

Washington State  
Health Care Authority



# Washington State's Revised Statewide Transition Plan for New HCBS Rules

Posted for Public Comment on March 15, 2017  
Revised February 2017



## Table of Contents

INTRODUCTION-PURPOSE.....	6
OVERVIEW OF WASHINGTON’S HCBS SYSTEM .....	7
Aging and Long-Term Support Administration—Overview .....	7
Developmental Disabilities Administration--Overview.....	9
Provider Types used by AL TSA and DDA.....	9
Monitoring On-Going Compliance.....	10
Stakeholder and Tribal Meetings/Presentations.....	11
Posting of State Transition Plan for Public Comment.....	11
Stakeholder and Tribal Comments .....	12
Process for Ensuring Ongoing Transparency and Input from Stakeholders and Tribes.....	13
RESULTS OF THE STATE SYSTEMIC EVALUATION OF HCBS SETTINGS.....	13
State HCBS settings: .....	13
Systemic Evaluation of Setting Types:.....	15
Setting Types the State assessed that will fully comply with HCBS Characteristics: .....	15

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Setting Types that do not/cannot meet HCBS characteristics:.....16

Ongoing evaluation of all settings for HCBS characteristics .....17

**APPENDIX A: ANALYSIS BY SETTING ..... 19**

Supported Living.....19

Adult Day Services.....34

DDA Group Home.....39

Licensed Staffed Residential (LSR), Child Foster Home, and Group Care Facilities.....49

DDA Individual Supported Employment .....59

DDA Group Supported Employment .....71

DDA Community Access.....83

Community Healthcare Providers.....86

Dental Providers.....88

DDA Behavioral Health Crisis Bed Diversion Services .....90

DDA Specialized Psychiatric Services.....100

DDA Behavior Support and Consultation.....103

DDA Community Crisis Stabilization Services.....106

Vehicle Modification Providers.....117

**Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

**Veterinarians for Service Animals .....119**

**Transportation Providers.....121**

**DDA Group Training Homes .....123**

**DDA Companion Homes.....135**

**DDA Pre-Vocational Services.....145**

**APPENDIX B: SITE SPECIFIC ASSESSMENT ..... 155**

**Ongoing Identification and Review of Settings for Heightened Scrutiny.....169**

**APPENDIX C: STATE’S REMEDIAL WORK PLAN AND TIMELINES ..... 171**

**APPENDIX D: COMMENTS RECEIVED BY AL TSA AND DDA ..... 186**

**APPENDIX E: ATTACHMENTS ..... 187**

**Letter Sent to Participants Regarding their Rights.....187**

**Long-Term Care Worker Orientation Training (Updated 1/15/16).....190**

**ATTACHMENTS TO THE MILESTONES COMPLETED IN APPENDIX C..... 191**

**DDA Policy 4.02 .....191**

**Service Summary Excerpt.....200**

**Excerpt from Client Service Contract for Companion Home 7-1-2015.....201**

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

Excerpt from DDA County Services Contract effective 7/1/2015 .....202

Excerpt from Engrossed Substitute Senate Bill 6052 .....209

Excerpt from Group Training Home Contract 7-1-2015 .....210

Excerpt from Washington Initiative for Supported Employment (WISE) Contract.....211

R15-047 – INFORMATION.....212

R15-056 - INFORMATION .....214

Resident Interview Questions.....216

WA.0409.....218

WA.0410.....220

WA.0411.....222

DDA Residential Provider Training.....224

AL TSA and DDA HCBS Settings.....218

DDA Policy 4.07 .....221

Client Rights WAC Revision Proposal updated 10/18/16 .....232

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

## **Introduction-Purpose**

The Washington State Health Care Authority (HCA, the state’s Medicaid Agency), the Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA), and Developmental Disabilities Administration (DDA) submit this revised statewide 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 regulations found at 42 CFR § 441.301(c)(4)(5) and § 441.710(a)(1)(2). Washington State has updated the statewide transition plan based on feedback received from CMS on the previously submitted statewide transition plan. On November 4, 2016, Washington State received initial approval of its Statewide Transition Plan (STP) and is currently working to achieve final approval.

There have been three significant changes to Washington’s LTSS system since the previous Statewide Transition plan was submitted to CMS on March 11, 2015. First, the Community First Choice (CFC) program was approved by CMS on June 30, 2015. This approval included Adult family Home and Assisted Living settings. Second, the Individual and Family Support (IFS) waiver was approved by CMS on May 27, 2015 with a June 1, 2015 effective date. Third, CMS approval was granted for two Residential Support Waiver (RSW) amendments. These amendments approved the Adult Day Health and the Enhanced Service Facility settings on August 19, 2015 and May 23, 2016, respectively.

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 and will continue its partnership with participants, advocacy groups, stakeholders, and Tribes.

## **Overview of Washington’s HCBS System**

### Aging and Long-Term Support Administration and Developmental Disabilities Administration

AL TSA and DDA jointly administer the Community First Choice program which was implemented July 1, 2015 and currently serves over 64,000 individuals.

### 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. AL TSA’s Medicaid HCBS waiver programs are:

- Community Options Program Entry System (COPES), a 1915(c) waiver serving over 35,600 individuals.
- New Freedom HCBS, a 1915(c) waiver serving over 500 individuals.
- Residential Support Waiver, a 1915(c) waiver serving over 700 individuals.

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

- Medicaid Personal Care, serving over 600 individuals.
- Managed Care PACE, serving over 500 individuals.
- Private Duty Nursing, serving over 100 individuals.

AL TSA also administers the Roads to Community Living (Money Follows the Person) federally-funded program—serving (895) individuals.

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.

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

- Personal care and supportive services for approximately 53,000 individuals living in their own homes, adult family homes, and assisted living settings.
- Assistance with skilled nursing needs available in all settings.
- Support to transition from nursing homes to independent living and community residential settings.
- Information and assistance regarding services available in private homes, 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.

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

- 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 members 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.
- 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 caregiver.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Developmental Disabilities Administration--Overview

The DSHS Developmental Disabilities Administration's (DDA's) mission is to transform lives by providing support and fostering partnerships that empower people to live the lives they want. DDA's Medicaid HCBS waiver programs are:

- CORE (1915(c) waiver)--serving about 4561 individuals.
- Basic Plus (1915(c) waiver)--serving about 8192 individuals.
- Children's Intensive In-Home Behavioral Supports (CIIBS) (1915(c) waiver)—serving about 100 individuals.
- Community Protection (1915(c) waiver)--serving about 410 individuals.
- Individual and Family Services (IFS) (1915(c) waiver)—serving about 4,621 individuals.

DDA administers programs that are designed to assist individuals with developmental disabilities and their families to obtain services and supports based on individual preferences, capabilities and needs.

DDA also administers the Roads to Community Living (Money Follows the Person) federally -funded program.

DDA strives to develop and implement public policies that promote individual worth, self-respect, dignity, and power of choice; healthy safe and fulfilling lives; and supports that meet the individual's needs during the person's life span.

Provider Types used by AL TSA and DDA

Individuals on Medicaid may choose to receive HCBS services in their own home or from a residential provider. In-home service providers include individual providers, home care agency providers, and DDA supported living providers. Residential providers include adult residential services, enhanced adult residential services, assisted living facilities, enhanced service facilities, adult family homes, DDA group homes, group training homes, staffed residential, companion homes, and group care facilities. In addition, participants may access adult day services, employment services, and services from typical community resources.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Monitoring On-Going Compliance

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. Washington has provided monitoring services for many years and is a leader in promoting community integration. The provider must promote resident rights and 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:

- 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 providers and caregivers have completed specific training requirements; and
- On-site inspections to ensure homes meet all licensing and certification requirements in WAC and RCW, including those regarding resident rights. DDA Client rights draft revised WAC 388-823-1095 specifically includes references to HCBS settings rights and applies to all DDA participants (in Appendix E Attachments). Revised WAC will be implemented by July 1, 2017, and is listed in Appendix C: State's Remedial Work Plan and Timelines.

The Washington State Long-Term Care Ombuds Program provides advocacy support for residents in licensed residential settings. They receive complaints and resolve problems involving quality of care, restraint use, transfer and discharge, abuse, and other aspects of resident dignity and rights.

DSHS contracted evaluators conduct annual inspections of adult day service centers and companion homes to ensure that they are complying with state laws and regulations, including those regarding resident rights.

Children's Administration's Division of Licensed Resources (DLR) conducts inspections of staffed residential, child foster homes, and children's group care facilities at least every three years. DLR is also responsible for complaint investigations along with Child Protective Services (CPS).

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

## **Public Input Process**

### **Notices to Providers**

The HCBS requirements apply to the HCBS waiver programs described in the Introduction-Purpose. AL TSA and DDA notified providers in writing about the new HCBS requirements. All current and historical notices are posted [here unless hyperlinked below](#).

- Letter to Stakeholders Announcing the Changes (January 13, 2014)
- Letter to Pre-vocational providers (November 6, 2014)
- Letter to Group Training Homes (November 6, 2014)
- Notice to Assisted Living Administrators about resident interviews regarding new HCBS rules (May 22, 2014)
- Notice to Assisted Living Facility Administrators and interested parties regarding New HCBS Rules webpage (September 29, 2014)
- Notice to Adult Family Home providers and interested parties regarding New HCBS Rules webpage (September 29, 2014)
- Notice to Adult Family Home providers and interested parties regarding key requirements in the federal HCBS regulations (June 29, 2015)
- Notice to Assisted Living Administrators and interested parties regarding key requirements in the federal HCBS regulations (June 29, 2015)
- [Notice](#) to Adult Family Home providers and interested parties regarding webinar on HCBS requirements (July 27, 2015)
- [Notice](#) to Assisted Living Administrators and interested parties regarding webinar on HCBS requirements (July 27, 2015)

### **Stakeholder and Tribal Meetings/Presentations**

- Provided statewide informational webinars on May 30, 2014, November 5, 2014, August 11, 2015, and August 13, 2015.
- Conducted five meetings with AL TSA stakeholders and advocates.
- Conducted six meetings with Developmental Disabilities Administration (DDA) stakeholders and advocates.
- Letter to DDA Stakeholders for public feedback meeting (October 6, 2014)
- Posted presentation on AL TSA internet site [Home and Community Based Services Rules - Stakeholder Notices](#) on August 27, 2014.
- Held Tribal roundtable discussions on September 16, 2014, and October 14, 2014.
- Held formal Tribal consultation on October 23, 2014.
- Notice on January 15, 2016 to Tribes regarding posting of revised statewide transition plan.
- Notice on March 1, 2017 to Tribes regarding posting of revised statewide transition plan (Updated 3/15/17).

### **Posting of State Transition Plan for Public Comment**

- Published [first public notice](#) in Washington State Register on September 3, 2014.

## Washington State

### Revised Transition Plan for New HCBS Rules

#### To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

- Published [second public notice](#) in Washington State Register on September 30, 2014.
- Published [third public notice](#) in Washington State Register on October 15, 2014.
- Posted information on the transition plan on the DDA internet site <http://www.dshs.wa.gov/ddd/> on October 20, 2014.
- Mailed notice to stakeholders and Tribes on December 2, 2014 regarding the posting of the draft transition plan effective December 17, 2014.
- Posted draft transition plan on AL TSA internet site <http://www.dshs.wa.gov/altsa> on December 17, 2014 to open the public comment period.
- Provided statewide webinar on December 17, 2014, as an additional opportunity to discuss and solicit comments on the draft transition plan.
- Published [additional public notice](#) in Home and Community Services Offices, Area Agency on Aging Offices, and Developmental Disabilities Administration Offices on January 5, 2015 announcing an extended comment period ending February 6, 2015.
- Published [fourth public notice](#) in Washington State Register on January 2, 2015 announcing an extended comment period ending February 6, 2015.
- Updated draft transition plan on AL TSA internet site <https://www.dshs.wa.gov/altsa/hcbs-statewide-draft-transition-plan> on January 6, 2015 to extend the comment period through February 6, 2015.
- Updated transition plan on [AL TSA internet site](#) on March 11, 2015.
- Published [public notice](#) in Washington State Register on January 6, 2016 for the posting of the revised statewide transition plan (*Updated 1/15/16*).
- Sent [notice](#) on January 15, 2016, to Tribes regarding posting of revised statewide transition plan (*Updated 1/15/16*).
- Revised transition plan posted on the [AL TSA internet site](#) and in local HCS, AAA, and DDA offices on January 15, 2016 through February 15, 2016 for public comment (*Updated 1/15/16*).
- Published public notice in Washington State Register on March 1, 2017 for the posting of the revised statewide transition plan to be posted for 30 day public comment period beginning March 15, 2017 (*Updated 3/15/17*).
- Sent notice on March 1, 2017 to Tribes regarding posting of revised statewide transition plan (*Updated 3/15/17*).
- Revised transition plan posted on the AL TSA internet site and in local HCS, AAA, and DDA offices on March 15, 2017 through April 16, 2017 (*Updated 3/15/17*).

#### **Stakeholder and Tribal Comments**

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

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

**Process for Ensuring Ongoing Transparency and Input from Stakeholders and Tribes**

The Centers for Medicare and Medicaid Services (CMS) will continue to work with the state to ensure that all waiver programs are brought into compliance with the new federal requirements. As of November 4, 2016, CMS granted initial approval of Washington’s statewide transition plan. CMS will continue to provide input until the transition plan receives final approval allowing until January 1, 2019 to effectuate full compliance. Updated statewide transition plans will be posted on the AL TSA internet site as milestones are reached, with updates and an opportunity for public comment.

## Results of the State Systemic Evaluation of HCBS Settings

### **State HCBS settings:**

AL TSA and DDA have a robust LTSS system based on the core value that individuals can be supported to age in place in the setting of their choice. Participants may choose from an array of settings in which LTSS can be provided and all participants may choose to receive supports in their own homes, which is a non-disability specific setting.

Participants who elect to receive services in their own homes may hire qualified family members or friends to as an individual provider of personal care, choose care provided through a home care agency, or hire an individual provider through the Home Care Referral Registry. Participants in Washington State can self-direct their care and are able to receive Nurse Delegation in their own home. In order to ensure that participants who chose a private home have access to in-home care providers capable of meeting their support needs, Washington has extensive and well-developed training and certification for long term care workers. In addition, the State is engaged in workforce development strategies for Individual Providers through advanced training opportunities, wage increases based on cumulative career hours, health care, and retirement benefits. These efforts contribute to a competent and professional workforce.

Case managers assist participants to develop a person centered plan of care that reflects the individual participant’s choices and preferences. As part of the planning process, case managers discuss all available options for service settings and provider types. Participants choose from among these settings and providers when developing their plan. When selecting an in home option participants may access waiver services to make any needed adaptations to the participant’s home.

As of February 2016, WA serves 53,164 participants through the Home and Community Services (HCS) Division. Of those, 40,233 (76%) are served in their own home and 12,362 (23%) are in provider owned residential settings.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

The Developmental Disabilities Administration serves 43,726 participants. Of those, 39,290 (90%) live in their own homes.

Washington increases housing capacity for participants through:

- Housing and Urban Development (HUD) programs and subsidies
  - Non-Elderly Disabled category 2 (NED 2) vouchers:
    - Washington maintains a 95% occupancy rate for its 215 NED 2 vouchers awarded by HUD in 2011. These vouchers provide rent subsidies for individuals exiting institutional settings through the Housing Authorities of Snohomish County, the City of Longview, the City of Tacoma, the City of Yakima, and Clallam County.
  - HUD 811 Subsidies:
    - AL TSA partners with the Department of Commerce to provide approximately 215 units of project-based housing rental assistance to non-elderly, disabled ADS clients currently residing in institutional, residential or in-home settings.
  - Housing Bridge Program:
    - Provides up to 24 months of state paid rental assistance for disabled, low-income participants in the form of a monthly rent subsidy, which is paid directly to housing providers. This is similar to tenant-based housing choice voucher programs administered through public housing authorities.
    - Housing Bridge rental subsidies support transitions of individuals moving primarily from institutional settings. The program, funded from Money Follows the Person rebalancing funds, has helped approximately 80 clients statewide achieve permanent affordable independent housing.
- County city housing levy funds to build programs for individuals with limited household incomes
  - Seattle has produced 12,500 units to date.
  - Bellingham has produced 226 units to date.
  - Vancouver passed a seven year housing levy during the November 2016 elections which will allow the city to raise up to \$6 million per year for affordable housing.
  - HUD program information for Washington State is available [here](#).
- USDA rental housing projects
  - 294 projects in 34 of 39 counties with 8,891 affordable housing units to date.
- Down payment and utility bill assistance to home buyers with limited household incomes

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

- Low-Income Housing Tax Credit: On May 13, 2016 it was announced that the State’s Housing Finance Commission provided an estimated \$55.2 million in equity from Low-Income Housing Tax Credits that provided 540 units of affordable housing statewide. More information is available [here](#).

### **Systemic Evaluation of Setting Types:**

AL TSA and DDA reviewed the requirements for HCBS settings for all identified setting types to determine whether the setting type fully complies with the requirements, setting types that will comply with the requirements after implementing changes, and settings that do not or cannot meet the HCBS requirements. In addition, some setting types have been approved by CMS since the last posting of this document. The review included an evaluation 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. The state solicited input from the state Long-Term Care Ombuds, stakeholders, and clients as part of this evaluation. The state conducted on site visits of all adult day service centers, all settings presumed to be institutional, all group training homes, and one residential setting identified by a stakeholder as potentially not meeting the characteristics of an HCBS setting. The Adult Day Health providers have been approved in the residential support 1915(c) waiver and the providers and settings are the same as in the COPES 1915(c) waiver.

### **Setting Types that have been approved by CMS:**

- Individual, privately-owned or rented homes and apartments (In-Home Settings)
- Adult Family Homes
- Assisted Living Facilities
- Enhanced Services Facilities
- Adult Day Health Providers
  - Adult Day Health settings were included in the Residential Support Waiver (RSW) amendment approved in May 2016

### **Setting Types the State assessed that fully comply with HCBS Characteristics:**

- Vehicle Modification Providers
- Veterinarians for Service Animals
- Transportation Providers
- Community Healthcare Providers
- Dental Providers

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

#### **Setting Types the State assessed that will fully comply with HCBS Characteristics:**

- Adult Day Care Providers
- DDA Group Training Homes
- DDA Companion Homes
- Supported Living
- Group Home Licensed Staffed Residential, Child Foster Care and Group Care Facilities
- DDA Individual Employment work sites
- DDA Group Supported Employment\_work sites
- DDA Community Access
- DDA Behavioral Health Crisis Bed Diversion Services
- DDA Specialized Psychiatric Services
- DDA Behavior Support and Consultation
- DDA Community Crisis Stabilization Services

#### **Setting Types that do not/cannot meet HCBS characteristics:**

- DDA Pre-Vocational Services
  - See Appendix C for further information about the plans for DDA Pre-Vocational Services and the individuals affected.

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

## **Settings Identified for Heightened Scrutiny Evaluation**

AL TSA and DDA identify facilities for a Heightened Scrutiny evaluation via multiple avenues, including:

- RCS monitoring visits including interviews with staff, management, and residents
- RCS investigations of non-compliance with regulations
- Reports from stakeholders, community advocacy agencies, Ombuds, family, or other community members
- Comments or complaints received by case management staff directly from the participant

## **Ongoing evaluation of all settings for HCBS characteristics**

All settings must meet the HCBS final federal rule. Where noted in the “Analysis by Setting” section, the State is using WAC 388-823-1095 as an overarching rule to ensure DDA settings compliance. The State evaluates settings for HCBS characteristics during the monitoring process completed by the monitoring entity. During this process, sites or homes receive an on-site review, interviews are completed with participants, staff, and administrators as appropriate to the setting, and a visual review of the home or facility, and client record reviews are completed. A more comprehensive outline of the rules and regulations used during monitoring activities of provider owned settings is provided in Appendix B.

To assist in evaluating provider owned settings, an existing RCS report is being revised to track and trend RCS facility citations for non-compliance. When issues are identified through this report, the state will develop and implement an improvement plan to address systemic issues.

Additionally, DDA is developing a database to track all reported instances of sites that are not in full compliance with HCBS settings requirements, remediation measures taken, and follow-up inspections to verify compliance. This database and data from RCS databases will allow for monitoring compliance across all settings.

## **Remediation**

For settings who fail to meet any of the HCBS requirements, outcomes of the licensing/certification processes include citations and/or 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. AL TSA is revising reports to track and trend issues that arise regarding participant rights. This information is used by the RCS Management Team, HCS Management Team, DDA Management team, and an AL TSA-wide executive management committee to address systemic issues through Quality Improvement projects.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

When providers are unable to come into compliance with the HCBS rules (or other rules and regulations that pose a health or safety risk to residents), RCS revokes the license of the facility. When a facility's license is revoked, ALTA and DDA have the following procedures for resident relocations:

**Resident Relocation Procedure**

- 1) After receiving notification from Residential Care Services (RCS), or written notification from a facility, the Agency's Social Services Program Manager, Field Services Administrator (FSA) or their designee will notify the Social Services Supervisors of the closure.
- 2) Clients are notified of the pending closure.
  - a) Clients are provided a 30 day advance notification.
  - b) When client safety is a significant concern or there is imminent risk of harm, shorter timeframes may be given to protect residents.
  - c) All residents are provided the opportunity to a fair hearing.
- 3) The Program Manager, FSA, or designee and Supervisors, after obtaining the resident list, will determine the level of involvement needed by staff and response time needed to assist with relocating clients based on the facility census and closure date.
  - a) Determine an Agency Point Person(s) and a Point Person(s) in the facility.
  - b) Identify HCS, DDA, VA and managed care (e.g. PACE) clients from the census list to enlist additional case management assistance by all appropriate agencies.
  - c) Assign Agency Case Managers to each client.
  - d) The Agency Point Person will notify facility staff of client assignments and the Program Manager, FSA, or designee and DDA Policy and Quality Improvement (PQI) Specialist of any issues that will need special consideration.
  - e) Case management staff will:
    - i) Complete a face-to-face visit to determine level of care, provide placement setting options, and evaluate the need for assessment.
    - ii) Complete comprehensive assessments as required.
    - iii) Identify placement options and availability.
    - iv) Review all placement options with the client, the client's representative, and other parties chosen by the client.
    - v) Once the client chooses a placement option, staff will:
      - (1) Arrange for transportation.
      - (2) Authorize placements.
      - (3) Notify Financial Services of new placement.
      - (4) Follow-up with the client two weeks after placement.
  - f) Staff will notify their supervisor as relocations are completed.  
The Program Manager, FSA, or designee will coordinate with RCS as needed.

## APPENDIX A: Analysis by Setting

### Supported Living

Setting Description: Supported Living, also called Certified Community Residential Services and Supports (CCRSS), provides instruction and support services to the participant to the degree the person-centered service plan identifies in the following categories: home living activities, community living activities, life-long learning activities, health and safety activities, social activities, employment, protection and advocacy activities, exceptional medical support needs and exceptional behavioral support needs. Services are provided in an individual’s own private home or apartment, typically shared with housemates. Settings are governed by a lease signed between the participant and the landlord.

Number of Individuals Served: 3,726  
 Number of sites: 1,600

*43 individuals are served in 15 provider owned/controlled homes; these homes are listed at the end of this section*

This entire section was updated 7/26/16.

