resident managers, and caregivers hired after January 1, 2012;
- Financial assessments;
- Complaints received by either DSHS or Department of Health;
- The Department’s abuse registry;
- Ensuring completion of the Department-approved orientation for AFH providers and administrator training for AFH administrators;
- Ensuring that the provider/caregivers have completed specific training requirements; and ☐ On-site inspections to ensure homes meet all licensing and certification requirements.

Outcomes of the licensing/certification processes include enforcement actions taken on non-compliant providers (such as plans of correction, shortened timelines for certification, fines, and certification/license revocation). In addition, system issues are addressed through training of providers, revision of laws and rules, and strengthening of licensing requirements. This information is used by the RCS Management Team, HCS Management Team, DDA Management team and an AL TSA-wide executive management committee.

Public Input Process

Stakeholder comments about the transition plan were solicited through the methods described below. Stakeholder comments were provided through a variety of methods including e-mail, telephone, letter, in-person meetings, via conferences and webinars, and the internet site.

State Posting of Transition Plan for Public Comment

- Tribal Notice was sent on January 14, 2015. ☐ Published notice in Washington State Register on February 4, 2015.

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- Posted public notice in Home and Community offices and Area Agency on Aging offices from February 4, 2015 through March 6, 2015.
- Posted draft transition plan on ALTA internet site <https://www.dshs.wa.gov/altsa/stakeholders/home-and-community-based-services> from February 4, 2015 through March 6, 2015.
- Held formal tribal consultation on October 23, 2014.

Results of the State Assessment of HCBS Settings

ALTA reviewed the requirements for HCBS settings and identified COPES waiver-specific settings that fully comply with the requirements, settings that will comply with the requirements after implementing changes, and settings that do not or cannot meet the HCBS requirements. The review included an analysis of state laws, rules, policies, processes, and forms/tools in relation to the new federal HCBS requirements and an identification of changes that are necessary to achieve and maintain compliance with the federal HCBS requirements for the COPES Waiver. The review details are in the appendices.

COPES waiver-specific settings that fully comply with HCBS Characteristics:

- In home Adult Day Services Assisted Living Facility

With changes, COPES waiver-specific settings that will fully comply with HCBS characteristics:

- Adult Family Home
- Adult Residential Care/Enhanced Adult Residential Care

See Appendix C for further information about the actions that will be taken to achieve compliance and the timelines for these actions.

Settings that do not/cannot meet HCBS characteristics:

- No COPES settings were identified as not meeting the HCBS characteristics.

APPENDIX A: Analysis by Setting

In-Home

Setting Description: These are private homes or apartments located in the community where the client lives and receives HCB services such as personal care and other supportive waiver services.

Per guidance provided by CMS entitled “HCBS Final Regulations 42 CFR Part 441: Questions and Answers regarding HCB Settings – General” these settings are considered to meet the requirements of HCBS settings.

“The regulations allow states to presume the enrollee’s private home or the relative’s home in which the enrollee resides meet the requirements of HCB settings”.

Number of Individuals Served: 50,639 clients

Characteristics/Requirements Met		
Characteristics/Requirements	In-Home State Assessment	Oversight Process

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<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting.</p> <p>Waiver participants and state plan participants access services in their homes and in typical public community settings.</p> <p>The State has completed a review of state laws and regulations regarding the in-home setting. All rules and regulations regarding this setting are consistent with federal HCBS</p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client’s condition. Clients who require targeted case management receive more frequent contacts.</p>
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Characteristics/Requirements	In-Home State Assessment	Oversight Process
	setting regulations.	
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>Services are provided in person’s own private home or apartment.</p>	<p>CMs offer the individual choices of longterm care settings and provider types.</p>
<p>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Case Managers review with the client the client rights and responsibilities form which discusses the client’s rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do (DSHS 16-172).</p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client’s condition. Clients who require targeted case management receive more frequent contacts.</p> <p>CMs ensure that client rights are protected and make referrals to Adult Protective Services (APS) as required. home.</p>

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Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical	Chapters 388-71 WAC , 388-106 , 388-825 , and Chapters 74.34 , 74.39A RCW contain the administrative rules and laws for this setting.	Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the
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Characteristics/Requirements	In-Home State Assessment	Oversight Process
environment, and with whom to interact are optimized and not regimented.	Case Managers review with the client the client rights and responsibilities form which discusses the client’s rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do.	client’s condition. Clients who require targeted case management receive more frequent contacts.

