

Washington State
Health Care Authority



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

(To be Submitted to CMS in March 2016)—Posted for Public Comment on January 15, 2016



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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 (HCBS Final Rule 42 CFR Parts 430, 431, 435, 436, 441 and 447) that became effective March 17, 2014.

The initial statewide transition plan was submitted to CMS on March 11, 2015. There have been two significant changes to Washington's LTSS system since the Statewide Transition plan was initially submitted. First, the Community First Choice (CFC) program was approved by CMS on June 30, 2015. Second, the Individual and Family Support (IFS) waiver was approved by CMS on May 27, 2015 with a June 1, 2015 effective date. Washington State has updated the statewide transition plan based on feedback received during the approval process for CFC and has incorporated feedback from CMS on the initial statewide transition plan. Washington State has posted this revised statewide transition plan for public comment January 15, 2016 through February 15, 2016. (*Updated 1/15/16*).

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 (implemented July 1, 2015)—serving over 48,700 individuals.

Aging and Long-Term Support Administration—Overview (*numbers Updated 1/15/16*)

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:

- The Community Options Program Entry System (1915(c) waiver)—serving over 35,600 individuals.
- The New Freedom HCBS (1915(c) waiver)—serving over 500 individuals.

- The Residential Support Waiver (1915(c) waiver)—serving 9 individuals.

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

- Medicaid Personal Care—serving over 1,700 individuals.
- Managed Care PACE—serving over 500 individuals.
- Private Duty Nursing—serving over 100 individuals.

ALTSA also administers the Roads to Community Living (Money Follows the Person) federally-funded program—serving over 900 individuals.

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

- Personal care and supportive services for about 53,000 individuals living in their own homes, adult family homes and assisted living settings.
- Assistance with skilled nursing needs available in all settings.
- Assistance with movement from nursing homes to independent living and community residential settings.
- Information and assistance regarding services available in-home, in adult family homes, assisted living facilities, and nursing homes, including options counseling for individuals regardless of income.
- Locally-designed programs focused on the needs of adults who are older.
- The Stanford University Chronic Disease Self-Management Education Programs and other evidence-based health promotion programs.
- Care coordination for foster children to support improved health outcomes for children and their families.
- Protection of safety, rights, security and well-being of people in all settings, including licensed or certified care settings.
- Protection of vulnerable adults from abuse, neglect, abandonment, and exploitation.

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

We believe the individuals we support:

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

We believe families and friends of the people we support:

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

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

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

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 4500 individuals.
- Basic Plus (1915(c) waiver)--serving about 7800 individuals.
- Children's Intensive In-Home Behavioral Supports (CIIBS) (1915(c) waiver)—serving about 100 individuals.
- Community Protection (1915(c) waiver)--serving about 430 individuals.
- Individual and Family Services (IFS) (1915(c) waiver)—serving about 703 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.

Across all programs, DDA offers the following supports and services:

- Case management for everyone receiving services. Over 24,000 individuals receive services from DDA annually.
- Individual and family services that are offered in the family home to meet respite and other critical needs such as therapies, minor home modifications, etc. This state-only funded program serves over 1448 individuals and their families.
- State supplementary payment program offered in the family home provides cash payments in lieu of individual and family services and serves over 2100 individuals.
- Employment and community access services to increase the independence, self-respect and dignity of individuals with developmental disabilities. DDA currently provides waiver and state-only funded employment and day supports to 8100 individuals.
- Residential Services that include community homes for children and adults as well as residential habilitation centers. DDA currently provides waiver and state-only funded residential supports to 7940 individuals who live in their own homes, adult family homes, licensed staff residential, group homes, companion homes, or state operated living alternatives.

Provider Types used by ALTSA and DDA

Individuals on Medicaid may 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 residential services, assisted living facilities and adult family homes, DDA group homes, group training homes, staffed residential, companion homes and group care facilities.

Oversight of ALTSA and DDA Providers

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

The licensing and certification processes include monitoring of the following:

- Criminal background checks on all providers, staff, volunteer caregivers, and anyone who will have unsupervised access to residents;
- National fingerprint-based background checks on all providers, entity representatives, resident managers, and caregivers hired after January 1, 2012;

- Financial assessments;
- Complaints received by either DSHS or Department of Health;
- The Department’s abuse registry;
- Ensuring completion of the Department-approved orientation for AFH providers and administrator training for AFH administrators;
- Ensuring that the provider/caregivers have completed specific training requirements; and
- On-site inspections to ensure homes meet all licensing and certification requirements.