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
<b>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</b>	<p>The Supported Living/Certified Community Residential Services and Supports (CCRSS) rule are in Chapters <a href="#">388-101 WAC</a> and <a href="#">388-101D WAC</a>.</p> <p>Participants reside in private homes located in the community and access services in their homes and in typical public community settings.</p>	Fully Compliant	As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
receiving Medicaid HCBS.	<p>The State has completed a review of state statutes and regulations regarding supported living (CCRSS) and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>RCS Investigators also review clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>The state certification process includes a determination of whether providers are adhering to the Individual Instruction &amp; Support Plan (IISP).</p> <p>While completing regular certification evaluations and complaint investigations, the CCRSS provider is evaluated to ensure quality of supports and services and client rights are being protected.</p> <p>In addition to the monitoring activities overseen by RCS, DDA has taken the following steps:</p> <ol style="list-style-type: none"> <li>1. Increasing DDA’s QA system with the addition of a Residential Quality Assurance Unit which includes three Residential Specialists to develop and share best practices;</li> </ol>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
			2. A training Program Manager has been hired to develop a 70 hour training program to be implemented for all residential staff beginning January 2016; 3. DDA has added a quality assurance researcher to review and analyze agency Individual Support Plans (ISPs) to assist agencies to increase quality of goal writing and data tracking; 4. DDA has hired an auditor to ensure each client is receiving the ISS hours identified in their ISP and that client funds are expended correctly.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential</b>	Services are provided in person’s own private home or apartment.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client and <a href="#">WAC 388-101D-</a>	Partially Compliant	As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p><a href="#">0125</a> Client rights.</p> <p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>		<p>Investigators conduct client record reviews ensuring Individual Instruction &amp; Support Plans are being followed.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p> <p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p>	<p>Fully Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
			On-site inspections to ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<p><b>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.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p> <p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p>	Fully Compliant	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including those regarding resident rights.</p>	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rule and adding language to the contracts requiring adherence to the WAC s. See <a href="#">Appendix C</a> .
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p>	Fully Compliant	<p>CMs offer the individual choices of long-term care settings and provider types.</p>	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
	<p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p>		<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individuals have a choice of roommates in the setting;</b></p>	<p>All Supported Living residents have private bedrooms.</p> <p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews,</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p> <p>Supported Living</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
	<p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of supported living services.</p>		<p>and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>contracts are being also being modified to include language that providers will assist participants to select housing with private bedrooms or the bedroom configuration of the participant’s choice</p>
<p><b>Individuals have the freedom to furnish and decorate their sleeping or living units</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. Chapter <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
			homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>	Partially Compliant	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individuals are able to have visitors of their choosing at any time</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a></p>	Partially Compliant	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>through <a href="#">WAC 388-101D-0145</a>.</p> <p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>		<p>Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>The setting is physically accessible to the individual</b></p>	<p>This setting type is primarily not a provider owned or controlled setting.</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p> <p><a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services. Expectations in the CCRSS provider contract:</p> <ul style="list-style-type: none"> <li>All services are to be provided in a person-centered approach with an intent to deliver services in an integrated setting and facilitate the Client’s full access 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 in the same manner as individuals without disabilities.</li> </ul> <p>As part of the person centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant’s needs change regarding accessibility, the case</p>		<p>Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
	manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.			
<b>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.</b>	Not applicable none of these settings are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.	Fully Compliant		
<b>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</b>	Services are provided in person’s own private home or apartment selected by the person and controlled by a lease between the Client and the landlord under the protection of the Washington State Landlord Tenant Law.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client.	Fully Compliant	As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>the State, county, city or other designated entity.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan.</p> <p>Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>		<p>ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>For the small number of provider-owned or controlled properties in this setting, safeguards are in place to protect participants.</b></p>	<p>DDA acknowledges that some CCRSS residences are provider-owned or controlled but do meet all HCBS standards.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews, and client record reviews to ensure service providers’ compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to Chapter <a href="#">WAC 388-101D-0140</a>.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>Safeguards for provider owned or controlled housing already in place include:</p> <p>(1) A Provider-Owned Housing Memorandum of Understanding between the participant and provider which includes the following rights:</p> <ul style="list-style-type: none"> <li>• Client has the right to live wherever they choose within the service area</li> <li>• Client has the right to move from a provider owned home and continue to receive SL services with the provider</li> <li>• Client is aware that service provision with the SL provider is not contingent upon residing in a provider owned home</li> <li>• Client has the right, at any time, to request to move to another home within the service area.</li> </ul> <p>(2) A written exception to policy (ETP) from the Deputy Assistant Secretary (<a href="#">DDA Policy 4.02 D1</a>) (see Appendix E).</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Supported Living State Evaluation	Compliance Level	Oversight Process	Remediation
			On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Provider-Owned or Controlled Supported Living Settings:

Supported Living Agency Name	Location*	Individuals Residing at this location
Ambitions	Xxxx South Waverly Place, Kennewick WA	3
Ambitions	Xxxx Ray Road, Moses Lake WA	4
Ambitions	Xxx Lynn Road, Moses Lake WA	4
Haven Homes, Inc.	Washington Apartments, Medical Lake WA	3
Haven Homes, Inc.	Lower Mobile, Medical Lake WA	3
Mission Vista	Xxx N. Emerson, Wenatchee WA	2
Integrated Living Services	Xxxx S. 172 <sup>nd</sup> St., SeaTac WA	3
Cascade Connections	Xxxx Martin Place, Lynden WA	2
Holly Community Services	Xxxx W. Racine St., Bellingham WA	4
Communitas Supported Living	Xxxx West Ave., Port Orchard WA	2
Communitas Supported Living	Xxxx Arsenal Way, Bremerton	2
CAPA	Xxxx 120 <sup>th</sup> St. S., Tacoma	3
CAPA	Xxxxx Alaska St. S., Tacoma	3
CAPA	Xxx 140 <sup>th</sup> St. E., Tacoma WA	3
Community Visions	Xxxx E. 23 <sup>rd</sup> Ave., Spokane WA	2

\* Note: To protect participant privacy, the specific home address is not included.

**Adult Day Care Services**

Setting Description:

Adult day care service programs are community-based programs with the goal of meeting the needs of adults with impairments through individualized plans of care. Adult Day Care (ADC) 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. All community members have free access to these services and settings including both Medicaid and non-Medicaid funded participants.

New WAC was promulgated since the initial statewide transition plan was submitted. The WAC references below were revised to show these new rules. *(Updated 1/15/16).*

Number of Medicaid contracted providers for ADC services only: 6

Number of Medicaid participants: 16

**Characteristics/Requirements Met**

Characteristics/Requirements	Adult Day Services State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p>Adult day care service programs provide opportunities for community integration for people living alone.</p> <p>WAC <a href="#">388-71-0738(2)</a> Center policies must include (0) A participant bill of rights describing the client’s rights and responsibilities must be developed, posted, distributed to and explained to participants, families, staff and volunteers.</p>	<p>Fully Compliant</p>	<p>The Area Agency on Aging (AAA) monitors adult day centers 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 State will amend chapter 388-71 WAC to assure that Adult Day Services will adhere to all aspects of the federal Home Community Based Settings requirements for non-residential settings. This includes ensuring that individuals receiving HCBS Adult Day</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Adult Day Services State Evaluation	Compliance Level	Oversight Process	Remediation
				<p>Services have the opportunity to receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.            See <a href="#">Appendix C</a>.</p>
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. The settings discussed include all of our residential care options, institutional care, and non-disability specific home settings that include apartments, houses, temporary housing, and other settings that the client may consider a home or residence. This is documented in the Service Episode Record of the CARE assessment tool.</p>	<p>Fully Compliant</p>	<p>The Area Agency on Aging (AAA) monitors adult day centers 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><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-71-0766 (1) and (12): What are the adult day centers' facility requirements?</a> The facility must have sufficient space.... The program must</p>	<p>Silent            When the new rules are enacted, the new</p>	<p>The Area Agency on Aging (AAA) monitors adult day centers at least annually to determine compliance with adult day care and/or adult day health</p>	<p>The State is currently promulgating rules to mandate that restraints must not be used and residents are</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Adult Day Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>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 rule does not fully address the issue.</p>	<p>requirements will elevate the compliance level to “Fully Compliant”.</p>	<p>requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.</p>	<p>free from coercion. See <a href="#">Appendix C</a>.</p>
<p><b>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.</b></p>	<p>In the revised WAC, the Department enhanced the participant’s right to participate per their preferences (new <a href="#">WAC 388-71-0702 (3)(I)</a>.</p> <p><a href="#">WAC 388-71-0718 (6)(c)</a> 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>Fully Compliant</p>	<p>The Area Agency on Aging (AAA) monitors adult day centers 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 State will amend chapter 388-71 WAC to assure that Adult Day Services will adhere to all aspects of the federal Home Community Based Settings requirements for non-residential settings. This includes ensuring that individuals receiving HCBS Adult Day Services have the opportunity to receive services in the community with the same degree of access as individuals not</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Adult Day Services State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></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>Fully Compliant</p>	<p>The Area Agency on Aging monitors adult day centers 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>Internal Quality Assurance monitors to whether the client was offered choice of setting and provider.</p>	<p>receiving Medicaid HCBS.                      See <a href="#">Appendix C</a></p> <p>The State will amend chapter 388-71 WAC to assure that Adult Day Services will adhere to all aspects of the federal Home Community Based Settings requirements for non-residential settings. This includes ensuring that individuals receiving HCBS Adult Day Services have the opportunity to receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.                      See <a href="#">Appendix C</a></p>
<p><b>The setting is physically accessible to the individual</b></p>	<p><a href="#">WAC 388-71-0766</a>: What are the adult day centers' facility requirements? Lists physical environment requirements, including requiring that the site have a ramp if there are stairs at</p>	<p>Fully Compliant</p>	<p>The Area Agency on Aging (AAA) monitors adult day centers at least annually to determine compliance with adult day care and/or adult day health requirements and the</p>	

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Characteristics/Requirements	Adult Day Services State Evaluation	Compliance Level	Oversight Process	Remediation
	the site.		requirements for contracting with the Department or the AAA, including compliance with this requirement.	

*Note: The state visited all adult day care service centers in 2014. One adult day care center 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.*

### DDA Group Home

Setting Description: Provides community residential instruction, supports, and services to two or more individuals who are not related to the provider. Group homes are licensed as an adult family home or assisted living facility.

Number of individuals served: 265 individuals served in 45 DDA Group Homes

#### Characteristics/Requirements Met

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p><a href="#">RCW 70.129.140</a> (b) interact with members of the community both inside and outside the facility.  <a href="#">RCW 70.129.040</a> (1) personal resources  <a href="#">RCW 70.129.020</a> Exercise of rights.  <a href="#">WAC 388-76-10510</a> (5) Is provided the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice  <a href="#">WAC 388-76-10620</a> Resident rights – Quality of life –  <a href="#">WAC 388-76-10640</a> Resident rights – Quality of life – Reasonable accommodation.  <a href="#">WAC 388-76-10555</a> Resident rights – Financial affairs.  <a href="#">WAC 388-76-10520</a> refers to</p>	<p>Fully Compliant</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews (see Appendix E) 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 Long-Term Care Ombuds Program also monitors implementation of <a href="#">Chapter 70.129 RCW</a>.</p> <p>The state licensure and survey process includes a determination</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>Chapter <a href="#">70.129 RCW</a></p> <p>The State has completed a review of state statutes and regulations regarding DDA group homes and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>of whether providers are adhering to the person centered planning process when Negotiated Care Plans or Negotiated Service Agreements and Admissions Agreements are developed. RCS has also added questions related to HCB setting rule compliance to its <a href="#">resident survey tool</a> (see Appendix E).</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is selected by the Individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services</p>	<p>Partially Compliant</p>	<p>CMs offer the individual choices of long-term care settings and provider types.</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>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
	and providers.		On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b>	<p>Rights are protected in <a href="#">RCW 70.129.005</a> and <a href="#">WAC 388-76-10620</a> (1), including not using restraints on any resident (<a href="#">RCW 70.129.120</a>)</p> <p>Protection of rights is also enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a></p>	Fully Compliant	<p>As part of the inspection process described in the overview, RCS conducts an environmental tour as part of the facility inspection process, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of <a href="#">Chapter 70.129 RCW</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to</b>	<p>Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW 70.129.005</a>.</p> <p>Protection of rights is also</p>	Fully Compliant	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see <a href="#">Appendix E</a> ), reviews resident records,	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
<b>interact are optimized and not regimented.</b>	enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>		<p>interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of <a href="#">Chapter 70.129 RCW</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Individual choice regarding services and supports, and who provides them, is facilitated.</b>	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers.	Partially Compliant	<p>This is a component of the CARE assessment process. This is also documented as part of the preliminary/negotiated care plan.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including those regarding resident rights.</p>	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Privacy: Individuals have a choice of roommates in the setting</b>	<a href="#">WAC 388-76-10685</a> (5) <a href="#">WAC 388-110-140</a> (2) The contractor must ensure each resident has a private apartment-like unit. <a href="#">WAC 388-78A-3010</a>	Fully Compliant	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix E), reviews resident records, interviews providers/resident managers, and interviews staff	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC.

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
			regarding this requirement.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	See <a href="#">Appendix C</a> .
<b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units</b>	<a href="#">RCW 70.129.100</a> --(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 <sup>1</sup> .	Fully Compliant	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see <a href="#">Appendix E</a> ), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  On-site inspections ensure homes meet all licensing and certification requirements in	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

---

<sup>1</sup> “Appropriate clothing” means that the clothing is suitable to the particular conditions. For example, the participant has the right to have clothing that is appropriate for the weather and for their needs and preferences. If space does not permit clothing for all seasons to be stored in the room, the family and facility would ensure that clothing was brought out based on the season or changing needs or preferences of the resident. “As space permits” means that there needs to be sufficient space to allow the participant to have a homelike environment with their own furnishings and to be able to move about safely and easily within the space. If, for example, a participant has a large collection of decorative items, the facility would work with the participant to ensure that the participant may enjoy their items while also ensuring that the participant, their roommate, family member, and caregivers are able to safely walk through the room and exit the room in an emergency. “Infringing on the rights or health and safety of other participants” means that the rights of the participant would be negatively impacted. (Updated 1/15/16)

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
			WAC and RCW, including WAC 388-823-1095. The Long-Term Care Ombuds Program also monitors implementation of <a href="#">Chapter 70.129 RCW</a> .	
<b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</b>	<a href="#">RCW 70.129.140</a> (2) Within reasonable <sup>2</sup> 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;	Fully Compliant	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see <a href="#">Appendix E</a> ), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095. The Long-Term Care Ombuds Program also monitors implementation of <a href="#">Chapter 70.129 RCW</a> .	Revising WAC to clarify the process and state that any modification to these resident’s rights must follow and document the process outlined in 42 CFR 771.725(b)(13) Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Individuals are able to have visitors of their choosing at any time</b>	<a href="#">RCW 70.129.090</a> (1) The resident has the right and the	Fully Compliant	As part of the inspection process described in the overview, RCS	Revising <a href="#">WAC 388-823-1095</a> to include all

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>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>conducts comprehensive resident interviews (see <a href="#">Appendix E</a>), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>The setting is physically accessible to the individual</b></p>	<p>WACs:  <a href="#">388-76-10685</a> Bedrooms  <a href="#">388-76-10695</a> Building Codes-Structural requirements  <a href="#">388-76-10870</a> – Resident evacuation capability levels – identification required            Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.</p> <p>As part of the person centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant's needs change regarding accessibility, the case</p>	<p>Fully Compliant</p>	<p>As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.</p> <p>RCS regulates physical plant requirements every year (not just at initial licensing). If a facility makes changes to their physical plant, the plans must be approved through the construction review process. Once the work is complete, RCS licensors review the work to ensure the changes are safe for residents. It is possible that a code that involves access could be updated but the facility is not required to complete</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.</p>		<p>construction to meet the new standard unless it poses a risk to the health and safety of residents.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>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.</b></p>	<p>This is not applicable. These are residential homes. None are attached to institutions.</p>	<p>Fully Compliant</p>	<p>Not applicable</p>	
<p><b>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</b></p>	<p><a href="#">RCW 70.129.110</a> 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</p>	<p>Fully Compliant</p>	<p>This provision is enforced through the RCS licensing requirements.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p>tenant law of the State, county, city or other designated entity.</p>	<p>transfer or discharge and giving at least 30 days’ notice before the transfer or discharge.</p> <p><a href="#">Title 59 RCW</a> provides protections, including an unlawful entry and detainer action as outlined in Chapter <a href="#">59.12 RCW</a>, including a process for contesting the eviction  <i>(Updated 1/15/16).</i></p>			

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors. <i>(Updated 1/15/16).</i></p>	<p>AMENDATORY SECTION (Amending WSR 10-03-064, filed 1/15/10, effective 2/15/10)</p> <p><a href="#">WAC 388-76-10685</a> Bedrooms. The adult family home must: (7) Ensure each resident can lock the their door if they chose to unless having a locked door would be unsafe for the resident and this is documented in the resident's negotiated care plan <i>(Updated 1/15/16).</i></p> <p><a href="#">WAC 388-110-220</a> (effective July 1, 2015) the (enhanced adult residential care) contractor must ensure that at the resident's choice, each resident has the ability to lock his/her bedroom door, unless otherwise indicated in the resident's negotiated service agreement. <i>(Updated 1/15/16).</i></p>	<p>Fully Compliant</p>	<p>As part of the inspection process described in the overview and as described in the adult family home oversight process on the first row of this table, RCS conducts comprehensive resident interviews (see <a href="#">Appendix E</a>), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

### Licensed Staffed Residential (LSR), Child Foster Home, and Group Care Facilities

Setting Description: Staffed Residential, Child Foster Home and Group Care Facilities are licensed and contracted placement options available to DDA enrolled children who require out of home placement due solely to their disability.

Number of Individuals Served: 124 children  
 Licensed Staffed Residential: 35 sites with 90 children  
 Child Foster Homes: 11 sites with 12 children  
 Group Care Facilities: 9 sites with 22 children

#### Characteristics/Requirements Met

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p>DDA Licensed Staffed Residential (LSR) Contract and <a href="#">Chapter 388-145-1300</a> through 1885 WA Child Foster Home <a href="#">Chapter 388-148 WAC</a></p> <p>The State has completed a review of state laws and regulations regarding Staffed Residential, Child Foster Care and Group Care Facilities and determined that those</p>	<p>Partially Compliant</p>	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints.</p> <p>Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>laws are in alignment with the HCBS setting requirements.</p>		<p>Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool (<a href="#">DSHS 21-059</a>) and applying the same standards as utilized for supported living to ensure HCBS standards.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is selected by the Individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p>DDA policy identifies that the referral process is a joint process and that the service options are discussed in person.</p> <p><a href="#">Chapter 388-823-1095</a> WAC my rights as a DDA client</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings</p>	<p>Partially Compliant</p>	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
	and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.		Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b>	Licensed Staffed Residential (LSR) Contract and DDA policies <a href="#">5.19</a> , <a href="#">5.20</a> and <a href="#">6.12</a> contain language that addresses this requirement.  <a href="#">Chapter 388-823-1095</a> WAC my rights as a DDA client	Partially Compliant	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
			supported living to ensure HCBS standards.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<b>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.</b>	<a href="#">Chapter 388-826-0040</a> WAC communicates therapeutic supports. <a href="#">DDA policy 4.10</a> and contract referral process and setting types to look for settings that support the family cultural needs. <a href="#">Chapter 388-823-1095</a> WAC my rights as a DDA client	Partially Compliant	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool.	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Individual choice regarding services and supports, and who provides them, is facilitated.</b>	<a href="#">Policy 4.10</a> and contract regarding referral process and setting types will look for settings that support the	Partially Compliant	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
	family cultural needs. <a href="#">Chapter 388-823-1095 WAC</a> my rights as a DDA client		exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>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</b>	Not applicable.  Child settings Chapters <a href="#">388-145</a> , <a href="#">388-148</a> and <a href="#">388-826</a> WAC require notification of provider in writing.	Fully Compliant	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints.	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity;</b></p>	<p>Voluntary Placement Service (VPS) statement identifies that any party could choose to terminate this placement and child would return to their family’s home.</p>		<p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units</b></p>	<p>This is specified in the Licensed Staffed Residential (LSR) contract</p>	<p>Fully Compliant</p>	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards.</p> <p>On-site inspections ensure homes meet all licensing and</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
			certification requirements in WAC and RCW, including WAC 388-823-1095.	
<p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</b></p>	<p><a href="#">Chapter 388-145-1790 WAC</a> Rule requires the contractor to post a menu. Clients can choose snack options. The evaluation tool asks the child if they go to the store with staff to pick out their own food.</p> <p><a href="#">Chapter 388-148-1515 WAC</a> What are the requirements regarding food?</p> <p><a href="#">Chapter 388-823-1095 WAC</a> my rights as a DDA client</p>	Partially Compliant	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>Individuals are able to have visitors of their choosing at any time</b></p>	<p>Supervised access- individuals can come over in reasonable time frames. The rules state background checks are required if an individual over 18 years of age will be visiting the licensed settings.</p> <p><a href="#">Chapter 388-823-1095 WAC</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards. On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>The setting is physically accessible to the individual</b></p>	<p><a href="#">Chapter 388-145-1555 WAC</a>  <a href="#">Chapter 388-148-1440 WAC</a></p> <p>As part of the person</p>	<p>Partially Compliant</p>	<p>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant’s needs change regarding accessibility, the case manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.</p>		<p>exceed 3 years. DLR and Child Protective Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>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</b></p>	<p>N/A – None are attached to institutions.</p>	<p>Fully Compliant</p>		

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Evaluation	Compliance Level	Oversight Process	Remediation
any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.				

### DDA Individual Supported Employment

Setting Description: DDA’s Individual Supported Employment services includes activities needed to gain and sustain minimum wage or higher paid employment and include intake, discovery, job preparation, marketing, job coaching, and job retention. Provider settings are located in integrated employment settings within the community, in business and in industry.

Number of Individuals Served: 5,853 at approximately 5,853 sites

#### Characteristics/Requirements

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>The setting is integrated in, and facilitates the individual’s full access 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, in the same manner as individuals without disabilities</b></p>	<p><a href="#">RCW 71A.10.015</a>  <a href="#">WAC 388-845-2100(1)(a-f)</a>                      Individual supported employment services include activities needed to sustain minimum wage pay or higher. These services are conducted in integrated business environments and include intake, discovery, job preparation, job marketing, and job coaching and job retention.</p> <p><a href="#">DDA Policy 4.11</a> County Services for Working Age Adults</p>	<p>Fully Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p> <p>The State has completed a review of state statutes and regulations regarding individual supported employment and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA uses the county self-assessment tool as one of several methods of identifying priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> <li>• If county is provider;</li> <li>• If DDA regional or HQ staff identifies county as needing additional site monitoring;</li> <li>• Every three years, all counties are reviewed.</li> </ul> <p>DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA reviews outcome</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>information for trends and patterns on a county-by - county basis each month.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is selected by the Individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>choice, relationships, status/contribution, integration, competence and health and safety.</p>		<p>manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by - county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that:</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>		<p>all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis. Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and</p>	<p>See <a href="#">Appendix C.</a></p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>patterns on a County-by - County basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>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.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by - county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>		<p>adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>patterns on a county-by - county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is physically accessible to the individual.</b></p>	<p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>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</b></p>	<p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution,</p>	<p>Fully Compliant</p>	<p>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</b></p>	<p>integration, competence and health and safety.</p> <p>Individual supported employment services are conducted in integrated business environments and include intake, discovery, job preparation, job marketing, and job coaching and job retention.</p>		<p>adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by -</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Individual Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			county basis monthly.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	

### DDA Group Supported Employment

Setting Description: DDA’s Group Supported Employment services are a step on the pathway toward gainful employment in an integrated setting and includes supports and paid training in an integrated business setting, supervised by a qualified employment provider during working hours, grouping of no more than eight workers with disabilities and individualized support to obtain gainful employment. Provider settings are located in integrated business and industry settings for groups of not more than eight workers with disabilities.