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<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting.</p> <p>Case Managers review with the client the client rights and responsibilities form which discusses the client’s rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do.</p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client’s condition. Clients who require targeted case management receive more frequent contacts.</p>
<p>Characteristics/Requirements</p>	<p>In-Home State Assessment</p>	<p>Oversight Process</p>
<p>Provider owned or controlled residential setting requirements do not apply.</p>	<p>Services are provided in person’s own home or apartment.</p>	<p>Not applicable.</p>

Adult Day Services

Setting Description: Adult day services programs are community-based programs with the goals of meeting the needs of adults with impairments through individualized plans of care. Adults may receive services through an adult day care or adult day health program. Adult Day Care is a supervised daytime program providing core services for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client’s authorizing practitioner. Adult Day Health (ADH) is a supervised daytime program providing skilled nursing and/or rehabilitative therapy services in addition to the core services of adult day care. Adult day health services are appropriate for adults with medical or disabling conditions that require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client’s authorizing practitioner. All community members have free access to these services and settings including both Medicaid and nonMedicaid funded participants.

Number of ADH and ADC Centers contracted for Medicaid: 19

Number of centers contracted only for ADC for Medicaid: 11

Characteristics/Requirements Met

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
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<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access</p>	<p>Adult day service programs provide opportunities for community integration for people living alone.</p> <p>WAC 388-71-0742(1) Center policies must define ...participant rights and responsibilities... (3) A participant bill of rights describing the client’s rights and responsibilities must be developed, posted, distributed to and</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.</p>
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Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
<p>as individuals not receiving Medicaid HCBS.</p>	<p>explained to participants, families, staff and volunteers.</p>	
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.</p>

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<p>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC 388-71-0768(1) and (5) (a) The facility must have sufficient space....The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy.</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.</p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>WAC 388-71-0718(4)(c). Also, in the revised WAC, the Department enhanced the participant’s right to participate per their preferences (new WAC 388-71-0702(L)).</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for</p>
<p>Characteristics/Requirements</p>	<p>Adult Day Services State Assessment</p>	<p>Oversight Process</p>
	<p>The rule mandates a negotiated service agreement that is client directed, and that clients must be offered alternatives when they do not want to participate.</p>	<p>contracting with the department or the AAA, including compliance with this requirement.</p>

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<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.</p>
<p>The setting is physically accessible to the individual</p>	<p>WAC 388-71-0766(1)(4)(5)(6)(7) regarding facility location and facility hardware, and WAC 388-71-0768 regarding physical environment requirements. Also, the Department has proposed WAC 388-71-0766 effective late January 2015 requiring that the site have a ramp if there are stairs at the site.</p>	<p>The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.</p>

Note: The state identified one adult day care center that was located in a nursing facility (Josephine Sunset Home). The center terminated its contract June 18, 2014—no Medicaid -funded participants were receiving adult day services prior to termination of the contract.

Assisted Living Contract (AL)

Setting Description: Facilities in a community setting that are licensed to provide medication assistance or administration, personal care services, intermittent nursing, and limited supervision to seven or more residents. In addition, ALs include a private apartment.

Number of Facilities: 185

Characteristics/Requirements Met

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. 70.129.040 (1) personal resources 70.129.020 Exercise of rights.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record</p>	<p>CMs offer the individual choices of longterm care settings and provider types. As part of the facility inspection and the</p>

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
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<p>in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>of the CARE assessment tool.</p>	<p>RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.</p>
<p>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120)</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Rights are protected in RCW 70.129.140 and RCW 70.129.005.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.</p>
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.</p>	<p>This is a component of the CARE assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.</p>
<p>Individuals have the freedom to furnish and decorate their sleeping or living units</p>	<p>RCW 70.129.100--(1) The resident has the right to retain and use personal possessions,</p>	<p>As part of the facility inspection process described in the overview, RCS conducts</p>

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	including some furnishings, and appropriate	facility tours, comprehensive resident
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Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
	clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	interviews regarding this requirement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.

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Individuals are able to have visitors of their choosing at any time	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
Units have entrance doors that can be locked by the individual with only appropriate staff	WAC 388-110-140 (2) Each unit must have at least the following: (c) A lockable entry door.	As part of the facility inspection process described in the overview, RCS conducts

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
having keys to doors		a facility inspection with observations regarding this requirement.
The setting is physically accessible to the individual	WAC 388-78A-2910 Building Codes-Structural requirements Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.