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

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.

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).

Public Input Process

Notices to Providers

The new HCBS requirements apply to the HCBS waiver programs described in the Introduction-Purpose. ALTSA and DDA notified providers in writing about the new HCBS requirements. The notices are posted [here](#).

- 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 ALTA 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 ALTA internet site <https://www.dshs.wa.gov/altsa/stakeholders/home-and-community-based-services> 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.

State Posting of Transition Plan for Public Comment

- Published first public notice in Washington State Register on September 3, 2014.
- 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 ALTA 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 ALTSA 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 [ALTSA 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 [ALTSA 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*).

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.

Process for Ensuring Ongoing Transparency and Input from Stakeholders and Tribes

The Centers for Medicare and Medicaid Services will work with the state to ensure that all waiver programs are brought into compliance with the new federal requirements. CMS will review the submitted statewide transition plan, and may approve transition plans up to four years to effectuate full compliance. The updated statewide transition plan will be posted on the ALTSA internet site as milestones are reached, with updates and an opportunity for comment.

Results of the State Assessment of HCBS Settings

ALTSA and DDA reviewed the requirements for HCBS settings and identified settings that fully comply with the requirements, settings that will comply with the requirements after implementing changes, and settings that do not or cannot meet the HCBS requirements. The review included an analysis of state laws, rules, policies, processes, and forms/tools in relation to the new federal HCBS requirements and an identification of changes that are necessary to achieve and maintain compliance with the federal HCBS requirements. The state solicited input from the state Long-Term Care Ombuds, stakeholders, and clients as part of this analysis. 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.

Settings that the State has assessed to fully comply with HCBS Characteristics:

- In-home/Private homes—in guidance provided by CMS, in-home settings are determined to fully align with HCB setting requirements. The assessment for this setting is now in Appendix G. *(Updated 1/15/16)*.
- Adult Family Homes—note: in the initial statewide transition plan that was submitted to CMS on March 11, 2015, this setting was determined to fully comply with HCBS characteristics if the requirement regarding lockable doors on resident rooms was implemented. This requirement was implemented effective July 1, 2015. CMS determined that the adult family home setting type fully aligns with HCB requirements as part of the approval of the Community First Choice State Plan Amendment (1915(k)). The assessment for this setting is now in Appendix G *(Updated 1/15/16)*.
- DDA Group Training Homes
- DDA Companion Homes
- Supported Living
- Adult Day Services
- Group Home Licensed Staffed Residential, Child Foster Care and Group Care Facilities
- Assisted Living Facility—CMS determined that the assisted living facility setting type meets HCB requirements as part of the approval of the Community First Choice State Plan Amendment (1915(k)) The assessment for this setting is now in Appendix G *(Updated 1/15/16)*.
- Adult Residential Care/Enhanced Adult Residential Care—CMS determined that the ARC and EARC setting types meets HCB requirements as part of the approval of the Community First Choice State Plan Amendment (1915(k)) The assessment for this setting is now in Appendix G *(Updated 1/15/16)*.
- DDA Individual Employment work sites
- DDA Group Supported Employment_work sites
- DDA Community Access
- Community Healthcare Providers
- Dental Providers
- DDA Behavioral Health Crisis Bed Diversion Services
- DDA Specialized Psychiatric Services
- DDA Behavior Support and Consultation
- DDA Community Crisis Stabilization Services
- Vehicle Modification Providers
- Veterinarians for Service Animals
- Transportation Providers

Settings 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.

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.

Number of Individuals Served: 3726

This entire section was updated 1/15/16.