Number of Individuals Served: 1,034 at approximately 258 sites

#### Characteristics/Requirements

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
<b>The setting is integrated in, and facilitates the individual’s full access 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, in the same manner as individuals without disabilities.</b>	<a href="#">RCW 71A.10.015</a>  <a href="#">WAC 388-845-2100(2)(a-d)</a> Group supported employment services are a step on your pathway toward gainful employment in an integrated setting and include supports and paid training in an integrated business setting, supervision by a qualified employment provider during working hours, groupings of no more than eight workers with disabilities and individualized supports to obtain gainful employment.	Fully Compliant	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p><a href="#">DDA Policy 4.11</a> County Services for Working Age Adults</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p> <p>The State has completed a review of state laws and regulations regarding group supported employment settings. All rules and regulations regarding this setting are in alignment with federal HCBS setting regulations.</p>		<p>outcome information to Counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA uses the county self-assessment tool as one of several methods of identifying priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> <li>• If county is provider;</li> <li>• If DDA regional or HQ staff identifies county as needing additional site monitoring;</li> <li>• Every three years, all counties are reviewed.</li> </ul> <p>DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally,</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>DDA review outcome information for trends and patterns on a county-by - county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>		<p>to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by - county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services,</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>		<p>per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally,</p>	<p>adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>DDA review outcome information for trends and patterns on a county -by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>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.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhere to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county -by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services,</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>		<p>per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally,</p>	<p>adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>DDA review outcome information for trends and patterns on a county -by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is physically accessible to the individual.</b></p>	<p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence, and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county -by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>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</b></p>	<p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and</p>	<p>Fully Compliant</p>	<p>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p>choice, relationships, status/contribution, integration, competence, and health and safety.</p> <p><a href="#">WAC 388-845-2100(2)(a-d)</a>                      Group supported employment services are a step on your pathway toward gainful employment in an integrated setting and include supports and paid training in an integrated business setting, supervision by a qualified employment provider during working hours, groupings of no more than eight workers with disabilities and individualized supports to obtain gainful employment.</p>		<p>per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally,</p>	<p>adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Group Supported Employment State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>DDA review outcome information for trends and patterns on a county -by-county basis monthly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	

### DDA Community Access

Setting Description: DDA Community Access is an individualized service that provides clients with opportunities to engage in community-based activities that support socialization, education, recreation, and personal development. The purpose of this service is to assist the client to build and strengthen relationships with others in the community who are not paid to be with the person and for the client to learn, practice, and apply skills that promote greater independence and inclusion in their community. Services are provided in the community in integrated settings.

Number of individuals served: 982 and 982+ sites.

Characteristics/Requirements	DDA Community Access State Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">RCW 71A.10.015</a></p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p><a href="#">DDA Policy 4.11</a> County Services for Working Age Adults</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration,</p>	<p>Fully Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA uses the county self-assessment tool as one of several methods of identifying priorities for site visits. Other considerations include:</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

	<p>competence and health and safety.</p> <p>The State has completed a review of state statutes and regulations regarding community access and determined that those laws are in alignment with the HCBS setting requirements.</p>		<ul style="list-style-type: none"> <li>• If county is provider;</li> <li>• If DDA regional or HQ staff identifies county as needing additional site monitoring;</li> <li>• Every three years, all counties are reviewed.</li> </ul> <p>DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.</p>
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60</a> 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</p>	<p>Fully Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client's case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

	rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26</a> WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.		Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.
--	--	--	--

### Community Healthcare Providers

Setting Description: Community Healthcare Providers are located in typical community locations (such as physician offices, optometrist offices, OT/PT/Speech therapists’ offices, and audiology offices). All community members have free access to these services and settings including both Medicaid and non-Medicaid-funded participants.

Characteristics/Requirements	Community Healthcare Providers State Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p>	<p>Fully Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p> <p>Department of Health provides oversight of healthcare provider credentials.</p>
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and 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 sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. <a href="#">Chapter 49.60 RCW</a> is the state’s law against discrimination and which created the Washington State Human Rights Commission to develop policies and</p>	<p>Fully Compliant</p>	<p>At the time of initial contracting and at contract 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.</p> <p>Healthcare professions are regulated by the Department of Health (DOH). Complaints are investigated by DOH. All Healthcare providers are subject to the Uniform Disciplinary Act (<a href="#">RCW 18.130.160</a>)</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Healthcare Providers State Evaluation	Compliance Level	Oversight Process
	rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26</a> in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.		

### Dental Providers

Setting Description: Dental providers are located in typical community locations (such as dental offices, dental clinics). All community members have free access to these services and settings including both Medicaid and non-Medicaid-funded participants.

Characteristics/Requirements	Dental Providers State Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p>	<p>Fully Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p> <p>The Department of Health provides oversight of dental providers’ credentials.</p>
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60 RCW</a> is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and</p>	<p>Fully Compliant</p>	<p>Health care professions are regulated by the Department of Health (DOH). Complaints are investigated by DOH. All Healthcare providers are subject to the Uniform Disciplinary Act (<a href="#">RCW 18.130.160</a>)</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Dental Providers State Evaluation	Compliance Level	Oversight Process
	rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26</a> WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.		

### DDA Behavioral Health Crisis Bed Diversion Services

Setting Description: Behavioral Health Crisis Bed Diversion Services are one component of Behavioral Health Stabilization Services which include Behavior Support and Consultation, Specialized Psychiatric Services and Behavioral Health Crisis Bed Diversion Services. Behavioral health crisis bed diversion services include support staff, twenty-four hours a day, seven days a week, to meet the client’s needs as identified in the client’s assessment, three meals per day plus snacks, therapeutic interventions, medication monitoring, referral to health care services as needed, supports for performing personal hygiene routine and activities of daily living, if needed by the client, transportation to and from other necessary appointments or services and access to the instruction and support services identified in the client’s person-centered service plan. Services are located in typical residential communities in single family homes or in apartments.

Setting has 8 sites with capacity for 12 participants.

This entire section was updated 1/15/16.

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p>Behavioral health crisis bed diversion services <a href="#">WAC 388-101D-0515</a> through <a href="#">WAC 388-101D-0550</a></p> <p>Participants receive behavioral health crisis bed diversion services located in the community and access services in typical public community settings.</p> <p>The State has completed a</p>	<p>Fully Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

	<p>review of state statutes and regulations regarding the behavioral health crisis bed diversion settings and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>conducts client record reviews to ensure service providers' compliance.</p> <p>The state certification process includes a determination of whether providers are adhering to the Individual Instruction &amp; Support Plan (IISP). While completing regular certification evaluations and complaint investigations, the CCRSS provider is evaluated to ensure quality of supports and services and client rights are being protected. In addition to the RCS monitoring activities, DDA has taken the following steps: 1) Increasing DDA's QA system with the addition of a Residential Quality Assurance Unit which includes three Residential Specialists to develop and share best practices; 2) A training Program Manager has been hired to develop a 70 hour training program to be implemented for all residential staff beginning January 2016; 3) DDA has added a quality assurance</p>	
--	---	--	---	--

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

			<p>researcher to review and analyze agency ISPs to assist agencies to increase quality of goal writing and data tracking; 4) DDA has also hired an auditor to ensure each client is receiving the ISS hours identified in their ISP and that client funds are expended correctly.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p> <p>Residential Guidelines and behavioral health crisis bed</p>	<p>Partially Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance. On-site inspections ensure homes meet all licensing and</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	diversion services provider contracts inform and guide the provision of services.		certification requirements in WAC and RCW, including WAC 388-823-1095.	
<b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b>	Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a> .	Fully Compliant	As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>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.</b>	Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a> .	Fully Compliant	As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

			<p>provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p>	<p>Fully Compliant</p>	<p>CMs offer the individual choices of behavioral health crisis bed diversion service settings and provider types. Providers must develop a crisis services treatment plan within 48 hours of the client’s start of services.</p> <p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

			<p>reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	
<p><b>Individuals have a choice of roommates in the setting;</b></p>	<p>Not applicable as each participant is provided a private, furnished bedroom and only one participant is served in each residence (Chapter <a href="#">388-101-4080</a> <a href="#">388-101D-0520</a> WAC).</p>	<p>Fully Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individuals have the freedom to furnish and decorate their sleeping</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>As part of the certification and complaint investigation</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

<p>or living units</p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.          Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</p>		<p>process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	<p>listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client          Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.          Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</p>	<p>Partially Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

			<p>reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095. .</p>	
<p><b>Individuals are able to have visitors of their choosing at any time</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client          Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.          Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</p>	<p>Partially Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>The setting is physically accessible to the individual</b></p>	<p><a href="#">WAC 388-101-4090</a> (10) specifies that providers of DDA Behavioral Health Crisis Diversion Bed Services must</p>	<p>Partially Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	<p>provide “An accessible site for clients with physical disabilities.”</p> <p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</p>		<p>Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	<p>the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>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.</b></p>	<p>Not applicable as all service providers are located in single family homes and apartments.</p>	<p>Fully Compliant</p>	<p>Not applicable.</p>	
<p><b>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by</b></p>	<p>Not applicable as participants do not pay rent or room and board for this service.</p>	<p>Fully Compliant</p>	<p>As part of the certification and complaint investigation process described in the overview, Residential Care</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to</p>

**Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

<p><b>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.</b></p>			<p>Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	<p>the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
---	--	--	--	--

### DDA Specialized Psychiatric Services

Setting Description: DDA Specialized Psychiatric Services are one component of Behavioral Health Stabilization Services which include Behavior Support and Consultation, Specialized Psychiatric Services and Behavioral Health Crisis Bed Diversion Services. Specialized psychiatric services are specific to the individual needs of persons with developmental disabilities who are experiencing behavioral health symptoms. Services may include psychiatric evaluation, medication evaluation and monitoring and psychiatric consultation. Providers are located in typical community locations such as medical offices and community mental health clinics. All community members have free access to these or similar services and settings include both Medicaid and non-Medicaid funded participants.

Characteristics/Requirements	DDA Specialized Psychiatric Services Providers State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p>The State has completed a</p>	<p>Partially Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle. Department of Health provides oversight of specialized psychiatric services provider credentials.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

**Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

	<p>review of state statutes and regulations regarding specialized psychiatric services and determined that those laws are in alignment with the HCBS setting requirements.</p>			
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60 RCW</a> 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. <a href="#">Chapter 162-26 WAC</a> identifies unfair</p>	<p>Fully Compliant</p>	<p>At the time of initial contracting and at contract renewal, the contracts specialist ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services.</p> <p>Healthcare professions are regulated by the Department of Health (DOH). Complaints are investigated by DOH. All Healthcare providers are subject to the Uniform Disciplinary Act (<a href="#">RCW 18.130.160</a>)</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

	practices to include reasonable accommodations, accessibility and service animals.			
--	--	--	--	--

### DDA Behavior Support and Consultation

Setting Description: DDA Behavior Support and Consultation is one component of Behavioral Health Stabilization Services which include Behavior Support and Consultation, Specialized Psychiatric Services and Behavioral Health Crisis Bed Diversion Services. Behavior Support and Consultation includes individualized strategies for effectively relating to caregivers and other people in the waiver participants life and direct interventions with the person to decrease aggressive, destructive and sexually inappropriate or other behaviors that compromise their ability to remain in the community. Direct interventions may include training, specialized cognitive counseling, conducting a functional assessment, development and implementation of a positive behavior support plan. Providers are located in typical community locations (such as medical and professional offices and community mental health clinics) and may also provide services in participants’ homes. All community members have free access to these or similar services and settings include both Medicaid and non-Medicaid-funded participants.

Characteristics/Requirements	DDA Behavior Support and Consultation Providers State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p>The State has completed a review of state statutes and regulations regarding</p>	<p>Partially Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle. Department of Health provides oversight of behavior health and consultation provider credentials.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	<p>behavior support and consultation and determined that those laws are in alignment with the HCBS setting requirements.</p>			
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60 RCW</a> 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</p>	<p>Fully Compliant</p>	<p>At the time of initial contracting and at contract renewal, the contracts specialist ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services.</p> <p>Behavior support professionals are regulated by the Department of Health (DOH). Complaints are investigated by DOH. All Healthcare providers are subject to the Uniform Disciplinary Act (<a href="#">RCW 18.130.160</a>)</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

	include reasonable accommodations, accessibility and service animals.			
--	---	--	--	--

### DDA Community Crisis Stabilization Services

Setting Description: Community Crisis Stabilization Services are state operated community behavioral health services to assist participants age 8-21 who are experiencing a behavioral health crisis that puts a participant at risk of hospitalization, institutionalization or loss of residence or exceeds a participant’s individual ability to cope/remain stable. Services are provided in a typical residential community setting in a single family home.

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
<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>Chapter <a href="#">71A.16 RCW</a></p> <p>Proposed Chapter 388-833 WAC</p> <p>DDA <a href="#">Policy 4.07</a>, Community Crisis Stabilization Services</p> <p>DDA <a href="#">Policy 5.14</a>, Positive Behavior Support</p> <p>DDA <a href="#">Policy 5.18</a>, Cross System Crisis Plan</p> <p>DDA <a href="#">Policy 5.19</a>, Positive Behavior Support for Children and Youth</p> <p>DDA <a href="#">Policy 5.20</a>, Restrictive Procedures for Children and Youth</p> <p>The participant receives community crisis stabilization services in a typical residential</p>	<p>Fully Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies.</p> <p>Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>• Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns;</li> </ul>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>community setting in a single family home.</p> <p>The State has completed a review of state statutes and regulations regarding community crisis stabilization services and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>and</p> <ul style="list-style-type: none"> <li>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</li> </ul> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p> <p>A statewide team of professional staff appointed by the Deputy Assistant Secretary and known as the CCSS Review Team reviews all requests for admission and approves or denies referrals.</p> <p>The individual or legal representative has provided voluntary consent to participate in CCSS per <a href="#">WAC 388-833-0015</a>.</p> <p>During the assessment</p>	<p>Partially Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>Identify barriers to implementation in the CCSS and in the participant’s</li> </ul>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p>		<p>home;</p> <ul style="list-style-type: none"> <li>Track trends and patterns; and</li> </ul> <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>Assess the effectiveness of the participant’s individualized treatment plan;</li> </ul>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			<ul style="list-style-type: none"> <li>Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>Track trends and patterns; and</li> </ul> Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement. On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a> .	
<p><b>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.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>Assess the effectiveness of the participant’s individualized treatment</li> </ul>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>plan;</p> <ul style="list-style-type: none"> <li>Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>Track trends and patterns; and</li> </ul> <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies.</p> <p>Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>Assess the effectiveness of</li> </ul>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			the participant’s individualized treatment plan; <ul style="list-style-type: none"> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns; and</li> </ul> Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a> .	
<b>Privacy: Individuals have a choice of roommates in the setting</b>	Not applicable. All participants have single occupancy bedrooms.	Fully Compliant		
<b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units</b>	<a href="#">WAC 388-823-1095</a> my rights as a DDA client	Fully Compliant	Child Protective Services (CPS) investigates complaints of abuse and neglect.  DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes,	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to: <ul style="list-style-type: none"> <li>• Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns; and</li> </ul> Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including those regarding resident rights.	
<b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</b>	<a href="#">WAC 388-823-1095</a> my rights as a DDA client	Partially Compliant	Child Protective Services (CPS) investigates complaints of abuse and neglect.  DDA’s Crisis Services Program Manager oversees program	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC.

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to: <ul style="list-style-type: none"> <li>• Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns; and</li> </ul> Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	See <a href="#">Appendix C.</a>
<b>Individuals are able to have visitors of their choosing at any time</b>	<a href="#">WAC 388-823-1095</a> my rights as a DDA client	Partially Compliant	Child Protective Services (CPS) investigates complaints of abuse and neglect.	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>• Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns; and</li> </ul> <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including <a href="#">WAC 388-823-1095</a>.</p>	<p>the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>The setting is physically accessible to the individual</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client.</p>	<p>Partially Compliant</p>	<p>Child Protective Services (CPS) investigates complaints of</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>As part of the person centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant’s needs change regarding accessibility, the case manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.</p>		<p>abuse and neglect.</p> <p>DDA’s Crisis Services Program Manager oversees program operations and monitors for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to:</p> <ul style="list-style-type: none"> <li>• Assess the effectiveness of the participant’s individualized treatment plan;</li> <li>• Identify barriers to implementation in the CCSS and in the participant’s home;</li> <li>• Track trends and patterns; and</li> </ul> <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
The setting that is located in a	Not applicable. Community	Fully		

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Community Crisis Stabilization Services State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p>Crisis Stabilization Services is located in a single-family home in a typical residential neighborhood.</p>	<p>Compliant</p>		
<p><b>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.</b></p>	<p>Not applicable. CCSS is not the residence of the participant but a temporary treatment setting where 24 hours a day/7 days a week behavioral health and crisis stabilization services and supports are available for eligible participants.</p>	<p>Fully Compliant</p>		

### Vehicle Modification Providers

Setting Description: These providers are located in typical community locations (such as car repair shops, care dealers, and vehicle modification shops). All community members have free access to these services and settings including both Medicaid and non-Medicaid funded participants.

Characteristics/Requirements	Vehicle Modification Providers State Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p>	<p>Fully Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p>
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60</a> RCW is the state's law against</p>	<p>Fully Compliant</p>	<p>Automotive Repair Providers are governed by <a href="#">Chapter 46.71 RCW</a>. Complaints regarding auto repairs can be submitted to the Washington Attorney General’s Consumer Protection Division. These providers are also required to have a business license from the Washington State Dept. of Revenue.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Vehicle Modification Providers State Evaluation	Compliance Level	Oversight Process
	discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26 WAC</a> identifies unfair practices to include reasonable accommodations, accessibility and service animals.		

### Veterinarians for Service Animals

Setting Description: These providers are located in typical community locations (such as veterinarian offices and clinics). All community members have free access to these services and settings including both Medicaid and non-Medicaid funded participants.

Characteristics/Requirements	Veterinarians for Service Animals State Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p>	<p>Fully Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p>
<p><b>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.</b></p>	<p>The settings are integrated into the greater community and do not preclude access to the community.</p> <p>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 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. <a href="#">Chapter 49.60 RCW</a> is the state's law against</p>	<p>Fully Compliant</p>	<p>Veterinarians are regulated by the Department of Health (DOH) per <a href="#">Chapter 18.92 RCW</a> and <a href="#">Chapter 246-937 WAC</a>. Complaints are investigated by DOH.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Veterinarians for Service Animals State Evaluation	Compliance Level	Oversight Process
	discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26 WAC</a> identifies unfair practices to include reasonable accommodations, accessibility and service animals.		

### 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 Evaluation	Compliance Level	Oversight Process
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p>During the assessment and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client signature or in the client’s service episode record.</p>	<p>Fully Compliant</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p>
<p><b>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.</b></p>	<p>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 sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. <a href="#">Chapter 49.60</a> RCW is the state's law against discrimination and</p>	<p>Fully Compliant</p>	<p>At the time of initial contracting and at contract 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.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Transportation Providers State Evaluation	Compliance Level	Oversight Process
	<p>which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. <a href="#">Chapter 162-26 WAC</a> identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>		

### DDA Group Training Homes

Setting Description: A DDA Group Training Home is a licensed and certified nonprofit residential facility that provides full-time care, treatment, training, and maintenance for individuals. Effective February 1, 2008, the legislature required that any newly licensed/certified Group Training Home must be licensed as an adult family home and therefore must meet the AFH licensing requirements of [Chapter 388-76 WAC](#).

Number of Group Training Homes: 2 serving 20 individuals (these two homes, Merry Glen and Sound View, were in existence prior to February 1, 2008, so they are not required to meet the adult family home licensing requirements but must meet the supported living certification requirements of [Chapter 388-101 WAC](#)).

#### Characteristics/Requirements Met

Characteristics/Requirements	DDA Group Training Homes State Evaluation	Compliance Level	Oversight Process	Remediation
<b>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.</b>	DDA Group Training Homes/Certified Community Residential Services and Supports (CCRSS) rules are in Chapter <a href="#">388-101 WAC</a> and Chapter <a href="#">388-101D WAC</a> .  <a href="#">RCW 71A.22.020</a> (2) and <a href="#">70.129.140</a> (b) interact with members of the community both inside and outside the facility. <a href="#">RCW 70.129.040</a> (1) personal resources <a href="#">RCW 70.129.020</a> Exercise of rights.	Partially Compliant	As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS) Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients’ finances and conducts client record reviews to ensure service providers’ compliance.  The state certification process includes a determination of	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">WAC 388-101-3170</a></p> <p>The State has completed a review of state statutes and regulations regarding DDA group training homes and determined that those laws are in alignment with the HCBS setting requirements.</p>		<p>whether providers are adhering to the Individual Instruction &amp; Support Plan (IISP). While completing regular certification evaluations and complaint investigations, the CCRSS provider is evaluated to ensure quality of supports and services and client rights are being protected.</p> <p>In addition to the monitoring activities overseen by RCS, DDA has taken the following steps: 1) Increasing DDA’s QA system with the addition of a Residential Quality Assurance Unit which includes three Residential Specialists to develop and share best practices; 2) A training Program Manager has been hired to develop a 70 hour training program to be implemented for all residential staff beginning January 2016; 3) DDA has added a quality assurance researcher to review and analyze agency Individual Support Plans (ISPs) to assist agencies to increase quality of goal writing and data tracking; 4) DDA has also hired an auditor to ensure each client is receiving the ISS hours identified in their</p>	
--	---	--	---	--

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

			<p>ISP and that client funds are expended correctly.</p> <p>Facilities are required to follow the RCW. The RCW provides the basis for RCS inspections and citations when a facility violates a resident’s rights. The RCW states the resident has the a right to choose activities, schedules, and care, interact with members of the community both inside and outside the facility, make choices about aspects for his or her life, and participate in social, religious, and community activities.</p> <p>The Residential Care Services (RCS) Division of AL TSA monitors compliance with the HCBS setting requirements. RCS conducts inspections and complaint investigations of all licensed facilities. Residential Care Services (RCS) conducts inspections every 9-18 months with the average being 12 months. Inspections are unannounced and unpredictable as to when they will occur. If a facility is found not to be in compliance with any of the client’s rights identified in the</p>	
--	--	--	---	--

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

			<p>HCBS settings rules, including isolating residents from the broader community, RCS takes an enforcement action against the facility and the facility is required to develop a corrective action plan to address the issue. For repeat violations, RCS may fine the facility, or revoke the license. As part of the RCS inspection, RCS interviews residents using a survey tool. Questions were added to the RCS resident survey (see Appendix E) to elicit resident feedback on whether their rights are being violated.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources</b></p>	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. DDA participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding</p>	<p>Partially Compliant</p>	<p>CMs offer the individual choices of settings and provider types. This is a component of the CARE assessment process.</p> <p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations,</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

<p>available for room and board.</p>	<p>services and providers.</p> <p>For individuals served by DDA, the Assessment Meeting Wrap-up (<a href="#">DSHS 14-492</a>) documents that individuals are informed of their options regarding settings and providers.</p>		<p>client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p>Rights are protected in <a href="#">RCW 70.129.005</a> and WAC, including not using restraints on any resident. (<a href="#">RCW 70.129.120</a>) Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising WAC 388-823-1095 to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individual initiative, autonomy, and independence in making life</b></p>	<p>Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW</a></p>	<p>Fully Compliant</p>	<p>As part of the certification and RCS complaint investigation</p>	<p>See <a href="#">Appendix C</a>. Revising <a href="#">WAC 388-823-</a></p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

<p>choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p><u>70.129.005</u>.        Protection of rights is enforced through <u>WAC 388-101D-0125</u> through <u>WAC 388-101D-0145</u></p>		<p>process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance. The DDA Residential Quality Assurance Unit is monitoring to <u>WAC 388-101D-0140</u>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p><u>1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</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.</p> <p>Protection of rights is enforced through <u>WAC 388-101D-0125</u> through <u>WAC 388-101D-0145</u></p>	<p>Fully Compliant</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>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

			<p>providers' compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individuals have a choice of roommates in the setting.</b></p>	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan. Residential Guidelines and CCRSS provider contracts inform and guide the provision of group training home services.</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance. The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.</b></p>	<p><a href="#">RCW 70.129.100</a>--(1) The resident has the right to retain and use personal</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

	<p>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.</p>		<p>overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C.</a></p>
<p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</b></p>	<p><a href="#">RCW 70.129.140</a>  (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to:</p> <ul style="list-style-type: none"> <li>(a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;</li> <li>(b) Interact with members of the community both inside and outside the facility;</li> <li>(c) Make choices about aspects of his or her life in the facility that are significant to the resident.</li> </ul>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C.</a></p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	<p><a href="#">WAC 388-823-1095</a> my rights as a DDA client Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.  <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan. Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>			
<p><b>Individuals are able to have visitors of their choosing at any time.</b></p>	<p><a href="#">RCW 70.129.090</a> (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><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>. <a href="#">WAC 388-101D-0140</a> requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan. Residential Guidelines and CCRSS provider contracts inform and guide the provision of CCRSS services.</p>			
<p><b>The setting is physically accessible to the individual.</b></p>	<p>Protection of rights is enforced through <a href="#">WAC 388-101D-0125</a> through <a href="#">WAC 388-101D-0145</a>.</p> <p>As part of the person centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant’s needs change regarding accessibility, the case manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors</p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers’ compliance.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

	also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.			
<b>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.</b>	No group training homes are attached to institutions.	Fully Compliant	Not applicable	
<b>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.</b>	<a href="#">Title 59 RCW</a> provides protections, including an unlawful entry and detainer action as outlined in <a href="#">Chapter 59.12 RCW</a> , including a process for contesting the eviction. (Updated 1/15/16) Contracts were changed effective July 1, 2015 to reflect this requirement (Updated 1/15/16).	Partially Compliant	As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.  The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a> .	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

			<p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors.  <i>(Updated 1/15/16)</i></p>	<p>Contracts were changed effective July 1, 2015 to reflect this requirement  <i>(Updated 1/15/16).</i></p>	<p>Partially Compliant</p>	<p>As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client observations, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to <a href="#">WAC 388-101D-0140</a>.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

### DDA Companion Homes

Setting Description: A companion home is a DDA residential service offered in the provider’s home to no more than one client. Clients receive twenty-four hour instruction and support services which are provided by an independent contractor.