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<p>Individuals have a choice of roommates in the setting</p>	<p>WAC 388-110-140 (2) The contractor must ensure each resident has a private apartmentlike unit.</p>	<p>As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.</p>
<p>The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p>Twelve AL -contracted facilities are attached to institutions.</p>	<p>This provision is enforced through the RCS licensing requirements.</p>
<p>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the</p>	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including</p>	<p>This provision is enforced through the RCS licensing requirements.</p>
<p>Characteristics/Requirements</p>	<p>Assisted Living State Assessment</p>	<p>Oversight Process</p>

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<p>individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</p>	<p>first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.</p>	
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Transportation Providers

Setting Description: Transportation services are provided by typical community modes of transportation (such as car, taxi, bus, and private vehicle). All community members have free access to these services and settings including both Medicaid and non-Medicaid funded participants.

Characteristics/Requirements	Transportation Providers State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	Monitoring is conducted during the annual Quality Assurance monitoring cycle.
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not	The settings do not preclude access to the community. Washington's legislature has codified its intent that choice, participation, privacy, and the opportunity to engage in religious, political, recreational, and other social activities foster a	At the time of initial contracting and at contrac renewal, the FMS ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services.

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Characteristics/Requirements	Transportation Providers State Assessment	Oversight Process
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<p>receiving Medicaid HCBS.</p>	<p>sense of self-worth and enhance the quality of life for long-term care participants.</p> <p>Washington State Law provides clear protections of rights. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	
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Adult Family Home

Setting Description: This is a residential home that provides HCBS to more than one but not more than six adults who are not related by blood or marriage to a licensed operator, resident manager, or caregiver, who resides in the home.

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Number of Facilities: 2747

Characteristics/Requirements Met

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. 70.129.040 (1) personal resources 70.129.020 Exercise of rights. 388-76-10620 Resident rights – Quality of life – General. WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation. 388-76-10555 Resident rights – Financial affairs. WAC 388-76-10520 refers to Chapter 70.129 RCW.</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of</p>	<p>CMs offer the individual choices of longterm care settings and provider types. Verification of provision of choices is also part of AL TSA’s annual QA</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
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<p>in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>the CARE assessment tool.</p>	<p>monitoring process.</p> <p>As part of the inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, and provider and staff interviews. RCS conducts client record reviews.</p>
<p>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120)</p>	<p>As part of the inspection process described in the overview, RCS conducts an environmental tour, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.</p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Rights are protected in RCW 70.129.140 and RCW 70.129.005.</p>	<p>As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>

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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	This is documented as part of the preliminary/negotiated care plan. Verification of provision of choices is also part of ALISA's annual QA monitoring process.
Individuals have a choice of roommates in the setting.	WAC 388-76-10685 (5)	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100 --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts tours of the home, comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.

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<p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health</p>	<p>As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident</p>
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<p>Characteristics/Requirements</p>	<p>Adult Family Home State Assessment</p>	<p>Oversight Process</p>
	<p>care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident;</p>	<p>managers, and interviews staff regarding this requirement.</p>
<p>Individuals are able to have visitors of their choosing at any time.</p>	<p>RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;</p>	<p>As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>

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<p>The setting is physically accessible to the individual.</p>	<p>WAC 388-76-10685 Bedrooms 388-76-10695 Building Codes-Structural requirements 388-76-10870 – Resident evacuation capability levels – identification required Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p>	<p>As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.</p>
<p>The setting that is located in a building that is also a publicly or privately operated facility</p>	<p>AFHs are residential homes. None are attached to institutions.</p>	<p>Not applicable</p>
<p>Characteristics/Requirements</p>	<p>Adult Family Home State Assessment</p>	<p>Oversight Process</p>
<p>that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>		

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<p>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</p>	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.</p>	<p>This provision is enforced through the RCS licensing requirements.</p>
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Characteristics/Requirements Will Meet with Changes

Characteristics/Requirements	Proposed Changes
<p>Units have lockable entrance doors, with appropriate staff having keys to doors.</p>	<p>Change WAC to comply with this change.</p>

Enhanced Adult Residential Services (EARC)

Setting Description: Facilities in a community setting that are licensed to provide medication assistance, personal care services, and limited supervision to seven or more residents. In addition, EARCs provide medication administration and intermittent nursing services.

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Number of Facilities: 200 ARC; 143 EARC (some facilities have multiple contracts)

Characteristics/Requirements Met		
Characteristics/Requirements	Enhanced Adult Residential Services State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. 70.129.040 (1) personal resources RCW 70.129.020 Exercise of rights.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
The setting is selected by the individual from among setting options including non-disability specific	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This	CMs offer the individual choices of longterm care settings and provider types. Verification of provision of choices is
Characteristics/Requirements	Enhanced Adult Residential Services State Assessment	Oversight Process

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<p>settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>is documented in the Service Episode Record of the CARE assessment tool.</p>	<p>also part of AL TSA’s annual QA monitoring process.</p> <p>As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.</p>
<p>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120)</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Rights are protected in RCW 70.129.140 and RCW 70.129.005.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.</p>
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This</p>	<p>This is a component of the CARE assessment process. This is also documented as part of the</p>

Characteristics/Requirements	Enhanced Adult Residential Services State Assessment	Oversight Process
	is documented in the Service Episode Record of the CARE assessment tool.	Preliminary/Negotiated Care Plan.
Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100 --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews as well as conducts a facility tour with observations regarding this requirement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.

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<p>Individuals are able to have visitors of their choosing at any time.</p>	<p>RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time,</p>	<p>As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.</p>
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<p>Characteristics/Requirements</p>	<p>Enhanced Adult Residential Services State Assessment</p>	<p>Oversight Process</p>
	<p>immediate family or other relatives of the resident and others who are visiting with the consent of the resident.</p>	
<p>The setting is physically accessible to the individual.</p>	<p>WAC 388-78A-2910 Building Codes-Structural requirements Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts a facility inspection with observations regarding this requirement.</p>
<p>Individuals have a choice of roommates in the setting.</p>	<p>WAC 388-78A-3010 (1)(v) Both residents mutually agree to share the resident sleeping room.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.</p>

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<p>The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p>Five EARCs are attached to an institution See the analysis in the appendix for further information.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews as well as conducts a facility tour with observations regarding this requirement.</p>
<p>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same</p>	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable</p>	<p>This provision is enforced through the RCS licensing requirements.</p>
<p>Characteristics/Requirements</p>	<p>Enhanced Adult Residential Services State Assessment</p>	<p>Oversight Process</p>
<p>responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</p>	<p>accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.</p>	

Characteristics/Requirements Will Meet with Changes

Characteristics/Requirements	Proposed Changes
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change WAC to comply with this change.

APPENDIX B: State Assessment of Presumptively Non-HCBS Settings

CMS presumes certain settings have the qualities of an institution, and applies “heightened scrutiny” to these settings. Such settings include those in a publicly or privately-owned facility that provides inpatient treatment; are on the grounds of or immediately adjacent to, a public institution; or that have the effect of isolating individuals not receiving Medicaid-funded HCBS. For these settings, the state is provided the opportunity to provide information to CMS on whether the setting has the qualities of a home and community-based setting and does not have the qualities of an institution.

AL TSA conducted site visits of the settings presumed to be institutional. Details about the state’s assessment of each setting were shared with each facility administrator and will be provided to CMS as part of the COPES waiver-specific transition plan.

Washington State currently has 16 assisted living residential facilities that are attached to institutions- either a hospital or a nursing facility. In addition, there was one facility that was identified by stakeholders as potentially not having the characteristics of an HCB setting. AL TSA headquarters staff visited all 17 facilities to assess whether the residential facility meets the federal definition of home and community-based settings. While visiting the facilities, staff interviewed residents and the facility administrator to get their input and made observations of the setting. A list of the interview questions posed to clients follows:

1. When you moved into this place, did you choose to live here?
2. Can you come and go from this facility when you would like?
3. Are you able to do fun things in the community when you would like to?
4. Do you share your room with anyone? If so, were you given a choice on who you would share a room with?

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5. Are you able to set your own schedule?
6. Are you able to eat when you want to?
7. Can you request an alternative meal if you want one?
8. Are you able to choose who you eat your meals with?
9. Are you able to have visitors at any time?

A list of the interview questions asked of administrators follows:

1. Is the setting in the community?
2. Are schedules regimented?
3. Do residents come and go at will?
4. Do residents have access to public transportation?
 - Where public transportation is limited, are other resources available for the individual to access the community?
5. Can residents close and lock their bedroom door and the bathroom door?

The vast majority of the residents interviewed indicated that the facility was chosen by the resident or their family member(s). It should also be noted that the residents are able to choose and access their own community-based medical and dental providers and access other community-based resources and activities.