Number of Individuals served in Companion Homes: 68

#### Characteristics/Requirements Met

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p><a href="#">WAC 388-829C-020</a>: A companion home is a DDA residential service offered in the provider’s home to no more than one client. Companion home residential services provide twenty-four hour instruction and support services. Companion home residential services are based on the client’s ISP.</p> <p><a href="#">WAC 388-829C-090</a> The companion home provider must focus on the following values when implementing the ISP: health and safety; personal power and choice; competence and self-reliance; positive recognition by self and others; positive relationships; and integration in the physical</p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>and social life of the community.</p> <p>The State has completed a review of state statutes and regulations regarding companion homes and determined that those laws are in alignment with the HCBS setting requirements.</p>			
<p><b>The setting is selected by the Individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, the resources available for room and board.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p>	<p>Partially Compliant</p>	<p>Annual evaluation process conducted by DDA - contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-829C-090</a></p> <p>The companion home provider must focus on the following values when implementing the ISP: health and safety; personal power</p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA - contracted evaluators who review and evaluate compliance with WAC and companion home contract</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>and choice; competence and self-reliance; positive recognition by self and others; positive relationships; and integration in the physical and social life of the community.</p> <p><u>WAC 388-829C-100</u> Clients of DDA have: the same legal rights and responsibilities guaranteed to all other individuals by the United States Constitution and federal and state law; the right to be free from discrimination because of race, color, national origin, gender, age, religion, creed, marital status, disabled or veteran status, use of a trained service animal or the presence of any physical, mental or sensory handicap; the right to treatment and habilitation services to foster developmental potential and protect personal liberty in the least restrictive environment; the right to</p>		<p>using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
	dignity, privacy, and humane care; the right to participate in an appropriate program of publicly supported education; the right to prompt medical care and treatment; the right to social interaction and recreational opportunities; the right to work and be paid for the work one does; the right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, or financial exploitation; the right to be free from hazardous or experimental procedures; the right to freedom of expression and to make decisions about one’s life; the right to complain, disagree with, and appeal decisions made by the provider or DDA; and the right to be informed of these rights in a language that he or she understands.			
<b>Individual initiative, autonomy, and independence in making life choices, including but not limited</b>	<a href="#">WAC 388-829C-090</a> and 100	Fully Compliant	Annual evaluation process conducted by DDA-contracted evaluators who	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p>to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>			<p>review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p><a href="#">WAC 388-829C-100</a></p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.</p>	<p><a href="#">WAC 388-829C-090</a></p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	
<p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</b></p>	<p><a href="#">WAC 388-829C-100</a></p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>
<p><b>Individuals are able to have visitors of their choosing at any time.</b></p>	<p><a href="#">WAC 388-829C-090, 100</a></p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
			homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	
<p><b>The setting is physically accessible to the individual.</b></p>	<p><a href="#">WAC 388-829C-320</a>            Companion home providers must ensure that the following physical and safety requirements are met for the client: a safe and healthy environment; a separate bedroom; accessible telephone equipment with local 911 access; a list of emergency contact numbers accessible to the client; an evacuation plan developed, posted, and practiced monthly with the client; an entrance and/or exit that does not rely solely upon windows, ladders, folding stairs, or trap doors; a safe storage area for flammable and combustible materials; unblocked exits; working smoke detectors which are located close to the client’s room and meet the specific needs of the client; a flashlight or other non-</p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>electrical light source in working condition; fire extinguisher meeting the fire department standards; and basic first aid supplies. The companion home must be accessible to meet the client’s needs.</p>			
<p><b>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.</b></p>	<p><a href="#">WAC 388-829C-020</a> describes companion homes requirements.</p> <p>As part of the person centered service planning process, participants are provided with options that meet their physical accessibility requirements. If a participant’s needs change regarding accessibility, the case manager works with the resident and facility to accommodate the resident’s needs. As a part of the inspection process, licensors also look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs.</p>	<p>Fully Compliant</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
<b>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors.</b>	Contracts were changed effective July 1, 2015 to reflect this requirement <i>(Updated 1/15/16)</i> .	Fully Compliant	Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>Privacy: Individuals have a choice of roommates in the setting.</b>	<a href="#">WAC 388-829C-020</a> A companion home is a DDA residential service offered in the provider’s home to no more than one client.	Fully Compliant	Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.  On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .
<b>The unit or room is a specific physical place that can be owned, rented or occupied under another</b>	Contracts were changed effective July 1, 2015 to reflect this requirement.	Fully Compliant	Annual evaluation process conducted by DDA-contracted evaluators who	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	Companion Home State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>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.</b></p>	<p><i>(Updated 1/15/16)</i></p>		<p>review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>On-site inspections ensure homes meet all licensing and certification requirements in WAC and RCW, including WAC 388-823-1095.</p>	<p>and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

### DDA Pre-Vocational Services

Setting Description: DDA Pre-Vocational Services are designed to prepare those interested in gainful employment in an integrated setting through training and skill development. Eight pre-vocational service providers in seven counties provide pre-vocational services as part of an individual’s pathway to integrated jobs in typical community employment. These settings are not currently integrated.

Number of Individuals Served: 161 individuals at 9 sites

#### Characteristics/Requirements

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
<b>The setting is integrated in, and facilitates the individual’s full access 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, in the same manner as individuals without disabilities.</b>	<a href="#">RCW 71A.10.015</a>  <a href="#">WAC 388-845-1400</a> What are pre-vocational services? (1) Pre-vocational services typically occur in a specialized or segregated setting and include individualized monthly employment related activities in the community. Pre-vocational services are designed to prepare those interested in gainful employment in an integrated setting through training and skill development. (2) Pre-	Conflicting	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>vocational services are available in the Basic Plus, Core and community protection waivers.</p> <p><u>DDA Policy 4.11</u> County Services for Working Age Adults</p> <p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>		<p>providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA uses the county self-assessment tool as one of several methods of identifying priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> <li>• If county is provider;</li> <li>• If DDA regional or HQ staff identifies county as needing additional site monitoring;</li> <li>• Every three years, all counties are reviewed.</li> </ul> <p>DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally,</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			DDA review outcome information for trends and patterns on a county-by-county basis monthly.	
<p><b>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</b></p>	<p>During the assessment process, it is the case manager’s responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.</p> <p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	Partially Compliant	<p>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis. Each county completes a 16-page self-assessment tool every other year which</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.</p>	
<p><b>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			<p>outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.</p>	
<p><b>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.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships,</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
	<p>status/contribution, integration, competence and health and safety.</p>		<p>services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.</p>	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
<p><b>Individual choice regarding services and supports, and who provides them, is facilitated.</b></p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual basis. Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two</p>	<p>Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.	
<p><b>The setting is physically accessible to the individual.</b></p>	<p><u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>Partially Compliant</p>	<p>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including HCBS settings compliance, that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to counties and progress reports to each client’s case resource manager on a semi-annual</p>	<p>Revising <u>WAC 388-823-1095</u> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <u>Appendix C</u>.</p>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			basis.  Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conducts on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.	
<b>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.</b>	<a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	Partially Compliant	Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and	Revising <a href="#">WAC 388-823-1095</a> to include all rights listed in the HCBS rules and adding language to the contracts requiring adherence to the WAC. See <a href="#">Appendix C</a> .

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Characteristics/Requirements	DDA Pre-Vocational Services State Evaluation	Compliance Level	Oversight Process	Remediation
			patterns on a county-by-county basis monthly.	

**Characteristics/Requirements Not Met**

Characteristics/Requirements	Proposed Changes
<b>The setting is integrated in, and facilitates the individual’s full access 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, in the same manner as individuals without disabilities.</b>	DDA eliminated new admissions to Pre-vocational Services effective September 1, 2015, through approved waiver amendments in the Basic Plus, Core and Community Protection waivers. All people receiving pre-vocational employment supports will be supported to transition into integrated service options within four years.

**APPENDIX B: Site Specific Assessment**  
 Updated 9/12/16

**Settings Assessment**

CMS requires an individualized assessment process that determines the level of compliance and identifies areas of non-compliance for individual sites within each setting type.

*The following chart illustrates each setting and the entity that monitors compliance for that setting:*

Setting	Monitoring Entity					
	RCS	HCS	CA	AAA	Counties	DDA
Adult Day Services		✓		✓		
DDA Supported Living	✓					✓
DDA Group Home	✓					
DDA Licensed Staff Residential, Child Foster Home, Group Care Facilities			✓			✓
DDA Individual Supported Employment					✓	✓ <sup>1</sup>
DDA Group Supported Employment					✓	✓ <sup>1</sup>
DDA Community Access					✓	✓ <sup>1</sup>
DDA Group Training Homes	✓					✓
DDA Companion Homes						✓
In-Home Settings		✓		✓		✓

---

<sup>1</sup> Seven of 39 Counties who are direct providers of services are monitored by DDA

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

Abbreviations:

- AAA – Area Agencies on Aging
- CA – Children’s Administration
- DDA – Developmental Disabilities Administration
- HCS – Home and Community Services
- RCS – Residential Care Services

The following section describes each of the entities charged with the assessment and monitoring of the settings included within the statewide transition plan.

## **Residential Care Services**

Evaluating whether facilities have the effect of isolating residents has been a long standing process in Washington. Under [RCW 70.129.140 \(2\)\(b\)](#), the Residential Care Services (RCS) monitors a resident’s right to interact with members of the community inside and outside of the facility. RCS will continue to identify any site that has the effect of isolating residents. RCS conducts inspections of all licensed facilities at least every 18 months, and with an average of every 12 months. Additional investigations are conducted within that cycle if a complaint is made. All inspectors are either Social Service professionals or Registered Nurses and are directly employed by or contracted with the State of Washington. These staff members do not have a vested interest in the facilities or contracted providers and there is no inherent conflict of interest. RCS staff are trained on HCB Settings requirements.

The inspection and licensing or certification process is a continuous process. All facilities had a regularly scheduled monitoring visit within 18 months of the submission of the statewide transition plan. The statewide plan was first submitted on March 11, 2015, and all facilities monitored by HCS received a licensing or certification visit by September 15, 2016.

During the on-going monitoring activities that occur at least every 18 months, surveyors evaluate the settings as follows:

1. Tour the setting to inspect the physical environment, meet residents, observe how care is occurring, and note any quality of life or safety concerns.
2. Select residents for a comprehensive interview and interview those residents and at least one other family member.
  - a. Residents are selected based on the size of the facility and the inspectors attempt to interview at least one resident with heavy care needs and at least one with light care needs.
3. Interview setting staff about resident care, services, and the operation of the facility.
4. Observe resident direct care, medications, and food service.

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

5. Review resident records.
6. Review staff records.
7. Conduct an exit conference.
8. Follow up as needed with complaints, violations, or citations, stop placements, or revocation.

As part of the RCS inspection, RCS interviews residents using a survey tool. Questions were added to the RCS resident survey to elicit resident feedback on their experiences and satisfaction with their residential setting. Interviews are conducted in a place that is convenient to the participant and respects his or her privacy. For clients residing in their own home or apartment, questions are being added to the Client Services Verification phone survey. Any site that is identified to have the effect of isolating residents will be evaluated for heightened scrutiny.

## **AAA**

Adult Day Care settings are monitored by the Area Agencies on Aging (AAAs) for compliance. Each setting receives an on-site review at least every 18 months. Ongoing monitoring of these facilities includes regular in-person site visits. Since 2014, all ADC settings received additional site visits by the monitoring agency. Monitoring activities include interviews with providers, participants, and responsible parties (such as guardians) when appropriate.

AAA staff are either Social Service professionals or Registered Nurses and are directly employed by the AAA. These staff members do not have a vested interest in the facilities or contracted providers and there is no inherent conflict of interest. AAA staff are trained on HCB Settings requirements.

## **Children's Administration**

Oversight of children's residential settings utilized by Developmental Disabilities Administration's waiver participants involves multiple actors. The Division of Licensed Resources licensors, under the Children's Administration, inspects and licenses Child Foster Homes, Child Foster Group Care and Licensed Staffed Residential facilities. DDA Social Workers and Social Service Specialists conduct annual assessments of all waiver participants and visit the participant's residence if the annual assessment is not conducted in the waiver participant's home. All waiver participants under twenty-one (21) years of age who receive Voluntary Placement Services under the HCBS waiver, are visited by DDA Social Workers every 90 days in the participant's home based upon Chapter 388-826 WAC. DDA Residential Quality Assurance staff conduct annual

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

visits to waiver participants who receive Voluntary Placement Services in all of the licensed settings identified above. All DDA staff have received training on HCBS settings requirements and report any concerns to their supervisors.

## **Washington Counties**

DDA contracts with county agencies for monitoring activities. The monitoring agencies have databases that outline all citations and remediation actions taken. Any and all remediation actions include follow up to ensure ongoing compliance. All deficiencies are noted so that concerns receive follow up and can be reviewed at future monitoring visits to ensure continued compliance. All monitoring agencies receive regular on-going trainings to ensure that they are up-to-date on all federal, state, and local laws, regulations, and policies.

## **Case Managers**

In addition to monitoring agency visits, each participant is visited at a minimum of once every twelve months by a case manager who is also responsible for reporting any concerns, violations, and non-compliance with any rule, regulation, or policy; including any HCBS setting rules. Case management staff are either Social Service professionals or Registered Nurses and are directly employed by the State or the AAA. These staff members do not have a vested interest in the facilities or contracted providers and there is no inherent conflict of interest. Case managers receive ongoing training on all rules and regulations through Management Bulletins, policy chapter revisions, and monthly reviews of these changes with their supervisor in team meetings. As a result of DSHS rules, notices to staff, and comprehensive training, DSHS case management staff are cognizant of the HCBS requirements and will identify facilities or settings that may have the effect of isolating residents. Settings identified as potentially out of compliance will be evaluated by ALTA for heightened scrutiny.

## **Ombuds Staff**

In addition, the Washington State Ombuds program is also able to identify facilities that may have the effect of isolating residents, in their role of providing resident advocacy support and hearing resident complaints. If the Ombuds person in a facility suspects that a facility has the effect of

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

isolating residents, she or he will either work with the facility to resolve the problem or encourage the client to call the complaint investigation hotline for RCS.

## **Others**

Residents, families, stakeholders, advocacy organizations, or any concerned citizen may also notify DSHS of any facility they believe may have the potential to isolate residents by contacting AL TSA’s Complaint Resolution Unit. Identified settings will be evaluated by AL TSA for heightened scrutiny.

## **Settings Reviewed**

### **Privately Owned Homes**

Individual, privately-owned or rented homes or apartments are referred to as “In-Home” settings within Washington’s state system. Participants residing in In-Home settings are monitored by the assigned case manager for compliance with home and community-based settings requirements. Case managers ensure participants are informed about their rights by explaining those rights and gathering signatures on appropriate forms to indicate the participant has been made aware of their rights. To ensure the safety and wellbeing of In-Home participants, case managers are required to make regular monitoring contacts in addition to their annual assessment or re-assessment visit each year. Specialized caseloads receive enhanced monitoring and supports for individuals in specific circumstances where a participant’s safety and wellbeing may be a concern.

Existing settings purchased by a group of families solely for their family members with disabilities who use home and community-based services have been reviewed and confirmed to not isolate individuals from the community of individuals not receiving Medicaid-funded HCBS. One remaining setting that the State has determined is not isolating has been referred to CMS for Heightened Scrutiny. Case management staff and licensing staff will monitor this setting and all others for on-going compliance. Stakeholders and community members also provide feedback to the department to identify incidents of non-compliance with the HCBS rules and requirements.

## **Adult Day Care**

The Adult Day Care program in Washington is a very small program. As of February of 2017, there are 56 participants enrolled in ADC with Medicaid funding. Most of these participants are receiving services at a setting that provides both ADH and ADC (16 providers). ADH is a much larger program with approximately 925 participants. These settings were determined to be compliant with the HCBS rules and were approved as part of the Residential Support Waiver. There are six ADC centers contracted to provide only ADC services to Medicaid recipients, providing services to 16 Medicaid participants statewide. All ADC centers are located within the community, such as in churches and community centers.

Participants typically access the program four to five hours a day, two to three times per week. All participants who attend ADC receive Medicaid personal care services and choose ADC as part of their service plan. While attending ADC, participants are offered the choice of a variety of activities including community based activities. Participants choose the activities in which to participate. Some of the reasons participants have given for wanting to attend ADC include participation in the STARS program, using the gym, for recreation, and to socialize.

### *Monitoring ADC Settings*

Adult Day Care settings are monitored by the Area Agencies on Aging (AAAs) for compliance. Each setting receives an on-site review at least every 18 months. Ongoing monitoring of these facilities includes regular in-person site visits. Since 2014, all ADC settings received additional site visits by the monitoring agency. Monitoring activities include interviews with providers, participants, and responsible parties (such as guardians) when appropriate.

In addition, a headquarters based Registered Nurse visited all contracted ADC centers in 2014 to determine whether the settings were in compliance with the HCBS rules. Training on HCBS rules and setting requirements was provided to headquarters' staff prior to site visits. One adult day care center was found to be located in a nursing facility and did not comport with HCBS setting rules. The state terminated their contract for ADC on June 18, 2014. No Medicaid funded participants were receiving adult day services prior to the termination of their contract. All remaining centers comport with HCBS setting rules and with all regulations regarding accessibility.

An AL TSA headquarters Registered Nurse in the Performance Improvement Unit is responsible for updating and providing training to ADC providers, revising the Washington Administrative Code (WAC) and working with the AAAs to update monitoring procedures as required by new federal or state regulations.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Ongoing training is held with providers of ADC to continually enhance their knowledge of federal, state, and local rules and regulations related to the services they provide. Quarterly meetings are held with providers to facilitate communication and answer questions. An additional training on the HCBS rules was provided at the quarterly meeting on January 12, 2017.

## **DDA Settings**

DDA employs a multi-party process to determine levels of compliance and identify areas of non-compliance for all individual sites within each setting type.

First, each waiver participant has a DDA Case Resource Manager who performs an in-person, annual assessment and collaboratively develops a person-centered service plan. The majority of these assessments are conducted in the participant's residence. Annual assessments and the development of Person-Centered Service Plans are conducted by Case Resource Managers for participants who live in:

- Own homes;
- DDA Companion Homes;
- Group homes;
- Group Training homes; and
- Licensed Staffed Residential, Child Foster Care and Child Group Care Facilities.

When the participant receives a DDA paid service in their residence and the assessment is not conducted in the participant's residence, the Case Resource Manager will conduct a follow-up home visit to ensure that the person-centered service plan can be implemented in the living environment. As part of the annual assessment, each participant is asked to review the past year's person-centered service plan. Any issues with compliance are documented in the participant's electronic case file and staffed with the Case Resource Manager's supervisor for appropriate follow-up to achieve compliance. All Case Resource Managers and DDA Supervisors have received training on HCBS settings requirements through in-service training conducted in each DDA region by the DDA State Waiver Team.

Second, each residential service has a licenser or certifier who makes on-site inspections of each residential site not less than once every eighteen months. Licensers and certifiers are either staff of Residential Care Services (RCS), contractors of RCS or DDA, or staff of Children's Administration (for children's residential service providers). Licensers and certifiers may cite non-compliance in their inspection reports and require remediation within a stated time frame. All RCS licensers and certifiers have received in-service trainings on HCBS settings requirements from RCS managers.

- DDA Companion Homes are inspected and certified by DDA contracted certifiers.
- Supported Living providers are inspected and certified by RCS staff or RCS contracted certifiers.

**Washington State  
Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

(In addition, the 15 Provider-owned and controlled supported living residences will be inspected by DDA Residential Quality Assurance staff within the next 180 days and any compliance issues will be documented and plans for remediation developed and implemented within a negotiated timeframe.)

- Group Homes and Group Training Homes are inspected and certified by RCS staff.
- Licensed staffed residential, Child Foster Care and Child Group Care Facilities are all inspected by Children’s Administration licensers.
- DDA Individual and Group Supported Employment work sites are inspected by county staff or contracted staff.
- DDA participants who receive Community Access use this service to access their communities and meet their personal goals as outlined in their Person-Centered Service Plans; there are no fixed sites to assess. County staff monitor the performance of Community Access providers.

Third, DDA has residential quality assurance staff who make unannounced visits to participants who receive residential services. If staff discovers non-compliance they will notify the appropriate licenser or certifier for follow-up.

Fourth, all employment work sites are subject to review by counties as part of the contracted oversight of their contracted employment service providers. DDA also has staff employment specialists who work with counties and their contracted employment service providers. If counties discover non-compliance they require remediation. DDA may provide contracted technical assistance to employment providers in need of guidance/training to achieve compliance. DDA staff perform oversight and monitoring of all counties.

DDA will develop a database to track all reported instances of sites that are not in full compliance with HCBS settings requirements, remediation measures taken, and follow-up inspections to verify compliance. This database will include data from RCS databases together with DDA data so that DDA management will be able to monitor compliance and remediation efforts across all settings.

DDA Settings that fully comply:

Setting	Clients	Sites
Community Access	982	982+

DDA Settings that will comply with modifications and number of Medicaid participants:

Setting	Clients	Sites
Supported Living Provider-owned	43	15
Group Homes	265	45

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

Licensed Staffed Residential	90	35
Child Foster Care	12	11
Group Foster Care	22	9
Individual Supported Employment	5,853	5,853
Group Supported Employment	1,034	258
Behavioral Health Stabilization Crisis Diversion Beds	12	8
Group Training Homes	20	2
Companion Homes	68	68

- Specialized Psychiatric Services
- Behavior Support & Consultation
- Community Crisis Stabilization Services

DDA Settings that cannot comply:

Setting	Clients	Sites
Pre-Vocational Services	161	15

DDA Settings that are presumed to have the qualities of an institution, but for which the state will submit evidence for the application of heightened scrutiny:

- None known

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. 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.

## **Process for determining whether settings identified for heightened scrutiny fully align with HCB settings requirements:**

The process for determining whether a setting is identified for the heightened scrutiny process will be based on the CMS Guidance on the Heightened Scrutiny process: <https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf>. This guidance will help the state determine whether such settings in fact should be “presumed to have the qualities of an institution”, and if so, will require submission of evidence to CMS to demonstrate that the setting does not have the qualities of an institution and that it does have the qualities of an home and community based setting. Washington will submit specific settings to CMS for application of Heightened Scrutiny when the state believes the setting, in fact, has the qualities of a home and community based setting, which may include steps that will be taken by the provider in order to achieve compliance. Washington staff will work directly with providers to develop the compliance plan and monitor its completion. Additional site visits will be made to interview clients.

### *Site Visits*

In order to assess each facility’s compliance with the HCBS requirements, including confirming that the setting does not isolate individuals receiving HCBS from the broader community, staff conduct interviews with residents and the facility administrator to get their input and make observations of the setting. During in-person visits, residents who are available at the time of the visit are randomly selected to be interviewed for input. If resident feedback is concerning, efforts are made to interview additional residents, and if necessary, all residents, to ascertain whether it is an isolated incidence or a deficiency exists that needs to be addressed. Because Washington’s expectation is that HCBS characteristics are applied to all residents, both residents who are Medicaid funded participants and some who are not Medicaid funded participants are interviewed.