The state believes the following facilities fully meet the HCBS characteristics:

- Buena Vista in Colville (an assisted living setting)
- Garden Oasis (an assisted living setting)
- Josephine Sunset (an assisted living setting)
- Judson Park (an adult residential care and enhanced adult resident care (ARC/EARC) setting)
- Klondike Hills (an assisted living setting)
- Prestige Care at Richland (an assisted living setting)
- Providence Mount St. Vincent (an assisted living setting)
- Rockwood at Hawthorne (an assisted living setting)

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- Sharon Care Center (an ARC/EARC setting)
- Summit Place Assisted Living (an assisted living setting)
- Sunrise View Retirement Villa (an ARC/EARC setting)
- Tacoma Lutheran Home (an assisted living setting)
- Vashon Community Care (an assisted living setting)
- Washington Odd Fellows (an assisted living setting)
- Woodland Care Center (an ARC/EARC setting)

The state believes the following facility does not fully meet HCBS expectations and must strengthen opportunities for residents to be more fully integrated into their community. Once these changes are fully implemented, this provider will fully meet the HCBS expectations. ☐ Good Samaritan Spokane Valley (an assisted living setting). See below for the transition plan for this facility.

The state has determined that the following facility did not meet HCBS expectations:

- Nisqually View Residential Care (an EARC setting). The state terminated the Medicaid contract effective November 14, 2014. There were no residents living in the facility at the time of contract termination.

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State Assessment and Transition Plan for Good Samaritan Society Spokane

Address: 17121 E 8th Avenue, Spokane Valley, WA

Number of Licensed beds: 14

Number of Medicaid residents: 5

Assessment:

Based on the new CFR regarding HCBS settings, facilities are presumed institutional when located on the grounds of, or adjacent to, a nursing facility. In the ALTA- HCS review of facilities, Good Samaritan Society of Spokane has been identified as a facility that is attached to a nursing facility.

State Results:

Good Samaritan met many of the characteristics of home and community-based settings, but additional actions must be taken to fully ensure that residents are not isolated and segregated from the broader community. Once these changes are fully implemented, this provider will fully meet the HCBS expectations.

Action Required:

In order to fully meet the federal requirements for HCBS settings, the facility will develop and implement a plan to ensure the following client outcomes:

- Full access to community resources and services including assistance with accessing transportation.
- Opportunities to participate in community activities that are both sponsored by the facility and/or individually identified by the client.
- Regular solicitation and incorporation of input from residents about preferred on-site and off-site activities.

Implementation:

- Good Samaritan will submit an acceptable plan to achieve the identified resident outcomes to the Residential Policy Program Manager by February 28, 2015.

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- Good Samaritan will implement the plan and provide quarterly (from the date of plan acceptance) progress reports to the Residential Policy Program Manager until full implementation has been achieved.
- AL TSA staff will conduct follow-up resident interviews to monitor implementation of the plan on a semi-annual basis until full implementation has been achieved.
- On-going monitoring will continue to be conducted through the licensing survey process.

Appendix C: State’s Remedial Strategies and Timelines

The following are the state’s remedial strategies required to ensure that Washington State complies with, and maintains compliance with, the HCBS rules. This includes changes to Washington Administrative Code, Medicaid contract changes, residential facility survey/inspection changes, and training.

Activity	Description	Milestones	Start Date	Final Completion Date
WAC Changes				
Revise Adult Family Home Chapter 388-76 WAC and ARC/EARC Chapter 388-110 or 78A WAC	Change WAC to mandate resident choice regarding locking bedroom door.	RCS will follow rulemaking timeframe established in WAC	November 1, 2014	November 30, 2017
Licensing Survey Changes				
Revise Facility Inspection Working Papers for Adult Family Homes, Assisted Living Facilities, and Supported Living	Modify the “working papers” to contain a series of questions that help the surveyors assessment of the residents needs are met	Additional questions related to HCBS will be added to the surveyor “working papers”	November 1, 2014	November 30, 2017
Information Technology (IT) Changes				
Update WACs in tools/databases	Include all AFH and AL WAC changes in the survey and complaint investigation tools/databases	IT will update/insert WAC changes/additions into the database systems	November 1, 2014	November 30, 2017
Provider Training				

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Provide Adult Family Home and Assisted Living provider training on the new expectations incorporated into the survey tools	Distribute “Dear Provider” (DP) letters to providers	RCS expects providers to read and follow the DP letter	November 1, 2014	December 30, 2015
Activity	Description	Milestones	Start Date	Final Completion Date
Provide Potential and Newly Licensed AFH, and AL providers training on the new expectations incorporated into the survey tools	Distribute information to potential and newly licensed providers during AFH orientation, and AL administrator orientation.	RCS expects providers to read and comply with the requirements	November 1, 2014	This is an ongoing activity
Staff Training				
Provide training to staff who survey/inspect residential settings	Distribute Management Bulletin (MB) to AL TSA staff about the new HCBS requirements as well as AL TSA’s expectations for provider compliance with the expectations.	AL TSA expects staff to read and follow the MB	November 1, 2014	November 30, 2017
Provide basic staff training	Provide training to AL TSA staff on the new HCBS requirements as well as AL TSA’s expectations for provider compliance with the expectations.	AL TSA expects staff to know and understand the requirements	November 1, 2014	This is an ongoing activity