A list of the interview questions posed to residents 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?
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?

## Washington State

### Revised Transition Plan for New HCBS Rules

To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

8. Are you able to choose who you eat your meals with?
9. Are you able to have visitors at any time?

In order to evaluate whether the setting has the effect of isolating individuals receiving HCBS from the broader community, DSHS conducts interviews with residents, the facility administrator, and makes observations through an in-person visit to determine whether:

- the setting is integrated into the community,
- participants participate in community activities of their choosing and in their community,
- participants use the same community resources as people without disabilities,
- participants see themselves as part of their community and report being included in the broader community, and participants have good access to the community. *(Updated 1/15/16)*

A list of the questions we considered when making observations of the facility and when speaking with 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?

Following the site visit, the team of AL TSA and DDA headquarters staff who conducted the visit, meet to discuss what they found. The team determines if collectively they believe the facility meets the requirements, needs further training and technical assistance to meet the requirements, or is unlikely to meet the requirements. If the facility does not meet the requirements and is unable or unwilling to make changes in order to meet the requirements, the State will revoke the contract of the facility and start the Resident Relocation Procedure listed on page 16.

**Settings Identified for Heightened Scrutiny:**

The State received stakeholder comments on a home that potentially isolates residents, Sunridge Ranch I, LLC . Using the process described above, AL TSA and DDA headquarters staff visited and reviewed the facility to assess whether they met the federal definition of home and community-based settings.

The State has determined that the following settings fully meet the HCBS setting requirements. Through the submission of this revised transition plan, the state is submitting these settings to CMS for heightened scrutiny review:

- Sunridge Ranch, LLC, I

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

**Sunridge Ranch, LLC**  
Rural Kittitas County, WA  
<http://Thesunridgeranch.com>  
Four resident co-owners

**Assessment:** This setting is being presented to CMS for heightened scrutiny review because a commenter identified this setting as a possible farmstead community.

**State Results and Justification:** Based on the observations made by DDA staff from an on-site visit, information provided by the four residents who were interviewed, information provided by guardians of each resident who were interviewed, information provided by the two individual providers who provide support services to the residents, a review of the limited liability corporation paperwork and other correspondence related to Sunridge Ranch, LLC, DDA has determined this privately co-owned home meets HCBS settings characteristics.

Sunridge Ranch is located in rural Kittitas County, Washington, a few miles from Ellensburg, Washington. Neighboring properties are all working farms, like Sunridge Ranch.

**Client Survey:** All four resident co-owners shared their positive opinions of their lives at Sunridge Ranch. All four residents are engaged in self-employment as farmers with their farm business, Terravine Growers. They grow vegetables and herbs which they sell at the Ellensburg Farmers Market and at restaurants in Ellensburg. Each resident expressed his interest in a range of activities that he participated in including visiting Central Washington University with student volunteers, horseback riding, going to movies, shopping in town, visiting with friends and family and trips with their families.

Each resident has their own personal suite (bedroom plus full bathroom) and each room is decorated by the resident in their own taste and reflection of their diverse interests. Each resident picked their suite when they moved in. The residents choose and follow their own schedules for activities outside of work. Meals are prepared by residents to the extent that they can and they eat on their own schedules. Residents have access to food at any time and have visitors when and as they choose.

**Family/Guardian and Personal Caregiver Survey:** Family members organized and self-funded Sunridge Ranch as a co-owned home and farm for their adult sons. The property is located adjacent to other owner-operated farm properties in the community. The resident's farm business, Terravine Growers, is supported by a vocational vendor, Trellis LLC. The residents work schedule is driven by the hours of the Ellensburg Farmers Market where the residents sell their produce in their own stall and by the routine deliveries of vegetables and herbs to local restaurants. The residents are able to access the greater community via a ranch owned vehicle, the personal care providers' vehicle and volunteers' vehicles and

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

they are out in the community multiple times each week. Residents engage in many activities of interest to them in town, with their families and friends. There is no public transportation that serves their farm. Residents have privacy in their own suites and receive any required personal care with bathing or toileting in their private suites. Additional detailed information was provided to CMS but not released for public review due to HIPPA regulations.

**Conclusion:** This setting fully complies with the HCBS characteristics.

## **Ongoing Identification and Review of Settings for Heightened Scrutiny**

The State will continue to use the process outlined on pages 155 through 163 of this document for any setting that is identified as not meeting the HCBS setting characteristics.

RCS surveyors are required to monitor settings at least every 18 months (including an in-person visit to the facility) for compliance with all rules and regulations. Updates to the monitoring process described in the “Site Specific Assessment” section above have been completed to ensure that HCBS setting requirements and characteristics are included.

Case managers visit residents at least yearly. Case managers have been trained on the HCBS rules and requirements and monitor client care. Case managers will notify the Complaint Resolution Unit (for licensed and certified settings) or the administration (DDA or ALTSA) for non-licensed or certified settings when a setting is not in compliance with the HCBS rules or is isolating to clients.

Contracted agencies make on-site inspections of each residential site not less than once every eighteen months. Licenser and certifiers are either staff of Residential Care Services (RCS), contractors of RCS or DDA or staff of Children’s Administration (for children’s residential service providers). Licensers and certifiers may cite non-compliance in their inspection reports and require remediation with a stated time frame.

Non-compliance may also be identified by:

- Residents
- Ombuds
- Advocacy groups
- Providers and provider organizations
- Other State employees (such as licensors, QA staff, and complaint investigators)
- Family and friends of participants
- Any other individual, group, or source that wishes to provide information to the state

Updates to the transition plan will reflect findings from these reviews.

Each year of the transition years, the State will issue a public notice in the Washington State Register, provide notification to Washington Tribes and will post a notice in HCS, AAA and DDA field offices. The notices will list the dates when updates will be posted on the internet for public comment. These notices will provide the link to the web posting along with information about how to obtain a hard copy of the updates.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Newly identified settings that have been reviewed using the State’s heightened scrutiny process will be included in the quarterly updates and will be submitted to CMS for heightened scrutiny review and final determination of HCB characteristics.

### Appendix C: State’s Remedial Work Plan 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, training, program transition and stakeholder involvement.

*Color Key:*

Signifies that this milestone is currently in process

Signifies that this milestone has been completed

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
<b>WAC Changes</b>				
Revise Adult Family Home (AFH) Chapter 388-76 WAC and Adult Residential Care (ARC) and Enhanced Adult Residential Care (EARC) Chapter 388-110 WAC regarding lockable doors	11/01/2014	7/1/2015	Completed—WACs were changed effective 7/1/15	<p>Revised <a href="#">WAC 388-76-10685</a> for Adult Family Homes requires “The adult family home must give each resident the opportunity to have a lock on their door if they choose to unless having a locked door would be unsafe for the resident and this is documented in the resident’s negotiated care plan.”</p> <p>Revised <a href="#">WAC 388-110-242</a> for ARC and <a href="#">WAC 388-110-222</a> for EARC require “Effective July 1, 2015, the contractor must ensure that at the resident’s choice, each resident has the ability to lock his/her bedroom door, unless otherwise indicated in the</p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
				resident’s negotiated service agreement.”
Revise rules related to group supported employment <a href="#">Chapter 388-845 WAC</a> (Section 845 starts on page 15 of the linked document)	07/01/2015	9/4/2016	Completed. Rule became permanent on 9/4/2016.	
Revise chapter 388-71 WAC on Adult Day services to prohibit coercion, the use of restraints, and to require Adult Day services to adhere to all aspects of the federal requirements for non-residential settings. This includes ensuring that individuals receiving HCBS Adult Day Services have the opportunity to receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS. See <a href="#">Appendix C</a>	7/15/2016	7/1/2018		Use of coercion and restraints rules: 7/22/16 CR-101 filed 10/18/16 CR-101 re-filed 3/15/17 – CR 102 4/25/17 – Public Hearing May 2017 – CR 103 Projected effective date 6/10/17.  Community integration rule promulgation will begin 7/1/17.
Revision to WAC 388-823-1095 “What are my rights as a DDA client?” to include HCBS setting rights	7/1/2016	7/1/2017	Rule is drafted and under internal review.	
Revise residential facility WAC to clarify that any modification to a client’s rights must follow and document the process outlined in 42 CFR 441.725 (b) (13).	7/7/2016	7/1/2017	Internal meetings to address how changes need to be incorporated into WAC have occurred. Rule promulgation will begin	
<b>Contract Changes</b>				

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
Revise DDA Group Training Homes and DDA Companion Homes contracts to include provisions concerning lockable doors and tenant protections from evictions.	07/01/2015	07/1/2015	Completed 7/1/15	See Appendix E attachment titled: <a href="#">Excerpt from Companion Home Contract</a>  See attachment titled: <a href="#">Excerpt from Group Training Home Contract</a>
Revise DDA Residential provider contracts to include reference to client rights language in WAC 388-823-1095. – <b>Note that this is a new milestone for the 3/15/2017 revised transition plan</b>	5/1/2017	7/1/2017	Revised WAC drafted and in internal review.	
Supported Living and Community Crisis Stabilization Services contracts modified to include language that providers will assist participants to select housing with private bedrooms or the bedroom configuration of the participant’s choice.	9/1/2016	1/1/2018	Contracts are currently in negotiations.	
Revise all DDA residential and employment service contracts to require adherence to WAC 388-823-1095.	10/9/2016	7/1/2017	Rule is drafted and under internal review	
<b>Licensing/Survey/QA</b>				
Revise Facility Inspection Working Papers (i.e., resident interview tool) for Adult Family Homes, Assisted Living Facilities, and Supported Living providers	11/01/2014	Completed for AFH and ALF providers.  Supported Living	Completed for Adult Family Homes as of 7/1/15  Completed for Assisted Living Facilities as of 7/1/16	Revised working papers for Adult Family Homes—See Appendix E attachments titled: <ul style="list-style-type: none"><li>• <a href="#">Resident Interview Questions</a></li></ul>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
		Providers: 7/1/2017	Supported Living providers—expected completion date 7/1/2017	
Track and trend HCB Setting rule citations in all provider owned residential settings to identify systemic issues for quality improvement	8/1/2016	Revisions to the report by 1/1/2017  Tracking and trending will be completed yearly	Modifying existing report to track and trend citations and enforcement actions that are related to HCBS resident rights.	
Modifying the current client service verification process to include HCBS related questions for in-home clients.	8/1/2016	1/1/2017	Completed 1/1/2017	QCC Team annual audits of random sample of waiver participants’ files which includes HCBS settings questions is in process.
DDA Residential Quality Assurance staff will inspect 15 provider-owned and controlled supported living residents and any compliance issues will be documented and plans for remediation developed and implemented within a negotiated timeframe.— <b><i>Note that this is a new milestone for the 3/15/2017 revised transition plan.</i></b>	4/1/2017	10/1/2017		
DDA will develop a database to track all reported instances of sites that are not in full compliance with HCBS settings	4/1/2017	10/1/2017		

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
requirements, inspections completed, remediation measures taken and follow-up inspections to verify compliance. – <b>Note that this is a new milestone for the 3/15/2017 revised transition plan.</b>				
DDA has identified several sites with clusters of residences which will require further review. DDA Residential Quality Assurance staff will inspect identified clusters of residences and determine their compliance with HCBS settings requirements. – <b>Note that this is a new milestone for the 3/15/2017 revised transition plan.</b>	4/1/2017	4/1/2018		
<b>IT Changes</b>				
Update WACs in tools/databases	11/01/2014	7/1/2016	Completed 7/1/15	
<b>Provider Training</b>				
Provide supported living provider training	11/01/2014	1/31/16	Completed: Curriculum development has been completed  264 supported living staff have been trained  157 staff are enrolled for future training  800 supported living staff have been trained	See Appendix E: <ul style="list-style-type: none"> <li>• <a href="#">Policy 4.02</a> PowerPoint</li> <li>• <a href="#">DDA Residential Provider Training</a></li> </ul>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
			DDA HQ staff provided training on CMS guidelines on choice and housing to all supported living providers via webinars on 8/14/15 and 8/26/15.  In person trainings for supported living providers were conducted on 9/21/15, 9/24/15, 9/25/15 & 10/13/15.	
Provide training to ADC providers on the HCBS rules and regulations for non-residential settings. – <b>Note that this is a new milestone for the 3/15/2017 revised transition plan</b>	1/12/2017	1/12/2017	Completed 1/12/2017	
Provide potential and newly certified supported living providers training on the new expectations incorporated into the survey tools.	7/1/2016	7/1/2017	Curriculum development is under review	
<b>Setting Transitions</b>				
DDA eliminated new admissions to pre-vocational services as currently defined effective September 1, 2015	07/01/2015	09/01/2015	Completed 9/1/15	DDA amended and received CMS approval for Basic Plus, Core and Community Protection waiver amendments to eliminate new admissions to pre-vocational services. See Appendix H attachment titled: :  • <a href="#">WA 0409</a>

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
				<ul style="list-style-type: none"> <li>• <a href="#">WA 0410</a></li> <li>• <a href="#">WA 0411</a></li> </ul>
State has drafted an overarching relocation plan	7/1/2016	1/1/2017	11/4/2016	<p><u>Draft relocation plan</u>            The State has a draft relocation plan for participants who participate in a site that is found not to be a home and community-based site based upon the heightened scrutiny process. Steps in this plan include:</p> <ol style="list-style-type: none"> <li>1) Completion of a heightened scrutiny process for a specific site;</li> <li>2) Finding that the specific site is not a home and community-based site;</li> <li>3) Notification to the participant and their NSA that relocation to a home and community-based site or termination of the service at the non-home and community-based site is required;</li> <li>4) Relocation assistance is provided to the participant to explore alternatives;</li> <li>5) A written plan of relocation is developed and agreed upon;</li> <li>6) Person-centered service plan is modified to incorporate the</li> </ol>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
				relocation plan; 7) Relocation plan is implemented as planned; and 8) Follow-up by quality assurance staff to ensure successful completion of relocation plan.
DDA will provide individual notice to all pre-vocational service participants upon CMS approval of this Transition Plan	07/01/2015	1/1/2019	Drafting of notice and consultation with counties and providers in progress.	
DDA to report to Legislature by 1/1/2016 on Pre-Vocational Services required by Engrossed Substitute Senate Bill 6052. Report to explore 3 options: 1) Modify the current system to ensure compliance with CMS rules; 2) Continue the current system without federal matching funds; and 3) Transition clients out of congregate settings and into integrated settings.	07/01/2015	1/1/2019	Final Plan written and submitted to Legislature 1/21/2016.	See Appendix E attachment titled: <a href="#">Excerpt from ESSB 6052</a>
DDA will provide information and supports necessary for participants to make an informed choice of alternative services available to them in advance of each individual’s transition through a robust person-centered service planning process.	07/01/2015	1/1/2019	11 clients left in pre-vocational services between 7/1/2015 and 12/1/2015— Washington State is actively working with participants on transitioning them out of pre-vocational services.	See Appendix E attachment titled: <a href="#">Excerpt from ESSB 6052</a>
DDA will provide alternative services that may be selected include: Individual	07/01/2015	1/1/2019	11 clients left in pre-vocational services	See Appendix E attachment titled: <a href="#">Excerpt from ESSB 6052</a>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
<p>Supported Employment, Group Supported Employment or Community Access. Other existing waiver services to meet the assessed needs of the individual will also be available.</p> <p>DDA developed State Supplementary Payment option for participants leaving Pre-vocational services that grants eligible participants \$300 per month to assist with their transition.</p>			<p>between 7/1/2015 and 12/1/2015— Washington State is actively working with participants on transitioning them out of pre-vocational services. SSP for Pre-vocational participants started Sept. 1, 2016, and 43 participants have selected this option.</p>	
<p>DDA will require counties to work with pre-vocational service providers to develop agency transformation plans</p>	Ongoing	7/1/2018	<p>3 Pre-vocational service providers are working with their counties to develop agency transformation plans— contracts were completed 7/1/15</p>	<p>DDA has contracted consultant Washington Initiative for Supported Employment (WISE) to work with counties and providers to develop agency transformation plan (Statement of Work #5 &amp; #8).  See Appendix E attachment titled: <a href="#">Excerpt from WISE Contract</a></p>
<p>DDA will require counties to work with pre-vocational service providers to assure each person has a solid person-centered employment plan</p>	Ongoing	1/1/2019	<p>DDA’s contracts with counties require providers to assure each person has a solid person-centered employment plan— contracts were completed 7/1/15</p>	<p>DDA’s County Services Contract for 2015-2017—See Appendix E attachment titled: <a href="#">Excerpt from DDA County Services Contract</a></p>
<p>DDA will require counties to work with pre-vocational service providers to utilize Individualized Technical</p>	Ongoing	1/1/2019	<p>DDA’s contracts with counties will require counties to work with pre-</p>	<p>DDA’s County Services Contract for 2015-2017—See Appendix E attachment titled: <a href="#">Excerpt from</a></p>

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
Assistance (ITA) as necessary			vocational service providers to utilized Individualized Technical Assistance (ITA) as necessary—contracts were completed 7/1/15	<a href="#">DDA County Services Contract</a>
DDA will require counties to work with pre-vocational service providers to assure accurate outcome data, on the individualized support provided to people to help them move towards their employment goal, is documented and provided	Ongoing	1/1/2019	DDA’s contracts with counties require counties to assure accurate outcome data—contracts were completed 7/1/15	DDA’s County Services Contract for 2015-2017—See Appendix E attachment titled: <a href="#">Excerpt from DDA County Services Contract</a>
DDA will assist Counties with Agency transformation plans	Ongoing	7/1/2018	Three Pre-vocational service providers are working with their counties to develop agency transformation plans—contracts were completed 7/1/15	DDA has contracted consultant Washington Initiative for Supported Employment to work with counties and providers to develop agency transformation plan (Statement of Work #5 & #8)-- See Appendix E attachment titled: <a href="#">Excerpt from WISE Contract</a>
DDA will assist Counties with Person-centered Plans	Ongoing	1/1/2019	DDA’s contracts with counties require counties to assure accurate outcome data—contracts were completed 7/1/15	DDA’s County Services Contract for 2015-2017 —See Appendix E attachment titled: <a href="#">Excerpt from DDA County Services Contract</a>
<b>Stakeholder, Clients, and Tribal Involvement</b>				

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
Provide: <ul style="list-style-type: none"> <li>• Initial stakeholder and Tribal notice,</li> <li>• Education and consultation through various methods including public notice documents,</li> <li>• Notices to participants about their HCBS rights,</li> <li>• Information through meetings, conferences and webinars</li> </ul>	12/2014	8/31/15	Completed: Initial notices were included in the initial statewide transition plan under public notice. These were completed by 8/13/15.  Notices were sent to clients on 7/31/15 about their HCBS rights.	See public notice section of <a href="#">initial statewide transition</a> plan sent to CMS on 3/11/15.  See Appendix E attachment titled: <a href="#">Letter to Clients about HCBS Rights</a>
Provide ongoing stakeholder and Tribal notices, education, consultation, and updates occur through various methods including meetings, conferences and webinars.	1/1/2017	1/1/2019	In process— Each year, after the transition plan is approved by CMS, the State will issue an annual public notice in the Washington State Register, provide notification to Washington Tribes and will post a notice in HCS, AAA and DDA field offices. The notices will list the dates when updates will be posted on the internet for public comment. These notices will provide the link to the web site posting along with information about how to obtain a hard copy of the updates.	3/1/17 Public Register Notice 3/1/17 Tribal Notice

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
Add client rights information to residential client care plans.	7/1/15	10/31/15	Completed 10/30/15—the CARE service summary lists the HCBS client rights for clients in residential settings	See Appendix E attachment titled: <a href="#">Client Service Summary Excerpt</a>
DDA HCBS Waiver Quality Assurance Advisory Committee has accepted additional role as stakeholder advisory committee to DDA for implementation of Transition Plan	02/17/2015	1/1/2019	DDA HCBS Waiver Quality Assurance Advisory Committee has met 4 times in 2015.  DDA has scheduled HCBS Waiver Quality Assurance Advisory Committee meetings for 2016: <ul style="list-style-type: none"> <li>• 1/28</li> <li>• 4/21</li> <li>• 7/21</li> </ul>	Meetings were held in 2015: <ul style="list-style-type: none"> <li>• 2/17</li> <li>• 4/21</li> <li>• 7/14</li> <li>• 10/15</li> </ul>
<b>Staff Training</b>				
Provide training to staff who survey/inspect licensed residential settings	11/01/2014	11/30/2017	Management Bulletins (MBs) were issued to staff on 6/22/2015 and 7/27/2015 to provide basic training on the new HCBS requirements and expectations for provider compliance with the requirements.  In process- The HCBS requirements will be reviewed with RCS	See Appendix E attachment titled: <a href="#">R15-056 – HCBS Webinars</a>  See Appendix E attachment titled: <a href="#">R15-047 – HCBS Rules &amp; Plans</a>  HCBS staff trainings were held on the following dates: 2/29/16 – Lakewood staff 2/22/16 – Kent/Smokey Point staff 2/26/16 – Tumwater staff

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
			licensors and complaint investigators during all field staff meetings beginning March 2016 (the training is in the process of being developed).	1/26/16 – new staff 2/1/16 – Yakima staff 2/2/16 – Spokane staff 2/9/16 – Vancouver staff 3/7/16 – Make-up training for field staff 5/4/16 – new staff
Provide training to staff who survey Supported Living providers. – <b>Note that this is a new milestone for the 3/15/2017 revised transition plan</b>	7/1/2017	1/1/2018	Checklist under development, training will follow.	
Provide basic staff training	11/01/2014	01/1/2019	Management Bulletins were issued to staff on 6/22/2015 and 7/27/2015 to provide basic training on the new HCBS requirements and expectations for provider compliance with the requirements.  HCS provided staff training to HCS and AAA case managers and supervisors on October 8 and November 5, 2015.	See Appendix E attachment titled: <a href="#">R15-056 – HCBS Webinars</a>  See Appendix E attachment titled: <a href="#">R15-047 – HCBS Rules &amp; Plans</a>
<b>Participant Outreach</b>				
Outreach directly to participants to inform them of the new rules and requirements.	7/1/2015	1/1/2019	Implemented	On July 1, 2015, the state added a new client training service called “Wellness Education” to

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
				<p>many of our waivers. This service provides participants health information and updates on important updates regarding their services. This client training service will be used to inform clients of the rights contained in the federal HCBS rules. This information will be targeted to clients based on whether they are living in a residential setting vs. in their own home.</p> <p>All AL TSA and DDA clients are provided a “Rights &amp; Responsibilities” document that outlines client rights. These are provided to every client at the time of initial assessment and document changes. The most recent change to that document occurred 7/1/15 to incorporate HCB Setting rule changes. Each client received the new version of that document by 7/1/16.</p> <p>Our client CARE Plans inform the client of their rights when they live in provider owned residential settings.</p>
Fact sheet on HCBS settings rule will be developed and distributed to all DDA	9/1/2016	8/31/2018	Meaningful Home Based Activities Pilot rollout	Management Bulletin <a href="#">H16-031</a> was published for staff on

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Milestones	Start Date	End Date	Status as of 3/1/2017	Evidence of Completion of Milestones
participants during their annual assessment			began in April 2016 and is ongoing until the maximum capacity for the program is reached.	4/4/2016 to explain the rollout of the pilot program, explain how to enroll participants, and to provide staff with fact sheets.
Factsheet on HCBS settings rule will be developed and posted on the internet site & requests for links to factsheet by local, regional and statewide advocacy organization for posting on their sites	9/1/2016	12/31/2016	Completed 12/31/2016	<a href="#">2017 Fact Sheet, Home and Community Based Settings (HCBS) Rules</a>  <a href="#">Fact Sheet Internet Location</a>
<b>Legislation</b>				
The State has enacted legislation to implement a new DDA Ombuds program and a High Risk caseloads program to ensure that the rights of vulnerable participants are protected.	2/9/2016 (first legislative reading)	6/9/2016	3/3/16 Passed House 3/8/16 Passed Senate	<a href="#">Engrossed Second Substitute Senate Bill 6564.</a>

### APPENDIX D: Comments Received by AL TSA and DDA

Comments received to prior versions of the Statewide Transition Plan may be viewed in the historical documents. Comments included on this page were received after the March 15, 2017 posting of this document.