APPENDIX D: Comments Received by ALTSA and DDA

The following table contains summaries of comments received by ALTSA and DDA about the draft statewide transition plan that are relevant to the COPES waiver-specific transition plan, the Department’s response to the comments, clarifications and modifications made to the transition plan in response to the comments. After reviewing and responding to all public comments, Washington determined that no substantive changes to the COPES waiver-specific transition plan were necessary.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
Recommendations on segregated settings	Advocate	Does not see these settings as inclusive: <ul style="list-style-type: none"> • adult day health and adult day care • sheltered or pre-vocational services • adult family homes • group homes • assisted living • any other Medicaid funded residential program that: <ol style="list-style-type: none"> 1) serves more than 4 individuals in a home or living unit and/or 2) The people living together do not have an employment or day service to go to most days. For this reason, • Some supported living alternatives would also be included. 	The state agrees that sheltered or pre-vocational service settings are not inclusive and do not meet HCBS standards. Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), ALTSA and DDA reviewed whether setting requirements are consistent with the HCBS characteristics. The findings of our assessments are found in Appendix A of the transition plan. RCS will continue to monitor facilities for compliance with these requirements.	Clarifying language is added to the transition plan in Appendix A.

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Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
Recommendations on segregated settings	Advocate	Believes AFHs do not meet definition of HCBS as: <ul style="list-style-type: none"> • Rates calculated as per diem payments that are inclusive of room and board. • The inability of AFHs to meet the federal regulations' list of required resident experiences. 	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), AL TSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements.	No change was made to the transition plan.
Assessment of facilities attached to institutional settings	Advocacy organization	Pleased to note the state reviewed these facilities. Urges the state to conduct similar reviews of other facilities that group large numbers of clients together, as well as facilities the Ombuds would identify as having the “effect of isolating” individuals	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), AL TSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements. RCS meets with the Ombuds staff quarterly and will address issues regarding facilities as	No change was made to the transition plan.

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Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
			they are identified.	
Lockable doors	Client self-advocacy group	Support this as privacy is part of a quality life	The state agrees with and appreciates this comment.	This issue is addressed in the transition plan.
Lockable doors	Provider	Requiring every living unit to have a locked door is unsafe for a person unable to move independently or speak. New rule forces them to request permission from the bureaucracy for their choices and needs.	The person-centered planning process requires an individualized assessment of health and safety needs and that the service plan addresses these needs.	No change was made to the transition plan.
AFH visitors at any time	Provider	AFHs are required to ensure everyone's rights are protected. "Having friends over anytime" has to respect the rules of the house, as well as the rights of the other residents. Visitation rules have to be generous and reasonable.	The state agrees that all clients' rights must be protected. RCS will continue to monitor facilities for compliance with these requirements.	No change was made to the transition plan.
Choice of roommates	Provider	Supports "Choosing roommates" if this means who they share a bedroom with. If it means choosing other residents in a home, this could be a problem. Residents should be included in the selection process of who lives in the home, but the provider should have the final say on who can compatibly live together.	The state agrees that the rule applies to sharing rooms.	No change was made to the transition plan.
Adult Family Homes	2 Advocates	Community access is limited. Per diem rates make it financially impossible to hire enough qualified staff to overcome community access	The State has completed a review of state statutes and regulations determined that	No change was made to the transition plan.

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Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		limits.	they are in alignment with the HCBS setting requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.	
Adult Family Homes	Advocate	Very few of the AFHs are monitored by its volunteer Ombuds program. This should be addressed in the transition plan.	The Department agrees the volunteer Ombuds program has an important partnership role.	Under the section titled "Oversight of AL TSA and DDA Providers", a paragraph was added to acknowledge the role of the Washington State Ombuds monitoring. Additional statements were also added to the settings analysis.