Topic	From	Comment Received	State’s Response	Modification(s) made in response to this comment

## **APPENDIX E: ATTACHMENTS**

### **Letter Sent to Participants Regarding their Rights** (Updated 1/15/16)

*The following is the letter that DSHS sent to participants on July 31, 2015, to notify them about their rights under the HCBS rules.*

You are receiving this notice to tell you about important federal rules because you live in a home and community setting. The federal Home and Community Based Services rules are similar to Washington state laws related to your rights when receiving services.

These rules are intended to ensure that you enjoy full access to the benefits of living in the community. The rules also ensure your right to privacy, to be treated with dignity and respect, and to make your own decisions.

You have the right to:

- Lead your service planning process by:
- Inviting who you want to come to your assessment;
- Having the assessment and service planning process take place in your home or a place that is convenient for you; and
- Getting the information you need to make choices about all the services and supports available to you.
- Be involved in your community, including the right to:
  - Work;
  - Participate in activities with other members of your community;
  - Control your own money and resources; and
  - Receive services in the community
- Have privacy and be treated with dignity and respect
- Make your own life choices, including, the freedom to decide:
  - Which services you will receive;
  - Who will provide your services;
  - Where you live;
  - What activities you want to do;
  - Who you want to spend time with; and
  - Not to accept services you do not want.

## **Washington State**

### **Revised Transition Plan for New HCBS Rules**

**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

- Be free from restraints, abuse, exploitation or neglect

In addition, if you live in a residential setting, you also have the right to:

- Have a lockable entry door;
- Choose your roommate from among others who live there;
- Decorate your bedroom or unit;
- Make your own schedule and choose what activities you want to do;
- Have access to food at any time; and
- Have visitors at times that are convenient to you.

If you live in a residential setting and any of these rights cause your health and safety to be in danger, that right may be modified with your consent. Changes can only be made based upon your needs, and only after other things have been tried and did not work.

If you live in an adult family home or assisted living facility, the Admissions Agreement tells you the rules and policies in that facility.

These rules must protect your rights. Admissions Agreements must be provided before you move in and every 2 years after that.

If you live in a residential facility, you have an additional written plan that is an agreement between you and your residential provider. The plan outlines the care and services that the provider has agreed to provide you. The plans include your preferences and choices about the services you receive. Among other things, your plan includes your preferences about your daily routine, food, grooming, and activities as well as how your preferences will be met. The plans have different names depending on what type of residential setting you live in:

- Adult Family Homes have Negotiated Care Plans
- Assisted Living Facilities have Negotiated Service Agreements
- Group Homes and Supported Living services have Individual Instruction and Support Plans
- Alternative Living has Alternative Living Services Plans

DSHS is committed to making sure your rights are protected. Please reach out if you feel any of your rights are not being honored.

Contact your case manager to discuss your rights, ask questions or ask for help.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

If you feel that you have been abused, exploited or neglected, please call End Harm at 1-866-363-4276

If you live in a residential setting, and you feel that any of your rights are being violated, please contact the Complaint Resolution Unit at: 1-800-562-6078.

If you live in an adult family home or an assisted living facility and would like to talk to an advocate or make a complaint, please call the Washington state Ombuds office 1-800-562-6028.

Long-Term Care Worker Orientation Training (Updated 1/15/16)

***Excerpt of the resident rights module of this training:***

Client Rights

A client receiving care has certain rights protected by federal and state laws. It is a part of your job to understand and protect a client's rights.

The state law regarding client rights can be found in [RCW 70.129](#) and in Washington Administrative Code (WAC) [388-106-1300](#).

You must:

- Treat clients with respect.
- Support a client's choices and independence.
- Protect a client's privacy and confidential information.
- Keep client's safe.

Below are some of the client rights protected by law in our state.

- Choice & Freedom
- Clients have the right to:
  - Take an active role in making or changing their care plan.
  - Refuse care, medications, or treatment.
  - Choose their activities, schedules (including meal times and when care is given), health care, clothing, and hairstyle.
  - Join in social, religious, and community activities.

**A client needs and has the right to privacy**

- When performing personal care:
  - Screen or cover a client.
  - Make sure doors and window curtains are closed.
- Only share medical, financial or other personal information about a client with appropriate care team members.
- Give the client privacy for phone calls and visits.
- Let a client open mail in private.

**Respect privacy.**

## Attachments to the Milestones Completed in Appendix C

### DDA Policy 4.02



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-826 WAC](#) *Voluntary Placement Services*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*  
[Chapter 388-829C WAC](#) *Companion Homes*  
[Chapter 388-829A WAC](#) *Alternative Living*

#### PURPOSE

This policy establishes a process for referral to and acceptance of community residential services, and the process for changing service providers for eligible clients of the Developmental Disabilities Administration (DDA).

#### SCOPE

This policy applies to DDA staff and the following DDA contracted residential service programs:

##### For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- State Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services

##### For children:

- Licensed Staffed Residential (LSR)
- State Operated Living Alternatives (SOLA)
- Licensed Child Foster Home (CFH)
- Licensed Group Care Facility

---

DDA POLICY MANUAL CHAPTER 4 PAGE 1 OF 9 ISSUED 7/2015

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

### DEFINITIONS

CRM/SW/SSS means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

**Habilitation** means those services delivered by residential services providers to assist persons with developmental disabilities to acquire, retain, and improve upon the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

RM means the Developmental Disabilities Administration Resource Manager.

RMA means Resource Manager Administrator.

### POLICY

- A. DDA clients approved to receive community residential services will be provided the opportunity to live in a manner that meets their needs and preferences. Services shall be delivered in the most cost effective manner possible. Based on the habilitation benefits and efficiencies of sharing household and staffing, clients assessed as needing 24-hour daily support receiving supported living services typically live in households of two to four individuals. The DDA RM will complete an Exception to Policy (ETP), which is reviewed at least annually, for all persons assessed to need a residential service level 4, 5 or 6 who are unable to share households or hours.
- B. When referring a client to residential services, DDA will ensure that:
1. Services are offered in integrated settings and support power, choice, and full access to the greater community to engage in community life.
  2. The client and their legal representative (if applicable) receive the necessary information and opportunities to make an informed choice of available services. Information regarding SL and GH residential providers is available online at [Residential Provider Resources](#).
  3. The provider receives the necessary information and opportunities to make an informed decision; and
  4. The program has the necessary contract, certification or licensure. Licensed facilities must operate within their licensed capacity.
- C. DDA supports the right of clients to make the choice to change residential services providers. At a minimum, the DDA CRM will review client choice at their annual assessment.

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

- D. A supported living service provider agency, administrator, or owner cannot own homes that are rented by the clients they serve.
1. Exceptions to this will be considered by the Assistant Secretary for scenarios that have been in existence prior to July 1, 2013. ETPs will be reviewed annually. The residential service provider will complete the [DSHS 27-124, Provider Owned Housing Memorandum of Understanding Residential Provider Attestation](#), form. The Resource Manager will work with the client/legal guardian to complete the [DSHS 27-123, Provider Owned Housing Memorandum of Understanding Renter Attestation](#), form. Both of these documents will be attached to the ETP prior to the Assistant Secretary review. A signed copy of ETP will be kept in the DDA client file and forwarded to the provider within thirty (30) days of submission. ETPs will be tracked.
  2. No new provider owned homes will be considered.
- E. When an SL or GH/GTH provider has capacity in a home, they may complete [DSHS 15-360, Residential Services Capacity Profile](#), and send it to the RM to seek referrals.

**PROCEDURES**

- A. The RM and the CRM/SW/SSS will work collaboratively on client referrals.
1. The CRM/SW will identify the current needs of the client through the DDA Client Assessment process, submit a Waiver request if one is needed, and prepare the referral packet.
  2. DDA will consider the following factors when reviewing client requests for residential services and identifying potential service providers and distributing referrals:
    - a. Personal preference of the individual being referred;
    - b. Parent/legal representative requests;
    - c. Personal preferences of potential housemates;
    - d. Provider's ability to meet the client's health, safety, and program needs;
    - e. Needs of all persons in the residence, including safety and protection;
    - f. Capacity in existing homes;
    - g. Provider areas of specialty;
    - h. Provider interest and ability to expand services; and
    - i. Enforcement action regarding placements.
  3. The RM will distribute the referral packets to potential service providers and receive the providers' response.

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

- B. Prior to referring a client to residential service providers, the CRM/SW/SSS must obtain a signed [DSHS 14-012](#), *Consent*, from the client and/or the client's legal representative. The form must have been signed within the last six (6) months. When discussing services available, the CRM will document the client preferences on [DSHS 15-358](#), *Client Referral Information*.
- C. CRM/SW/SSS will compile the contents of the referral packets. Referral packets must include all required forms and available information in the client record, including:
1. [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, that lists the information included in the packet or [DSHS 27-057](#), *Voluntary Placement Services Program Provider Referral Letter*, for children up to age 18. The provider will send a copy of the signed form to the CRM/SW/SSS for inclusion in the client record.
  2. For adult clients only: A completed [DSHS 15-358](#), *Client Referral Information*.
    - a. History of residential services received from other providers.
    - b. Legal representative information and documentation.
    - c. Marital status and ages of children, if any.
    - d. The client's current DDA Assessment and Individual Support Plan (ISP) as identified in [DDA Policy 3.01](#), *Service Plans*. Assessment for clients referred for Supported Living, Group Home, or Group Training Home services will indicate the residential level of supervision and support (i.e., support levels 1 through 6 per [WAC 388-828-9540](#)).
    - e. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
    - f. A summary of incidents that warranted an Incident Report (IR) within the past twelve (12) months, including behavioral incidents and medical issues.
    - g. Criminal history, if applicable.
    - h. Educational and vocational records, including Individual Education Plan (IEP) information if available.
    - i. Financial information (may be found in ACES), such as:

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

- 1) Verification of SSI/SSA status;
  - 2) Eligibility for financial assistance (e.g., food stamps, Medicaid);
  - 3) Earned and unearned income and resources;
  - 4) Payee information; and
  - 5) Client receiving SSP funds.
- j. Legal information, such as:
- 1) Copies of court orders or legal action involving the client; and
  - 2) Names of perpetrator or victims of crime (if known); this must be on a need to know basis only. The client's expressed consent must be obtained before sharing this information. Note: The client cannot give consent to release names of victims.
- k. Medical history, immunization records, and medications. Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared ([RCW 70.24.105](#)); and
- l. Nurse delegation assessments, when applicable. The contracted Registered Nurse (R.N.) must use [DSHS 10-217, Nurse Delegation: Nursing Assistant Credentials and Training](#).
- m. List of family members and names and addresses of all significant people in the client's life.
- n. Adults with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on [DSHS 10-234, Individual with Challenging Support Issues](#), and are subject to the additional procedures described below when being referred for services.
- o. The CRM/SW/SSS will include the following in addition to [DSHS 10-234, Individual with Challenging Support Issues](#):
- 1) Describe, the level of supervision and support needed by the client as identified in their DDA Assessment;
  - 2) Identify any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.);

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

- 3) Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others; and
  - 4) For clients with community protection issues, complete the [DSHS 10-258, Individual with Community Protection Issues](#), and give a copy of the form and the most recent psychological and/or psychosexual evaluation/risk assessment to the provider.
- D. The CRM/SW/SSS will send the completed referral packet to the RM team for processing.
- E. The RM will consider the following when sending the referral packets to the identified residential service providers:
1. Personal preference of the individual being referred;
  2. Parent/legal representative requests;
  3. Personal preferences for potential housemate(s);
  4. Provider's ability to meet the client's health, safety, and program needs; and
  5. Needs of all persons in the residence, including safety and protection.
- F. Distribution and Documentation of Referrals
1. In the case of statewide referrals, send the referral packet to the regional RMA for adults and the Regional Voluntary Placement Coordinator for children;
  2. Document in the client's Service Episode Record (SER) which agencies received the referral packet; and
  3. Document all residential agencies' response to the referral in a SER.
- G. Review and acceptance
1. The provider must evaluate the referral for service to determine whether they have the resources to meet the client's needs.
    - a. Within ten (10) working days of receipt of the referral packet, the provider must notify the RM whether or not they accept the referral for further evaluation; and

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

- b. If a decision is not possible within ten (10) days, the provider will consult with the RM to agree on a mutually extended timeframe.
2. Following acceptance of the referral for further evaluation, the provider, the client, and the client's legal representative must meet to discuss the support services that the provider will offer to meet the client's assessed needs.
  - a. The provider must offer and provide access to the agency's written policies to the potential client and/or the client's family.
  - b. The provider will arrange for potential housemates to meet and spend time together to get to know one another as well as visit the home they will be sharing.
3. If the individual/legal representative decides not to select the provider, packets will be sent to new providers and the provider will be notified.
4. If the provider decides not to accept the referral, the provider must put their decision and reason for not accepting the client in writing and destroy the referral information.
5. The provider must adhere to all relevant statutes and WACs regarding confidentiality.
6. If the provider accepts the referral, the client, the RM, and the provider must agree on a timely process to begin services. If there is a significant delay in the start of services, the referral process may start over in order to meet the client's identified needs.
7. When the potential need for Nurse Delegation services is identified, DDA staff will make a referral for a Nurse Delegation assessment. If delegation services are needed, the service provider must ensure that Nurse Delegation is in place prior to the client beginning services.
8. The CRM/SW/SSS will facilitate the client, family, and provider to make arrangements for the transfer of birth certificate, client finances, insurance cards (ProviderOne and Medicare, etc.), photo ID card, Social Security card, and any other legal documents in the previous provider or client's/family's possession. The CRM may also facilitate a plan for moving basic personal items, clothing, and furniture, including the personal property inventory when previously served by a residential provider.

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

9. If the service being considered is SL, GH, or GTH, the RM will conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
  10. If a child is being considered for Voluntary Placement Services (VPS) and will be residing in a licensed staffed residential program, the RM will work with the provider to develop a daily rate. If a child will be residing in a foster home, the RM will conduct a foster care rate assessment with the foster parents using the CARE tool.
  11. DDA will start payment for services after the rate has been approved and service has begun. Authorizations will be made through the ProviderOne system.
- H. When emergency situations arise and the immediate support needs of the person do not allow for the standard referral process described in Sections B and C of this policy to occur (including emergent residential services and adult crisis/mental health diversion services), the CRM must:
1. Attach any client information immediately available, including the DDA Assessment Detail and Service Summary;
  2. Provide a current medication list and name of pharmacy and treating practitioner. When possible, provide medications in their original labeled container;
  3. Complete [DSHS 10-232, Provider Referral Letter for Supported Living/Group Home Providers](#) to document information given and received;
  4. Document conversations with the provider in the client's SER; and
  5. Provide complete referral information within five (5) working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).
- I. When client requests a change in residential service provider, the Administration and the service provider will work together to address the client's request.
1. A client who is seeking a change in service provider must inform the CRM of the desire to change providers. The CRM will meet with the client and the client's legal representative to discuss the reasons for the move. The CRM will encourage the client and the client's legal representative to meet with the current residential services provider to talk about whether the client's services can be modified to respond to the client's concerns.
  2. If a mutually acceptable plan cannot be developed, the client will request the CRM to initiate the process to seek a new services provider that can address the

---

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

---

client's needed supports. This process of developing an acceptable plan will include the client, the client's legal representative, family, current and potential residential services providers, and DDA staff. The plan must consider the rental agreement, other persons on the lease, subsidized housing, employment, and other similar factors. The CRM will assist the client/legal representative in understanding the client's current lease/rental obligations and the impact on their finances if they chose to break a rental agreement prior to its expiration.

3. Follow procedures regarding referrals noted above.
4. DDA will develop a transition plan with the client and their legal representative.

J. Notification to Terminate Services

When a provider determines that they can no longer meet the client's needs and termination of services would be in the best interest of the client or in the best interests of other clients:

1. The service provider administrator will identify in writing whether the situation is emergent or non-emergent as defined in their contract. Written notification will be sent to the RMA with a copy to the RA and Field Services Administrator.
2. DDA will start the referral process to identify a new provider and keep the current provider informed on progress. DDA will respond according to contract.

**EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

**SUPERSESSION**

DDA Policy 4.02  
Issued July 1, 2013

Approved: /s/ Donald Clintzman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2015

**Client Service Summary Excerpt**

DSHS/AL TSA

**Service Summary  
Pending Interim**

**Client Signature**

I am aware of all alternatives available to me and I understand that access to 24-hour care is available only in residential settings, including community residential settings. I agree with the above services outlined on this summary.

- I understand that participation in all AL TSA/LTC paid services is voluntary and I have a right to decline or terminate services at any time.
- I understand that I must notify my case manager if I have a change in my living situation.
- I understand that I have the right to have a lockable entry door, choose my roommate (if I have one), decorate my own room or unit, make my own schedule and choose what activities I want to do, have access to food at any time, and have visitors at times that are convenient to me.
- I understand that if any of these rights increase risk to my health or safety, these rights may be changed with my consent. If changes must be made, they will be specific to my health and safety needs and only after other options have been tried that did not work.
- I understand that if I feel any of my rights are being violated to call the Complaint Resolution Unit at: 1-800-562-6028.

\_\_\_\_\_  
Client/Representative signature Date

\_\_\_\_\_  
Provider Date

\_\_\_\_\_  
Social Worker/Case Manager signature Date

**Excerpt from Client Service Contract for Companion Home 7-1-2015**

**Special Terms and Conditions**

**3. Expectations**

a. Companion Home services are provided in an integrated setting and facilitate the client's full access to the greater community. This may include opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities. The Contractor will:

- (1) Protect essential personal rights of privacy, dignity, respect and freedom from coercion and restraint.
- (2) Support the Client's initiative, autonomy and independence in making life choices. This may include but is not limited to choices in daily activities, physical environment and with whom to interact. Client's choices are optimized and not regimented.
- (3) The client's home is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the client receiving services. The client has the same responsibilities and protections from eviction from their home under the landlord tenant law of the State of Washington, County, City or other designated entity as the general public.
- (4) Honor the Client's right to privacy in their bedroom and right to decorate and furnish their bedroom.
- (5) Allow Clients to lock the door to their sleeping unit. The Contractor can retain a key to use in case of emergency.
- (6) Support Clients to have the freedom and support to control their own schedules.
- (7) Support the Client to have visitors of their choosing at any time.
- (8) Support the Client's freedom to access to food at any time.
- (9) Provide a setting that is physically accessible to the Client.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Excerpt from DDA County Services Contract effective 7/1/2015

7. **Statement of Work:** The County shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below. Working collaboratively, the parties shall administer DD services within the county as set forth below:
- a. The DDA region shall:
- (1) Review subcontractors and shall immediately notify the County of any disapproval of the subcontractors identified by the County;
  - (2) Inform and include the County in the discharge planning of individuals leaving institutions and returning to the community who will need program funding;
  - (3) Inform the County of individuals who have had their waiver status changed;
  - (4) Work with the County when referring individuals for services;
  - (5) Inform Clients of service changes through Planned Action Notice(s);
  - (6) Work with the County to document planned services in the Individual's Support Plan including notification of assessment dates;
  - (7) Work with the County when terminating services;
  - (8) Work with the County on Spending Plan adjustments; and
  - (9) Work with the County in participating in on-site evaluation of direct service providers.
- b. The County shall:
- (1) Work with the DDA Region when individuals are referred for services;
  - (2) Work with the DDA Region to document planned services in the Individual's Support Plan;
  - (3) Assist with informing the DDA Region of any potential service level changes not documented in the individual's DD Assessment prior to any changes;
  - (4) Work with the DDA Region regarding service termination;
  - (5) Work with the DDA Region on Spending Plan adjustments;
  - (6) Inform the DDA Region of new providers to be included on the CMIS system;
  - (7) Notify the DDA Region of any intent to terminate a subcontractor who is serving a DDA referral;

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

- (8) Provide a copy of each subcontractor's contract upon written request from the DDA Region; and
- (9) Notify and work with the DDA Region when performing on-site evaluations of direct service providers.
- c. Compliance with BARS Policies: The County shall take any necessary and reasonable steps to comply with BARS.
- d. The County shall comply with the following referenced documents found at DDA Internet site

Page 8

SHS Central Contract Services  
769CS County Agreement 7-14-2015

---

**Special Terms and Conditions**

<https://www.dshs.wa.gov/dda/county-best-practices> under "Counties":

- (1) DDA Policy 4.11, County Services for Working Age Adults;
  - (2) WAC 388-850, WAC 388-828, WAC 388-845-0001, 0030, 0205, 0210, 0215, 0220, 0600-0610, 1200-1210, 1400-1410, 2100, 2110;
  - (3) Criteria for Evaluation;
  - (4) County Guidelines; and
  - (5) Disability Rights Washington (formerly Washington Protection and Advocacy System) Access Agreement.
- e. The County shall develop and submit a comprehensive plan for the County DD Services as required by WAC 388-850-020.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

- f. **Conveyance of The Estimated Number of People to be Served and Targeted Outcomes:** The County shall submit the Service Information Forms (SIF's) (provided by DDA at Internet site <https://www.dshs.wa.gov/dda/county-best-practices>) to indicate the estimated number of people to be served, targeted outcomes, and identified goal(s) that focus on quality improvement within the categories of Training, Community Information, Direct Client Services, and Other Activities within 30 days of execution of the Program Agreement. Once approved, the SIF outcomes may be modified only by mutual agreement of the County and the DDA Region.
- g. **Solicitation for Qualified Employment and Day Program Service Providers:** Requests for Information (RFI's) and/or Requests for Proposals (RFPs), Requests for Qualifications (RFQ's) for direct services will be issued at a minimum of once every four years for new providers. If a Client's needs cannot be met by the current qualified providers or there is a capacity issue, then the County shall issue an RFQ prior to the four year cycle.
- h. **Qualified Providers:** A qualified provider must be a county or an individual or agency contracted with a county or DDA.
- i. **Regional Approval of Subcontractors:** The DDA Region shall review new subcontractors and shall immediately notify the County of any disapproval of the subcontractors identified by the County.
- j. **Subcontractors:** The County will pass on all applicable contractual requirements that are between DDA and the County to the subcontractor. The County shall immediately notify the DDA Region of the County's intent to terminate a subcontractor who is serving a DDA referral.
- k. **The County shall provide or contract with qualified Employment and Day Program Service Providers for consumer support services that include the following program outcomes:**
  - (1) **Monthly Community Access service support hours will be based on the Client's community access service level per WAC 388-828-9310 for all Clients who began receiving community access services July 1, 2011 and forward.**
    - (a) **To ensure health and safety, promote positive image and relationships in the community, increase competence and individualized skill-building, and achieve other expected benefits of Community Access, services will occur individually or in a group of no more than two (2) or three (3) individuals with similar interests and needs.**

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

- (b) Community Access services will focus on activities that are typically experienced by the general public. Support to participate in segregated activities and/or specialized activities will not be reimbursed.
  - (c) A Client receiving Community Access services will not receive employment support simultaneously.
  - (d) A Client receiving Community Access services may at any time choose to leave Community Access to pursue work and receive employment support.
- (2) Clients in an employment program will be supported to work towards a living wage. A living wage is the amount needed to enable an individual to meet or exceed his/her living expenses. Clients should average twenty (20) hours of community work per week or eighty-six (86) hours per month. The amount of service a Client receives will be based on his/her demonstrated need, acuity level and work history per WAC 388-828.
- (3) Prior to beginning service or prior to an expected change in service, the provider will clearly communicate to the Client and the County the maximum service hours per month the Client can expect to receive. Service changes will not occur until the Client has received proper notification from DDA.
- (a) The Client's DDA ISP is the driver for service. The CMIS County Service Authorization and updated Planned Rates information will not exceed the Client's DDA ISP.
  - (b) The amount of service the Client receives should match with the CMIS County Service Authorization and updated Planned Rates information
- (4) All Clients will have an individualized plan to identify Client's preferences. Minimum plan elements are outlined in the reference document "Criteria for an Evaluation." A copy of the Client's individualized plan will be provided to their CRM, guardian and others as appropriate.
- (5) Semi-annual progress reports that describe the outcomes of activities will be provided by the provider or the County to the CRM, guardian and others as appropriate. The report will summarize the progress made towards the Client's individualized goals.
- (6) All Clients will be contacted by their service provider according to Client need and at least once per month.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

- (7) If Clients in Individual Employment, Group Supported Employment, or Prevocational services have not obtained paid employment at minimum wage or better within **six (6) months**, the County will assure the following steps are taken:
- (a) Review the progress toward employment goals;
  - (b) Provide evidence of consultation with the family/Client; and
  - (c) Develop additional strategies with the family/Client, county staff, employment support staff and the case manager. Strategies may include providing technical assistance, changing to a new provider, and/or providing additional resources as needed to support the individual's pursuit of employment. The additional strategies will be documented for each Client and kept in the Client's file(s).
- (8) If after twelve (12) months the Client remains unemployed, an additional review will be

Page 10

HS Central Contract Services  
39CS County Agreement 7-14-2015

---

**Special Terms and Conditions**

conducted. The provider will address steps outlined in the previous six month progress report in the next six month progress report. The Client may request to participate in Community Access activities or the Client may choose to remain in an employment program. When requesting to participate in Community Access services, the Client shall communicate directly with his or her DDA Case Manager. The DDA Case Manager is responsible for authorizing Community Access services.