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Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
Adult Family Homes	Advocate	Choices are controlled and regimented by the AFH owner	<p>Chapter 388-76 WAC and Chapter 70.129 RCW require that residents have the right to make choices about their care, food, activities, etc. RCS interviews residents to determine if they are able to make their own choices during the inspection process.</p> <p>RCS will continue to monitor facilities for compliance with these requirements.</p>	No change was made to the transition plan.
Adult Family Homes	Advocate	The choice of roommates in AFH are limited to the individuals selected by the AFH owner	Case managers assist participants to review and select among all available living options including options where a participant may share a room. In settings where rooms are shared, participants have a choice of roommates in that setting. RCS ensures this requirement is being monitored during the inspection process.	No change was made to the transition plan.
Adult Family Homes	Advocate	Limited space in AFHs effectively limits the	All AFHs have a minimum floor	No change was made

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Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		ability to furnish and decorate the AFH room	<p>space in order to be licensed. Chapter 70.129 RCW specifies requirements regarding resident personal property.</p> <p>In resident interviews, residents are asked if they were allowed to bring their own belongings during the licensing/inspection process.</p> <p>RCS will continue to monitor facilities for compliance with these requirements.</p>	to the transition plan.
Adult Family Homes	Advocate	Very little support is provided in AFHs to pursue individual schedules	Supports for individualized schedules and other preferences are reflected in the Negotiated Care Plan between the resident and the provider.	No change was made to the transition plan.
Adult Family Homes	Advocate	We are aware of no norm in the marketplace or under law that allows half of one bedroom to be owned, rented or occupied	Though residents may share rooms, RCW 70.129.110 and Chapter 59.16 RCW provide protections from eviction.	No change was made to the transition plan.
Adult Family Homes	Advocacy organization	The lack of transportation support is an especially significant barrier to community integration, especially in rural areas.	The State has completed a review of state statutes and regulations determined that	No change was made to the transition plan.

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			<p>they are in alignment with the HCBS setting requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.</p>	
Adult Family Homes	Advocacy organization	Recommend review of homes, including consultation with residents and LTC Ombuds.	<p>Based on the qualities defined by CMS, ALTA and DDA reviewed each setting to determine whether setting requirements are consistent with the HCBS characteristics.</p> <p>RCS will continue to monitor facilities for compliance with these requirements.</p> <p>RCS meets with the Ombuds staff quarterly and will address</p>	No change was made to the transition plan.

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			issues regarding facilities as they are identified.	
Adult Day Care	Advocate	Require adult day care to be provided in the community	<p>AL TSA analyzed all adult day services and found them to be community-based programs located within community settings.</p> <p>The AAAs will continue to monitor facilities for compliance with these requirements.</p>	No change was made to the transition plan.
Adult Day Services	Advocate	There is a lack of Adult Day Services for DDA clients.	All people receiving DDA pre-vocational supports will be supported to transition into integrated service options within four years through person-centered service planning. Current options include group supported employment, individual supported employment (both include pre-vocational components) and community access. In addition, DDA will assist individuals to explore and	No change was made to the transition plan.

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			<p>access other community options.</p> <p>Adult day health and Adult day care services are available through the COPES waiver to individuals with intellectual disabilities who meet COPES waiver eligibility.</p>	
Adult Day Services	Advocate organization	There should be an additional onsite review to include interviews with clients, providers, AAA case managers to determine if they meet the requirements.	All adult day service programs were visited. Clients and providers were interviewed.	Added language to the transition plan to make it clear that onsite visits were conducted.
Adult Day Services	Advocacy organization	None of the core services in WAC 388-71-0704 identify supports for accessing the greater community.	This activity is addressed in person-centered planning.	No change was made to the transition plan.
Support and Coordination	Community partner	Encourages WA State to create a transition plan that is ambitious and demonstrates the state’s affirmation of the scope and intent of the national legislation and policies and states counties are prepared to support and work closely with DDA and other State agencies in the further development of inclusive communities and expansion of inclusive opportunities for individuals.	The state appreciates the support.	No change was made to the transition plan.
Setting selected by	Advocacy	Case managers are documenting that individuals	The state appreciates this	No change was made

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the individual from among setting options	organization	are informed of their options regarding settings and providers. Agrees with the states assessment of this requirement. Practice is consistently followed.	comment.	to the transition plan.
Setting Analysis	Advocacy organization	Recommends that all residential settings serving a group of clients that is greater than 6, as well as Adult Day Services, be assessed for heightened scrutiny.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), AL TSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements.	Added language to the transition plan to make it clear that onsite visits were conducted.
Criteria for integration and segregation	2 Advocates	Develop criteria that identifies the characteristics of integrated and segregated and review Medicaid funded HCBS services based on this criteria.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services) in 42 CFR 441.530 , AL TSA and DDA reviewed this setting requirements and found it in alignment with the HCBS characteristics. RCS will continue to monitor facilities for compliance with	No change was made to the transition plan.