- (9) For Individual Employment where the service provider is also the Client's employer long term funding will remain available to the service provider / employer for six months after the employee / DDA Client's date of hire. At the end of the six month period, if the DDA Client continues to need support on the job, another service provider who is not the employer of record must provide the support unless the County issues prior written approval for the service provider to continue to provide long-term supports if needed.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

- (10) For Group Supported Employment, Clients must have paid work or paid training. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of individual support monthly base hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provided.
- (11) For Prevocational services, Clients will receive training and skill development in groups as well as individual support in the community. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of individual support monthly base hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provided.
- (12) Employment and day services must adhere to the Home and Community Based settings (HCBS) requirements of 42CFR 441.530(a)(1), including that:
  - (a) The setting is integrated in the greater community and supports individuals to have full access to the greater community;
  - (b) Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS;
  - (c) The setting provides opportunities to seek employment and work in competitive integrated settings; and
  - (d) The setting facilitates individual choice regarding services and supports, and who provides them.
- I. Quality Assurance and Service Evaluation: The County shall develop and have available an evaluation system to review services. The evaluation system must have both a Quality Assurance and a Quality Improvement component, and both must include objective measures. The County's service evaluation system shall serve as the method by which current providers demonstrate that they continue to be qualified providers. A copy of such evaluation system shall be provided upon request to DDA for review and approval.
- m. On-Site Evaluation: The County shall evaluate and review services delivered to reasonably assure compliance and quality. The County shall conduct at least one on-site visit to each subcontractor during the biennium. The County shall maintain written documentation of all evaluations, recommendations and corrective action plans for each subcontractor. Copies of such

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

documentation will be provided to the DDA upon request.

- n. The County shall work with local developmental disability advisory groups to plan for and coordinate services.
- o. The County shall participate in regularly scheduled bi-monthly meetings between County developmental disability staff and DDA staff to remain updated and current.
- p. CMIS Data System: The County shall use the CMIS data system for all billing requests, service provider address and phone number maintenance, evaluation dates and to provide employment outcome information.
  - (1) Monthly provide all data described in the Billing Instructions and in the Employment Outcomes Instructions, which is hereby incorporated by reference.
  - (2) Assure the integrity of data submitted to the State. When data is submitted and rejected due to errors or an error is later identified, the County will correct and resubmit the data within thirty (30) days.

**Excerpt from Engrossed Substitute Senate Bill 6052**

Engrossed Substitute Senate Bill 6052, Chapter 4, Laws of 2015, Section 205 (Partial veto)

**Legislative Charge**

As part of the 2015 legislative Session, the Washington State Legislature passed ESSB 6052 requiring the Developmental Disabilities Administration to develop a report describing options for modifying the current system of Pre-vocational services for individuals with developmental disabilities. At minimum, the report must describe the following options:

- (i) Modification of the current system to ensure compliance with rules established by the centers for Medicare and Medicaid Services;
- (ii) Continuation of the current system without federal matching funds; and
- (iii) Transitioning of clients out of congregate settings and into integrated settings.

In addition, if a client transitions out of a congregate setting prior to December 1, 2016, then for each client, during the period before and after leaving the congregate setting, the report must describe the hours of service, hours worked, hourly wage, monthly earnings, authorized waiver services, and per capita expenditures.

**Excerpt from Group Training Home Contract 7-1-2015**

**3. Statement of Work.** The Contractor shall provide Supported Living, Group Home or Group Training Home Instruction and support services for Clients of DDA in accordance with Chapter 388-101 WAC and Exhibit A.

a. Group Homes or Group Training Homes

(3) For Group Homes and Group Training Homes:

(a) Group Homes and Group Training Homes are specific physical places that can be owned, rented or occupies under another legally enforceable agreement by the individual receiving services. The contractor must have a lease, residency or other form of written agreement in place with the client that provides the same responsibilities and protections from eviction from their home under the landlord tenant law of the State of Washington, County, City or other designated entity as the general public.

(b) Clients have the right to privacy in their bedroom.

i. Clients are allowed lockable doors to their bedroom (while still allowing for independent egress) with appropriate staff having keys to the door(s).

**Excerpt from Washington Initiative for Supported Employment (WISE) Contract**

**Exhibit A3 Statement of Work: Pathway to Employment**

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work. The Contractor will provide the following statewide services and activities:

(5) Employment Agency Business Model:

a. The Contractor will provide the technical assistance necessary to promote employment agency viability and best available practice by conducting in-depth conversations, analysis, and assessment.

b. Said conversations, analysis, and assessment will culminate in an “Organizational Change Towards Effective Business Models for Employment Agencies” report identifying key components of an effective employment agency model within Washington.

(8) DDA will provide prior acceptance of the selected staff, third party consultant, to execute the quality assurance portion of the contract.

a. The consultant will collaborate with DDA to assess the quality and effectiveness of the Employment and Day Program.

b. The consultant will work with DDA to support counties and employment agencies looking to transform employment services from segregated to integrated models.

c. The consultant will communicate regularly with DDA.

**R15-047 – INFORMATION**

June 22, 2015

**TO:** RCS Regional Administrators  
RCS Field Managers  
RCS Management Team  
RCS Compliance Specialists

**FROM:** Kathy Morgan, Interim Director  
Residential Care Services

**SUBJECT:** ***IMPLEMENTING FEDERAL HOME & COMMUNITY BASED SETTINGS (HCBS) RULES***

**PURPOSE:** To inform staff that a letter is being sent to all AFH providers and ALF administrators. The letter explains the expectations that the Centers for Medicaid and Medicare Services (CMS) has for providers when developing care plans that are in compliance with the new HCBS rules.

**BACKGROUND:**

- In 2014, CMS released [federal regulations](#) about home and community based settings. The regulations are intended to ensure that individuals receiving long-term care services have full access to the benefits of community living.
- These rules apply to adult family homes and assisted living facilities.
- How a resident accesses the community and is able to make choices about the care and services they receive is to be documented in their care plan.

**WHAT'S NEW, CHANGED, OR** The attached letters will be sent to all AFHs & ALF, reviewing the key requirements of the federal HCBS regulations.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

**CLARIFIED:**

**ACTION:** Read the attached letters and be prepared to answer any questions that providers or administrators may have.

**RELATED** None

**REFERENCES:**

- ATTACHMENT(S):**
1. [Dear AFH Provider - ALISA: AFH #2015-013](#)
  2. [Dear ALF Administrator - ALISA: ALF #2015-014](#)

**CONTACT(S):** If you have any questions about person-centered planning please contact your local Home and Community Services Office.

**RCS MANAGEMENT BULLETIN**

**R15-056 - INFORMATION**

July 27, 2015

**TO:** RCS Regional Administrators  
RCS Field Managers  
RCS Management Team

**FROM:** Kathy Morgan, Interim Director  
Residential Care Services

**SUBJECT:** ***TRAINING ANNOUNCEMENT FOR AFH AND ALF  
PROVIDERS/ADMINISTRATORS ON HOME & COMMUNITY BASED SERVICES  
(HCBS) SETTING REQUIREMENTS***

**PURPOSE:** To let field staff know that a provider/administrator letter is going out to AFHs & ALFs announcing that Home and Community Services (HCS) is going to provide two webinar trainings for providers/administrators.

**BACKGROUND:**

- In 2014, CMS released [federal regulations](#) about home and community based settings. The regulations are intended to ensure that individuals receiving long-term care services have full access to the benefits of

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

community living.

**WHAT'S NEW,  
CHANGED, OR**

- HCS will conduct a webinar for providers to explain the new expectations.
- The webinar will be done twice and the presentation slides will then be posted on the professional web pages.

**CLARIFIED:**

**ACTION:**

- RCS staff are to read the provider/administrator letter and be aware of the training.
- Providers are to be directed to the number below if they have questions.

**RELATED**

[R15-047](#)

**REFERENCES:**

**ATTACHMENT(S):**

3. [Dear AFH Provider – AL TSA AFH #2015-017](#)
4. [Dear ALF Administrator – AL TSA: ALF #2015-016](#)

**CONTACT(S):**

[Valentina Karnafel](#), HCS Residential Program Manager, 360-725-2370

**Resident Interview Questions**

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview (Resident: 1 2)



ADULT FAMILY HOME'S (AFH) NAME [REDACTED]	LICENSE NUMBER [REDACTED]
PROVIDER / LICENSEE'S NAME [REDACTED]	INSPECTION DATE [REDACTED]
LICENSOR'S NAME [REDACTED]	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA) <b>Comprehensive Resident / Representative Interview</b> (Resident: <input type="checkbox"/> 1 <input type="checkbox"/> 2)	
RESIDENT'S NUMBER [REDACTED]	RESIDENT'S NAME [REDACTED]
REPRESENTATIVE'S NAME [REDACTED]	TELEPHONE NUMBER (AREA CODE) [REDACTED]
<b>Introductory Questions: First determine if the resident is interviewable. Indicate the question asked by checking the corresponding box.</b>	
<input type="checkbox"/> What is the best part about living here? <input type="checkbox"/> How long have you lived here? <input type="checkbox"/> Are you from around here? <input type="checkbox"/> If you could change one thing about living here, what would it be?	<input type="checkbox"/> Other question (write it out): [REDACTED]
SELECT ONE <input type="checkbox"/> Resident Interview <input type="checkbox"/> Representative Interview	
A. The following are <b>REQUIRED</b> questions and <b>MUST</b> be asked during the interview. Check "Y," if the answer is yes; check "N," if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.	
Y   N   D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you make choices about the care and services you receive here at the home? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have an opportunity to participate in community activities?	[REDACTED]

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose who visits you and when? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do they pay attention to what you have to say? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose to lock your door? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have access to food anytime? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you receive services in the community?	
<b>INSTRUCTIONS:</b> Your interview must address each category. Check the question asked or <b>write your own question</b> . If you are concerned about the answers, please investigate further. If resident is not interviewable, modify questions for Representative interview.	
<b>B. Care and Service Needs</b>	
<input type="checkbox"/> What kind of help do you get from the staff? <input type="checkbox"/> How well does staff meet your needs?	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> No Concerns
<b>C. Support of Personal Relationships (if the resident has family or significant others)</b>	
<input type="checkbox"/> Does staff give you time and space to meet / visit with friends and family who come to visit? <input type="checkbox"/> Are you able to make personal phone calls without being overheard?	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> No Concerns
<b>D. Reasonable House Rules</b>	
<input type="checkbox"/> Tell me about the rules of the house. <input type="checkbox"/> What have you been told about how long you can stay up at night or how early or late you can watch TV?	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> No Concerns

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

**WA.0409**

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

July 21, 2015

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: WA.0409.R02.04 Basic Plus Waiver Amendment**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Washington's 1915(c) Basic Plus Waiver amendment, CMS Transmittal Number 0409.R02.04, submitted on April 28, 2015. The Basic Plus Waiver provides home and community-based services (HCBS) to individuals as an alternative to placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities. This amendment phases out pre-vocational services. The CMS requires additional information from the state in order to consider the request for approval of the waiver amendment.

**Main: Attachment #1**

1. Per page 41 of the Version 3.5 HCBS Instructions, Technical Guide and Review Criteria, the Transition Plan in Attachment #1 should include the following descriptions:
  - The similarities and differences between the services covered in the approved waiver and those covered in the amended waiver.
  - How the health and welfare of waiver participants will be assured in the individual and group employment support services and settings for participants transitioned out of pre-vocational services.
  - How the limitations of the services in the amended waiver will be implemented.
  - The steps that the state will take to facilitate the transition of affected waiver participants to alternate services and supports that will enable the participant to remain in the community.
  - The time table for transitioning waiver participants out of pre-vocational services.

**Appendix C-5: Home and Community-Based Settings**

2. Please ensure that this section contains verbiage identical to Appendix C-5 in WA.0409.R02.03.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Dorothy Frost Teeter and MaryAnne Lindeblad, Page 2

**Appendix J-2c.i: Factor D Derivation**

3. Please clarify if the increase in the number of users for years 3 and beyond is primarily due to the removal of pre-vocational services.
  - If not, please describe why the number of users for the various services is expected to increase for the years 3 and beyond.
  - If so, please describe why the removal of these pre-vocational services would result in an increase in the number of users for each service.
4. Please describe how the increase in the number of users was determined for years 3 and beyond and describe how this increase was applied to the development of Factor D.
5. Please clarify if the rate of increase in the numbers of users varies by waiver year.

**J-2c.ii: Factor D' Derivation**

6. The factor D' values are the same as the previously approved waiver. Please provide an explanation for the apparent disconnect between the description and the actual factors shown in the amendment.

**J-2c.iii: Factor G Derivation**

7. The description states that the value was reduced by 1.1% for factor G, however, the factor G values for years 3, 4, and 5 have increased. Please explain this apparent disconnect between the description and the actual factor Gs shown in the amendment.

In accordance with 42 CFR 430.25(f)(3), a waiver request must be approved, denied, or additional information requested within 90 days of receipt, or the request will be deemed granted. The 90-day period for this waiver request ends on July 27, 2015. The issuance of this letter constitutes a formal Request for Additional Information (RAI). A new 90-day period will begin upon receipt of a single and complete written response and the updated waiver application. If you need further information or assistance regarding this matter, please contact me, or have your staff contact Kendra Sippel-Theodore at (206) 615-2065 or [Kendra.Sippel-Theodore@cms.hhs.gov](mailto:Kendra.Sippel-Theodore@cms.hhs.gov).

Sincerely,



Digitally signed by David L. Meacham - S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
ou=2342.19000300.100.1.1-2000041858,  
cn=David L. Meacham - S  
Date: 2015.07.21 12:29:48 -0700

David L. Meacham  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Bob Beckman, Department of Social and Health Services  
Mandeep Kaundal, Department of Social and Health Services  
Dave Langenes, Department of Social and Health Services  
Debbie Roberts, Department of Social and Health Services  
Daphne Hicks, Division of Long Term Services and Supports, CMS

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

**WA.0410**

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RN-200  
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

July 21, 2015

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: WA.0410.R02.04 Core Waiver Amendment**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Washington's 1915(c) Core Waiver amendment, CMS Transmittal Number 0410.R02.04, submitted on April 28, 2015. The Core Waiver provides home and community-based services to individuals as an alternative to placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities. This amendment phases out pre-vocational services. The CMS requires additional information from the state in order to consider the request for approval of the waiver amendment.

**Main: Attachment #1**

1. Per page 41 of the Version 3.5 HCBS Instructions, Technical Guide and Review Criteria, the Transition Plan in Attachment #1 should include the following descriptions:
  - The similarities and differences between the services covered in the approved waiver and those covered in the amended waiver.
  - How the health and welfare of waiver participants will be assured in the individual and group employment support services and settings for participants transitioned out of pre-vocational services.
  - How the limitations of the services in the amended waiver will be implemented.
  - The steps that the state will take to facilitate the transition of affected waiver participants to alternate services and supports that will enable the participant to remain in the community.
  - The time table for transitioning waiver participants out of pre-vocational services.

**Appendix C-5: Home and Community-Based Settings**

2. Please ensure that this section contains verbiage identical to Appendix C-5 in WA.0410.R02.03.

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

Dorothy Frost Teeter and MaryAnne Lindeblad, Page 2

Appendix J-2.c.i: Factor D Derivation

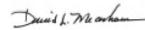
3. Please clarify if the increase in the number of users for years 3 and beyond is primarily due to the removal of pre-vocational services.
  - If not, please describe why the number of users for the various services is expected to increase for the years 3 and beyond.
  - If so, please describe why the removal of these pre-vocational services would result in an increase in the number of users for each service.
4. Please describe how the increase in the number of users was determined for years 3 and beyond and describe how this increase was applied to the development of Factor D.
5. Please clarify if the rate of increase in the numbers of users varies by waiver year.

Appendix J-2.b: Average Length of Stay

6. Please clarify if the value of ALOS in waiver year 3 should be 346 instead of 358.
7. Please describe why the ALOS was updated in year 4 of the waiver from 358 in the original to 346 in the amendment. Please also describe the source of the development of the updated assumption.

In accordance with 42 CFR 430.25(f)(3), a waiver request must be approved, denied, or additional information requested within 90 days of receipt, or the request will be deemed granted. The 90-day period for this waiver request ends on July 27, 2015. The issuance of this letter constitutes a formal Request for Additional Information (RAI). A new 90-day period will begin upon receipt of a single and complete written response and the updated waiver application. If you need further information or assistance regarding this matter, please contact me, or have your staff contact Kendra Sippel-Theodore at (206) 615-2065 or [Kendra.Sippel-Theodore@cms.hhs.gov](mailto:Kendra.Sippel-Theodore@cms.hhs.gov).

Sincerely,



Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
ou=2342.19200300.100.1.1-2000041858,  
cn=David L. Meacham -S  
Date: 2015.07.21 12:28:10 -0700

David L. Meacham  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Bob Beckman, Department of Social and Health Services  
Mandeep Kaundal, Department of Social and Health Services  
Dave Langenes, Department of Social and Health Services  
Debbie Roberts, Department of Social and Health Services  
Colleen Gauruder, Division of Long Term Services and Supports, CMS

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

**WA.0411**

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

July 21, 2015

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: WA.0411.R02.02 Community Protection Waiver Amendment**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Washington's 1915(c) Community Protection Waiver amendment, CMS Transmittal Number 0411.R02.02, submitted on April 28, 2015. The Community Protection Waiver provides home and community-based services to individuals as an alternative to placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities. This amendment phases out pre-vocational services. The CMS requires additional information from the state in order to consider the request for approval of the waiver amendment.

**Main: Attachment #1**

1. Per page 41 of the Version 3.5 HCBS Instructions, Technical Guide and Review Criteria, the Transition Plan in Attachment #1 should include the following descriptions:
  - The similarities and differences between the services covered in the approved waiver and those covered in the amended waiver.
  - How the health and welfare of waiver participants will be assured in the individual and group employment support services and settings for participants transitioned out of pre-vocational services.
  - How the limitations of the services in the amended waiver will be implemented.
  - The steps that the state will take to facilitate the transition of affected waiver participants to alternate services and supports that will enable the participant to remain in the community.
  - The time table for transitioning waiver participants out of pre-vocational services.

**Main: Attachment #2**

2. Please ensure that Attachment #2: Home and Community-Based Settings Waiver Transition Plan contains verbiage identical to Attachment #2 in WA.0409.R02.03 and WA.0410.R02.03.

**Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

Dorothy Frost Teeter and MaryAnne Lindeblad, Page 2

**Appendix C-5: Home and Community-Based Settings**

3. Please ensure that this section contains verbiage identical to Appendix C-5 in WA.0409.R02.03 and WA.0410.R02.03.

**J-2c.i: Factor D Derivation**

4. Please describe how the change in the number of users was determined for years 3 and beyond and describe how this increase was applied to the development of Factor D.
5. Please describe why the number of users is expected to change but there was no change projected in the unduplicated number of participants served.

In accordance with 42 CFR 430.25(f)(3), a waiver request must be approved, denied, or additional information requested within 90 days of receipt, or the request will be deemed granted. The 90-day period for this waiver request ends on July 27, 2015. The issuance of this letter constitutes a formal Request for Additional Information (RAI). A new 90-day period will begin upon receipt of a single and complete written response and the updated waiver application. If you need further information or assistance regarding this matter, please contact me, or have your staff contact Kendra Sippel-Theodore at (206) 615-2065 or [Kendra Sippel-Theodore@cms.hhs.gov](mailto:Kendra.Sippel-Theodore@cms.hhs.gov).

Sincerely,



Digitally signed by David L. Meacham-S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
0.9.2342.19200300.100.1.1-2000041858,  
cn=David L. Meacham-S  
Date: 2015.07.21 12:21:58 -0700

David L. Meacham  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Bob Beckman, Department of Social and Health Services  
Mandeep Kaundal, Department of Social and Health Services  
Dave Langenes, Department of Social and Health Services  
Debbie Roberts, Department of Social and Health Services  
Daphne Hicks, Division of Long Term Services and Supports, CMS

## DDA Residential Provider Training

Washington State Department of Social and Health Services

Transforming Lives

The Purpose of this training is to provide you with an overview of DDA Policy 4.02

By the end of this webinar you will be able to:

- ✓ Recognize the importance of client choice and control regarding their services

 PO Box 45310, Olympia, WA 98504 | www.dshs.wa.gov

### 4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Purpose:

Establishes a process for referral to & acceptance of community services and the process for changing service providers for

- Supported Living
- Group Home & Group Training Home
- SOLA (adults & children)
- Crisis Diversion Bed & Support Services
- Licensed Staffed Residential
- Licensed Child Foster Homes & Group Care Facilities

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017**

**4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers**

Purpose:

Establishes a process for referral to & acceptance of community services and the process for changing service providers for

- Supported Living
- Group Home & Group Training Home
- SOLA (adults & children)
- Crisis Diversion Bed & Support Services
- Licensed Staffed Residential
- Licensed Child Foster Homes & Group Care Facilities

**4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers**

What's New:

- CMS Guidelines for integrated settings clearly outlined
- Clarity that no new provider owned homes will be considered for Supported Living
- Typical households of 2 to 4 individuals
- Single person household defined
- Forms 15-360 & 10-232 were revised; form 15-357 removed, and 27-123 and 2-124 added

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

**4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers**

What's New (continued):

- Process for changing providers was moved from Policy 6.18 into this policy
- IISP information moved to policy 5.08
- Contents of referral packet updated
  - The previous policy stated that 2 referral packets would be sent; this has been changed to just 1 packet
- Process for notification to terminate services was added to the policy

**4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers**

**Policy Overview**

- DDA has an obligation to offer an informed choice to clients regarding residential services and support change when requested
  - Providers must have necessary contract, certification or licensure
- The RM and CRM work together to make a referral and distribute referral packets (for details on contents – refer to policy)

4.02 Community Residential Services: Referral, Acceptance and  
Change of Residential Providers

**Policy Overview (continued)**

- The provider evaluates the client information and notifies the RM whether they are accepting the referral *for further evaluation* within 10 days
  - Can ask RM for additional time to evaluate if needed
  - Destroy the packet if do not accept referral
- If accepting referral:
  - Meets with client & family
  - Arrange for potential housemates to meet & spend time together, and visit potential home they will share

4.02 Community Residential Services: Referral, Acceptance and  
Change of Residential Providers

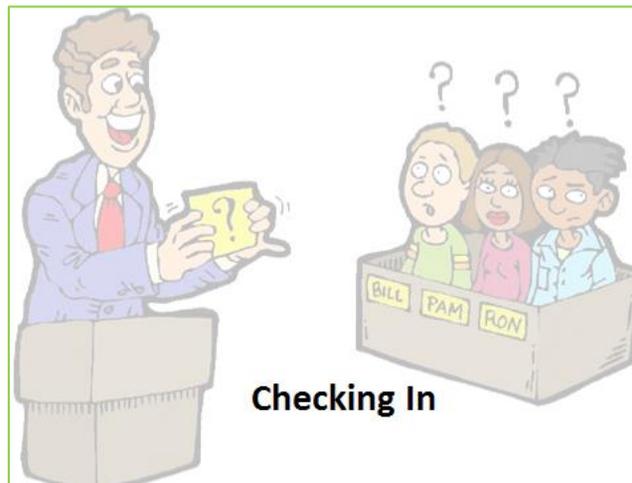
**Policy Overview (continued)**

- Client / family may select another provider
- If mutually agreeable acceptance:
  - Client, RM & provider agree on timely process for services
  - CRM makes Nurse Delegation referral if needed
  - Rate assessment completed (SL, GH, GTH)
  - Payment authorization can begin after rate approved & service has begun

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

**Policy Overview (continued)**

- Abbreviated process for emergencies
- If client seeks change of provider – CRM encourages meeting, facilitates request & follows referral process
- Written communication and notice expected if services need to be terminated for client currently being supported



**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**



Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017



What 2 Ideas are you taking away from this presentation?

How will you use these ideas in your work?



Washington State Department of Social and Health Services



Transforming Lives



PO Box 45310, Olympia, WA 98504 | [www.dshs.wa.gov](http://www.dshs.wa.gov)

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

AL TSA and DDA HCBS Settings

	DDA 1915c Waivers					AL TSA 1915c Waivers			State Plan Programs	Statewide Transition Plan Status	
	BASIC PLUS	CORE	CP	CIIBS	IFS	COPE S	RESIDENTIAL SUPPORT WAIVER	NEW FREEDOM WAIVER	1915k CFC HCS & DDA	INCLUDED	APPROVED Through CFC and/or RSW and/or IFS
Private Homes	X	X	X	X	X	X		X	X		X
Adult Day Care						X				X	
Adult Day Health						X	X				X
Adult Family Home							X		X		X
Enhanced Adult Residential Care							X		X		X
Adult Residential Care									X		X
Assisted Living facility							X		X		X
Enhanced Service facility							X				X
Vehicle Modification Providers				X	X			X		X	
Community Healthcare Providers								X		X	
Dental Providers								X		X	
DDA Group Training Homes		X								X	
DDA Companion Homes		X								X	
DDA Group Homes		X								X	
Licensed Staffed Residential, Child Foster Care and Group Care Facilities		X								X	
Veterinarians for Service Animals								X		X	

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Transportation Providers	X	X	X	X	X					X	X
DDA Individual Supported Employment work sites	X	X	X							X	
DDA Group Supported Employment work sites	X	X	X							X	
DDA Community Access	X	X								X	
DDA Behavioral Health Crisis Bed Diversion Services	X	X	X	X						X	
DDA Specialized Psychiatric Services Providers	X	X	X	X	X						X
DDA Behavior Support and Consultation Providers	X	X	X	X	X						X
DDA Community Crisis Stabilization Services sites	X	X	X	X	X						X
DDA Pre-Vocational Services sites	X	X	X							X	
DDA Community Engagement Providers					X						X
DDA Environmental Adaptations Providers	X	X	X	X	X						X
DDA Person-centered Plan Facilitation Providers					X						X
DDA Peer Mentoring Providers					X						X
DDA Supported					X						

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

Parenting Providers											X
DDA Staff/Family Consultation & Training Providers	X	X	X	X	X						X
DDA Therapeutic Equipment & Supplies Providers				X	X						X
DDA Specialized Clothing Providers				X	X						X
DDA Specialized Nutrition Providers				X	X						X
Extended State Plan Service Providers	X	X	X	X	X						X

DDA Policy 4.07



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
 Olympia, Washington

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[RCW 71A.20](#) *Residential Habilitation Centers*  
[WAC 388-823-1010](#) *DDA Eligibility Review*  
[Chapter 388-825 WAC](#) *DDA Service Rules*  
[WAC 388-845-1150](#) *Behavioral Health Stabilization*  
[WAC 388-71-0712](#) *Skilled Nursing*  
[WAC 246-840-930](#) *Nurse Delegation*

Reference: DDA Policy 5.02, *Necessary Supplemental Accommodation*  
 DDA Policy 5.14, *Positive Behavior Support*  
 DDA Policy 5.18, *Cross System Crisis Plan*  
 DDA Policy 5.19, *Positive Behavior Support for Children & Youth*  
 DDA Policy 5.20, *Restrictive Procedures for Children & Youth*

**BACKGROUND**

In 2011, the Washington State Legislature amended [RCW 71A.20](#) through the passage of Second Substitute Senate Bill 5459. The bill directed the Department of Social and Health Services (DSHS) to establish state-staffed community crisis stabilization services, based upon funding provided in the Appropriations Act and the geographic area with the greatest needs for those services (2SSB 5459 Subsections 3 and 6).

The bill further directed that no person under the age of sixteen (16) years may be admitted to receive services at a Residential Habilitation Center (RHC) and no one under the age of twenty-one (21) may be admitted to receive services at a RHC “unless no service options are available in the community” and that “such admission is limited to the provision of short-term respite or crisis stabilization services.”

**PURPOSE**

The Community Crisis Stabilization Services (CCSS) is part of the overall DSHS and the Developmental Disabilities Administration (DDA) continuum of care, designed to expand community-based services which will preserve, maintain, and strengthen participants’ ability to reside in their own homes in the community.

---

DDA POLICY MANUAL CHAPTER 4 PAGE 1 OF 11 ISSUED 8/13

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE:                    COMMUNITY CRISIS STABILIZATION SERVICES                    POLICY 4.07

---

This policy describes the Administration’s expectations regarding the use of CCSS for participants enrolled with DDA. Procedural requirements are included in this policy. These services are intended to be an effective resource for families, participant teams, and providers when their capacity to provide meaningful, individualized support is affected primarily by the supported participant’s challenging behavior(s).

**SCOPE**

This policy applies to adults and children enrolled with DDA who meet the eligibility requirements identified in POLICY, Section B, below.

**DEFINITIONS**

**Administration** means the Developmental Disabilities Administration (DDA).

**Behavior support and consultation** means strategies for effectively relating to caregivers and other people in the participant’s life; directing interventions with the participant to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the participant’s ability to remain in the community.

**Behavioral health stabilization services** means services to assist participants who are experiencing a behavioral health crisis. These services are available to all adults and children enrolled in DDA and who are responsive to identified dynamics that challenge a participant’s stability in their current community setting.

**Challenging behavior** means actions by the participant that constitute a threat to their own health and safety, the health and safety of others in the environment, a persistent pattern of behaviors that inhibit the participant’s functioning in public places and integration with the community, or uncontrolled symptoms of a physical or mental condition.

**Community Crisis Stabilization Services (CCSS)** means the community behavioral health stabilization program(s) operated by DDA that provides 24/7 behavioral health and crisis stabilization services and supports to eligible participants.

**Crisis** means a set of circumstances or events that: (1) put a participant at risk of hospitalization, institutionalization, or loss of residence; and/or (2) exceeds a participant’s individual ability to cope/remain stable; and/or (3) exceeds the ability of the participant’s caregivers to provide the necessary supports. The existence of a crisis may be identified by a major change in the person’s baseline functioning.

**Crisis Stabilization** means short term services designed to assess or identify necessary supports, and to design and implement plans to address these support needs so that the participant can live successfully in their home or other residence.

---

DDA POLICY MANUAL                    CHAPTER 4                    ISSUED 8/13  
PAGE 2 OF 11

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

**CRM/SW** means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

**Cross System Crisis Plan** means a plan that can guide service providers in delivering a coordinated and collaborative response to participants experiencing, or at risk of experiencing, a crisis.

**Department** means the Department of Social and Health Services (DSHS).

**Functional Assessment (FA)** means a process that evaluates:

- The overall quality of a participant's life;
- Factors or events that increase the likelihood of challenging behavior;
- When and where the challenging behavior occurs most frequently;
- The presence of a diagnosed mental or physical illness or neurological dysfunction that may contribute to the challenging behavior; and
- The functions or purpose of the challenging behavior.

**Participant Team** means the group of individuals and system partners that work together to provide formal and informal supports to a CCSS participant. A typical team includes the participant, the participant's Case Resource Manager (CRM), Social Worker (SW) or Social Service Specialist (SSS), the participant's family/legal representative(s), and service providers working with the participant.

**Positive Behavior Support** is an approach to address challenging behavior that focuses on changing the physical and interpersonal environment so that the participant is able to get their needs met without having to resort to challenging behavior. Positive behavior support must be emphasized in all services funded by DDA for participants with developmental disabilities.

**Positive Behavior Support Plan (PBSP)** means a plan based on a completed Functional Assessment (FA) which will help to eliminate or reduce the frequency and severity of the challenging behavior. A PBSP generally contains the following common elements:

- Recommendations for improving the general quality of a participant's life;
- Providing increased interesting activities to fill a participant's time;
- Reducing events that are likely to provoke the challenging behavior;
- Methods to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior; and
- Professional recommendations for treating mental illness and/or neurological dysfunction.

**Regional Clinical Team** means a team of DDA staff who may respond to crisis situations by providing behavior support and consultation as well as behavioral health stabilization services for participants with challenging behaviors. The team can provide assessment, consultation,

---

DDA POLICY MANUAL CHAPTER 4  
PAGE 3 OF 11 ISSUED 8/13

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

training, prevention and intervention strategies to staff and family or providers. The core members of the team are designated by the specific DDA Regional Administrator and may include a psychologist, nurse, behavior specialist, resource manager, or other staff as identified.

**Skilled Nursing** means continuous, intermittent, or part time nursing services. Services include nurse delegation services (per [WAC 246-840-930](#)) provided by a registered nurse.

**Staff/Family Consultation and Training** means professional assistance to families or direct service providers to help them better meet the needs of the participant. This may include health and medication monitoring; basic and advanced instructional techniques; positive behavior support; augmentative and alternative communication systems; diet and nutritional guidance; disability information and education, including specific information regarding participant diagnoses and other related conditions; strategies for effectively and therapeutically interacting with the participant; and environmental consultation.

**POLICY**

A. The Community Crisis Stabilization Service (CCSS) will:

1. Provide staff to work with the participant and family/provider for a limited time period, not to exceed 180 days, focusing on stabilizing the participant in the least restrictive setting.
2. Identify and assess ongoing support needs, and develop plans, in collaboration with Participant Teams, to address these needs so that participants can transition and reside in their home communities.
3. Provide initial stabilization services in the CCSS residential program; however, stabilization services may continue in the participant's home, depending upon need.

B. Eligibility requirements for all CCSS participants include:

1. Enrolled as an eligible client of DDA;
2. Age eight (8) years or older;
3. Written informed consent to participate;
4. The participant or participant's family does not have any open investigations of abuse or neglect pending with the DSHS Children's Administration; and
5. In cases where participants are subject to eligibility re-determination prior to the initiation of a paid service per [WAC 388-823-1010](#), initiation of the CCSS referral can begin, pending the outcome of the eligibility review. Transfer to the

---

DDA POLICY MANUAL CHAPTER 4 PAGE 4 OF 11 ISSUED 8/13

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

program cannot happen until the eligibility review is complete and the participant is found to be DDA eligible.

- C. A statewide team of professional staff appointed by the Deputy Assistant Secretary and known as the CCSS Review Team will review all requests for admission and approve or deny referrals.

**PROCEDURES**

A. Standard Operating Procedures

The CCSS Program will establish internal standard operating procedures for:

1. Initial intake assessments, including:
  - a. Health;
  - b. Psychological;
  - c. Psychiatric;
  - d. Therapies;
  - e. Family needs; and
  - f. Other specialized assessments.
2. Treatment plans for:
  - a. Habilitation;
  - b. Skilled nursing;
  - c. Education;
  - d. Family support;
  - e. Behavioral health stabilization and support;
  - f. Psychiatric; and
  - g. Other specialty service plans.
3. Treatment Plan implementation.
4. Transition and discharge planning, including:
  - a. Collaboration with the Participant Teams and systems partners to create and implement a comprehensive plan to transition the participant to their home;
  - b. Seeking appropriate waiver services; and
  - c. Provide staffing support by behavior technicians in home during transition to model, train, and coach family members or community supports on implementation of plans.

---

DDA POLICY MANUAL CHAPTER 4 PAGE 5 OF 11 ISSUED 8/13

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017— Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

5. Quality Assurance systems to:
  - a. Assess the effectiveness of the participant's individualized plans;
  - b. Identify barriers to implementation in the CCSS and in the participant's home;
  - c. Track trends and patterns; and
  - d. Make recommendations to the Deputy Assistant Secretary regarding system and program enhancements.

B. Referral Process

1. The CRM/SW will consider all reasonable community resources prior to CCSS referral.
2. The CRM/SW will staff the client's case with their supervisor and regional management to determine the immediate needs of the client. The case will be referred to the Regional Clinical Team (RCT) for a second review.
3. Following the RCT review and approval to proceed, the CRM/SW will compile a CCSS referral packet with a signed/approved [DSHS 13-902, CCSS Referral](#), and submit it to the Mental Health Program Manager (or designee) within five (5) business days prior to the initiation of participant transfer to the CCSS Program. Note: This form is available only on the DSHS Intranet website.
4. The client's parent(s) or legal representative(s) will provide any current and historical medical or behavioral/mental health information, if available, to the CRM/SW. Information may include:
  - a. Name, address, and telephone number of all current and historical primary care providers, behavioral/mental health providers, and physicians;
  - b. Copies of current and historical medical and behavioral/mental health records, including office notes, evaluations/reports, labs, imaging, and hospital summaries; and
  - c. Summary of psychoactive medications previously prescribed for the client, including any positive or negative effects.

---

DDA POLICY MANUAL CHAPTER 4  
PAGE 6 OF 11 ISSUED 8/13

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

---

5. The following documentation is required for the referral packet:
- a. A signed [DSHS 14-012, Consent](#), from the client and/or the legal representative. The form must have been signed within the last ninety (90) days.
  - b. The client's most recent DDA Assessment and Individual Support Plan (ISP) or Individual Instruction and Support Plan (IISP), if available:
    - i. The Assessment is current (within the previous six (6) months); and
    - ii. If the DDA Assessment is not current or is incomplete, the CRM/SW must complete an interim assessment.
  - c. A written case summary that addresses all of the following:
    - i. The urgency and reason/circumstances for the request;
    - ii. Previous interventions or supports provided through the community or DDA;
    - iii. Where the client is currently residing;
    - iv. Any extraordinary or unstable medical conditions;
    - v. Any challenging behaviors the client exhibits and the special staffing or supports required at home or school; and
    - vi. Plan for discharge and whether the client and/or their legal representative(s) will support a plan to return to the family home.
  - d. Updated social summary information, including:
    - i. Family profile, including name and address of primary contact and legal representative(s) status;
    - ii. SSA/SSI information, including the representative payee;
    - iii. Social development, including any developmental assessments if available;
    - iv. Placement history;
    - v. If the client has community protection issues, include the most recent risk assessment; and

---

DDA POLICY MANUAL CHAPTER 4 PAGE 7 OF 11 ISSUED 8/13

---

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

TITLE:	COMMUNITY CRISIS STABILIZATION SERVICES	POLICY 4.07
	<ul style="list-style-type: none"> <li>vi. Employment history and interests, as applicable.</li> </ul>	
	<ul style="list-style-type: none"> <li>e. Health and medical information, including:               <ul style="list-style-type: none"> <li>i. Name, address, and telephone number of primary care and behavioral/mental health providers, physicians and back-up providers;</li> <li>ii. Consent to obtain additional records from medical and behavioral/mental health providers;</li> <li>iii. If available, copies of medical and behavioral health/mental health records including the most recent physical examination report and current medical and psychiatric diagnoses;</li> <li>iv. Updated immunization record;</li> <li>v. Report of Hepatitis B screening;</li> <li>vi. All current prescription medications and copies of current prescriptions, if available;</li> <li>vii. Known allergies; and</li> <li>viii. Prescribed diet and reason.</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>f. Legal information, including:               <ul style="list-style-type: none"> <li>i. Verification of guardianship or legal representation;</li> <li>ii. Criminal justice system actions;</li> <li>iii. Local law enforcement involvement;</li> <li>iv. Contractual obligations or court ordered decrees, including civil orders; and</li> <li>v. Pending criminal charges and any related information.</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>g. For school-age children and youth, the current Individualized Education Program (IEP);</li> </ul>	
	<ul style="list-style-type: none"> <li>h. Copies of the following plans if available:</li> </ul>	
DDA POLICY MANUAL	CHAPTER 4 PAGE 8 OF 11	ISSUED 8/13

Washington State  
 Revised Transition Plan for New HCBS Rules  
 To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

TITLE:	COMMUNITY CRISIS STABILIZATION SERVICES	POLICY 4.07
	<ul style="list-style-type: none"> <li>i. Most recent Functional Assessment (FA) and Positive Behavior Support Plan (PBSP).</li> <li>ii. Most recent Cross System Crisis Plan (<a href="#">DSHS 10-272, Cross System Crisis Plan</a>).</li> </ul>	
	<ul style="list-style-type: none"> <li>i. The CRM/SW will obtain a release of information signed by the client’s parent(s) or legal representative(s) and submit it to the referring school district prior to the client’s move to the CCSS Program.</li> </ul>	
	<p>C. <u>Decision Process</u></p> <ol style="list-style-type: none"> <li>1. Following receipt of the CCSS Referral Packet and the signed CCSS Referral Form, the CCSS Review Team will review and approve or deny the service request.</li> <li>2. Members of the CCSS Review Team are appointed by the Deputy Assistant Secretary and include the following positions, at a minimum:           <ol style="list-style-type: none"> <li>a. Children’s Residential Services Program Manager;</li> <li>b. Clinical Director;</li> <li>c. Community Crisis Stabilization Services Program Manager;</li> <li>d. Community Residential Business Requirements Manager; and</li> <li>e. Mental Health (MH) Program Manager.</li> </ol> </li> <li>3. Referrals will be prioritized based on the client’s individual needs, alternative resource availability, bed and/or staffing availability, and appropriateness of placement with other CCSS participants.</li> <li>4. The MH Program Manager (or designee) will document the team’s decision on the CCSS Referral Form and return the form to the CRM/SW.</li> <li>5. If the proposed referral requires more immediate action, and the CRM/SW is not able to initially meet the required referral steps before service is needed, admission to the CCSS Program can be administratively approved by the Deputy Assistant Secretary or designee.</li> <li>6. Upon return of the CCSS Referral Form, the CRM/SW will:           <ol style="list-style-type: none"> <li>a. Ensure notification of the participant and their legal representative(s). Participant notification for all decisions must follow the procedures in DDA Policy 5.02, <i>Necessary Supplemental Accommodation</i>.</li> </ol> </li> </ol>	
	CHAPTER 4	
DDA POLICY MANUAL	PAGE 9 OF 11	ISSUED 8/13

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE:	COMMUNITY CRISIS STABILIZATION SERVICES	POLICY 4.07
--------	---	-------------

---

b. If approved:

- i. Contact the CCSS program to conduct an intake call and coordinate transfer of the participant to the CCSS; and
- ii. Submit a Prior Approval in CARE, to the supervisor, Field Services Administrator and the Regional Administrator or designee for review and approval to proceed with the referral.
- iii. Send the Prior Approval to the MH Program Manager for final approval and documentation.

D. Crisis Services Quality Review

- 1. The CCSS Program will collect data and report to the Regional Administrator and the MH Program Manager on a monthly basis. Data to be collected and reported may include:
  - a. Admissions and discharges;
  - b. Rates of behaviors targeted for decrease;
  - c. Incident reports; or
  - d. Other data as identified.
- 2. The MH Program Manager will perform a client review of all participants at the following intervals following transfer from the CCSS: thirty (30) days; ninety (90) days; and one (1) year.
- 3. The review will include:
  - a. An assessment of the effectiveness of the crisis stabilization services that were provided;
  - b. The impact of changes implemented by the participant's team and to effectively address the participant's behavioral health needs; and
  - c. The impact of the services on the provider systems in the participant's community setting.
- 4. Documentation regarding participant behaviors and interventions will be maintained by the CCSS.

---

DDA POLICY MANUAL	CHAPTER 4 PAGE 10 OF 11	ISSUED 8/13
-------------------	----------------------------	-------------

---

Washington State  
Revised Transition Plan for New HCBS Rules  
To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017

---

TITLE:                    COMMUNITY CRISIS STABILIZATION SERVICES                    POLICY 4.07

---

5.     Reports regarding CCSS outcomes will be generated at least annually by the MH Program Manager.
6.     The CCSS will use the data generated from its quality review to target prevention services to areas of the greatest need and inform statewide systemic issues.

**EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

**SUPERSESSION**

DDD Policy 4.07  
Issued November 11, 2012

Approved:     /s/ Donald Clintzman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: August 15, 2013

---

DDA POLICY MANUAL                    CHAPTER 4                    ISSUED 8/13  
PAGE 11 OF 11

---

Client Rights WAC Revision Proposal updated 10-18-16

**WAC 388-823-1095**

**What are my rights as a DDA client?**

(1) As a DDA client, you have the following rights:

- (a) The right to be free from any kind of abuse or punishment (verbal, mental, physical, and/or sexual); or being sent to a place by yourself, if you do not choose to be alone;
- (b) The right to appeal any decision by DDA that denies, reduces, or terminates your eligibility, your services or your choice of provider;
- (c) The right to receive only those services you agree to;
- (d) The right to meet with and talk privately with your friends and family;
- (e) The right to personal privacy and confidentiality of your personal and other records;
- (f) The right to choose activities, schedules, and health care that meet your needs;
- (g) The right to be free from discrimination because of your race, color, creed, national origin, religion, sex, age, disability, marital status, gender identity, or sexual orientation;
- (h) The right to set your own rules in your home and to know what rules your providers have when you are living in their house or working in their facility;
- (i) The right to request information regarding services that may be available from DDA;
- (j) The right to know what your doctor wants you to do or take and to help plan how that will happen;
- (k) The right to be free from unnecessary medication;
- (l) The right to be free from coercion, restraints, and restrictions;
- (m) The right to vote and help people get elected to office;
- (n) The right to complain and not to have someone "get even";
- (o) The right to have your provider listen to your concerns including those about the behavior of other people where you live;
- (p) The right to receive help from an advocate;
- (q) The right to manage your money or choose other persons to assist you;
- (r) The right to be part of the community;
- (s) The right to make choices about your life;
- (t) The right to wear your clothes and hair the way you want;
- (u) The right to competitive, integrated employment; and
- (v) The right to decide whether or not to participate in research after the research has been explained to you, and after you or your guardian gives written consent for you to participate in the research.

**Washington State**  
**Revised Transition Plan for New HCBS Rules**  
**To be Submitted to CMS in May 2017—Posted for Public Comment on March 15, 2017**

- (2) As a DDA client, your home and community-based service settings have the following requirements:
- (a) The setting is integrated in and supports full access to the greater community;
  - (b) The setting may be selected from setting options that include non-disability specific settings and an option for a private unit in a residential setting;
  - (c) The setting ensures individual rights of privacy, dignity and respect;
  - (d) The setting optimizes autonomy and independence in making life choices; and
  - (e) The setting facilitates choice regarding services and service providers.
- (3) As a DDA client, your provider-owned or controlled home and community-based service residential settings are required to provide you:
- (a) A lease or other legally enforceable agreement providing similar protections from eviction that tenants have under the State landlord/tenant law;
  - (b) Privacy in your unit including lockable doors, choice of roommates and freedom to decorate or furnish the unit;
  - (c) Control of your own schedule including access to food at any time;
  - (d) Freedom to have visitors at any time; and
  - (e) A setting that is physically accessible to you.
- (4) As a DDA client, any change to these settings requirements must:
- (a) Be based on a specific assessed need;
  - (b) Only take place after positive interventions, supports and less intrusive methods were tried, documented in your person-centered service plan but did not work;
  - (c) Be written clearly in your person-centered service plan to show how the change meets your specific need;
  - (d) Include a regular collection and review of data to measure the ongoing effectiveness of the modification;
  - (e) Include established time limits for periodic reviews to determine if the modification is still necessary or can be ended;
  - (f) Not cause you harm; and
  - (g) Include your informed consent of the modification documented by your signature on your person-centered service plan.