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			these requirements.	
Barriers to community activities	Advocate	Identify barriers to community activities and develop a plan to address the barriers	Access to community activities is addressed in person-centered service planning for each participant by their case manager and documented in their person-centered service plan/individual support plan or care plan.	No change was made to the transition plan as person-centered service planning is required by HCBS rules but is not part of the transition plan.
Residential standards	Advocate	Revise residential standards the Department uses to include reviewing individual records to ensure people can access food, choose roommates, are not isolated and have access to community activities	The state agrees with this comment. The state monitors each of these elements as part of the regular inspection process for both AFH and AL settings.	No change was made to the transition plan. This is addressed as part of Appendix C.
Assisted Living Contracts	Advocacy organization	There should be some analysis of Chapter 18.20 RCW, the statute governing assisted living facilities.	The state considered Chapter 18.20 RCW in its analysis. Chapter 18.20 RCW refers back to the Residents rights RCW in Title 70 .	No change was made to the transition plan.
Assisted Living Contracts	Advocacy organization	For many residents, the opportunities to leave the facility were infrequent.	The State has completed a review of state statutes and regulations determined that they are in alignment with the HCBS setting	No change was made to the transition plan.

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			requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.	
Assisted Living Contracts	Advocacy organization	Statute does not guarantee that the supports people need to make choices are actually available in this setting.	This is addressed in person-centered planning and resident preferences and choices are reflected in the Negotiated Service Agreement.	No change was made to the transition plan.
Secured dementia units	Provider advocate	The transition plan does not adequately address the issue of secured dementia units—need assurance that limited egress does not violate the HCBS rules	Per CMS guidance, this would be addressed in the person-centered planning when individualized limited egress is required for the participant’s safety and well-being.	No change was made to the transition plan as person-centered planning is not part of the transition plan.
Communication	Advocate	Identify how stakeholders will be engaged on an on-going basis and create a role for self-advocacy groups in educating recipients about their rights	ALISA will continue to partner with all advocacy groups, stakeholders and Tribes. Outreach to and engagement	Added language to reflect that partnership with participants, advocacy groups,

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			with these groups is an integral aspect of service delivery and quality designs.	stakeholders and Tribes will continue.
Overview section of Transition Plan	Advocacy organization	Page 4 Are these a general description of services?	The state acknowledges the lack of clarity.	Added "Across all programs" in the overview.
Overview section of Transition Plan	Advocacy organization	Page 6 Seeking clarification on description of services.	The state acknowledges the lack of clarity.	Added "Across all programs" in the overview.
Setting analysis	Advocacy organization	State's review did not include any consultation to specifically engage DRW, the LTC Ombuds, or individuals receiving care.	The State provided information to stakeholders and Tribes during the development of the transition plan and held webinars to engage stakeholders, including DRW and the LTC Ombuds, and clients. Feedback was received from DRW and the Ombuds during the development of the draft plan. DRW was invited to an in-person stakeholder meeting with DDA.	Language added to the Results of the State Assessment of HCBS Settings to reflect this engagement.
In-home oversight process	Advocacy organization	Recommends that case managers be required by policy to ask clients if they can do anything to	The state appreciates and is considering this	No change was made to the transition plan.

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		support the individual’s rights, dignity and privacy	recommendation. Case managers complete face-to-face assessments annually and when there is a significant change in the client’s condition. These are opportunities to observe first hand whether there are any issues in the home. In addition all clients receive and review the Rights and Responsibilities form which outlines these important rights.	
In-home oversight process	Advocacy organization	Provider trainings should reiterate privacy and confidentiality expectations.	The state agrees with this comment. This is a required topic in provider training.	No change was made to the transition plan.
In-home oversight process	Advocacy organization	There should be information for clients about how to make a complaint, request a hearing, etc. including information on advocacy.	The state agrees with this comment. All clients receive this information during their assessment and in planned action notices.	No change was made to the transition plan.
In-home oversight process	Advocacy organization	Recommends the Department continue working with consumers to develop and revise training curriculum and requirements.	Although the state agrees with this comment, the comment is unrelated to contents of the transition plan.	No change was made to the transition plan.

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Assessment of settings	Advocacy organization	Methodology of State assessment of HCBS settings does not reflect the process contemplated in the comment/response sections of the federal register or follow suggested review guidelines in CMS toolkit.	State disagrees with this assessment of State’s review methodology. The Transition Plan documents the use of the CMS approved process.	No change was made to the transition plan.
Yearly face-to-face contact with client	Advocacy organization	Ensuring yearly face-to-face contact with clients is critically important to any oversight process. We are pleased that this practice will continue.	The State appreciates this comment.	No change was made to the transition plan.