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>The Supported Living/Certified Community Residential Services and Supports (CCRSS) rule are in Chapter 388-101 WAC. Participants reside in private homes located in the community and access services in their homes and in typical public community settings.</p> <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>For further information on consumer satisfaction and HCBS compliance, see NCI survey results referenced in the in-home</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>The state certification process includes a determination of whether providers are adhering to the Individual Instruction &</p>

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	setting.	<p>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 ISP and that client funds are expended correctly.</p>
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting	<p>Services are provided in person's own private home or apartment.</p> <p>WAC 388-823-1095 my rights as a DDA client</p>	As part of the certification and RCS complaint investigation process described in the overview, RCS Contracted Evaluators and RCS Investigators conduct client record

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.	<p>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>	reviews ensuring Individual Instruction & Support Plans are being followed.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>WAC 388-101-3350(6) 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 WAC 388-101-3350(6).</p>
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>WAC 388-101-3350(6) requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan.</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

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
		<p>ensure service providers' compliance.</p> <p>The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).</p>
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>WAC 388-101-3350(6) requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan.</p>	<p>CMs offer the individual choices of long-term care settings and provider types.</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 WAC 388-101-3350(6).</p>
<p>Individuals have a choice of roommates in the setting;</p>	<p>All Supported Living residents have private bedrooms.</p> <p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>WAC 388-101-3350(6) 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</p>

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	Residential Guidelines and CCRSS provider contracts inform and guide the provision of supported living services.	Unit is monitoring to WAC 388-101-3350(6) .
Individuals have the freedom to furnish and decorate their sleeping or living units	Chapter 388-823-1095 WAC my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360 . Chapter 388-101-3350(6) WAC 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.	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 WAC 388-101-3350(6) .
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	Chapter 388-823-1095 WAC my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360 . WAC 388-101-3350(6) 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.	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 WAC 388-101-3350(6) .
Individuals are able to have visitors of their choosing at any time	WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC	As part of the certification and RCS complaint investigation process

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	<p>388-101-3320 through WAC 388-101-3360.</p> <p>WAC 388-101-3350(6) 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>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 WAC 388-101-3350(6).</p>
<p>The setting is physically accessible to the individual</p>	<p>This setting type is primarily not a provider owned or controlled setting.</p> <p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. WAC 388-101-3350(6) 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. Expectations in the CCRSS provider contract:</p> <ul style="list-style-type: none"> • 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 	<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 WAC 388-101-3350(6).</p>

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	<p>competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities.</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>	
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.	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.	
The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the	Services are provided in person's own private home or apartment selected by the person and controlled by a lease between the Client	As part of the certification and RCS complaint investigation process described in the overview, RCS

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
<p>individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</p>	<p>and the landlord under the protection of the Washington State Landlord Tenant Law.</p> <p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. WAC 388-101-3350(6) 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>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 WAC 388-101-3350(6).</p>
<p>For the small number of provider-owned or controlled properties in this setting, safeguards are in place to protect participants.</p>	<p>DDA acknowledges that some CCRSS residences are provider-owned or controlled but do meet all HCBS standards.</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 Chapter 388-101-3350(6) WAC.</p> <p>Safeguards for provider owned or controlled housing already in place include:</p> <p>(1) A Provider-Owned Housing</p>

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
		<p>Memorandum of Understanding between the participant and provider which includes the following rights:</p> <ul style="list-style-type: none"> • Client has the right to live wherever they choose within the service area • Client has the right to move from a provider owned home and continue to receive SL services with the provider • Client is aware that service provision with the SL provider is not contingent upon residing in a provider owned home • Client has the right, at any time, to request to move to another home within the service area. <p>(2) A written exception to policy (ETP) from the Deputy Assistant Secretary (DDA Policy 4.02 D1) (see Appendix H).</p>

Adult Day Services

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

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

Number of ADH and ADC Centers contracted for Medicaid: 19

Number of centers contracted only for ADC for Medicaid: 11

Characteristics/Requirements Met

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
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	<p>Adult day service programs provide opportunities for community integration for people living alone.</p> <p>WAC 388-71-0738(2) Center policies must include</p> <p>(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</p>	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
HCBS.	volunteers.	
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.	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.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<u>WAC 388-71-0766 (1) and (12): What are the adult day centers' facility requirements?</u> The facility must have sufficient space....The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.
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.	In the revised WAC, the Department enhanced the participant's right to participate per their preferences (new <u>WAC 388-71-0702 (3)(I)</u> . WAC 388-71-0718 (6)(c) mandates a negotiated service agreement that is client directed, and that clients must be offered alternatives when they do not want to participate.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.
Individual choice regarding services and	During the assessment process, it is a CM	The Area Agency on Aging monitors the

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
supports, and who provides them, is facilitated.	responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.
The setting is physically accessible to the individual	<u>WAC 388-71-0766</u> : 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 the site.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the Department or the AAA, including compliance with this requirement.

Note: The state visited all adult day service centers in 2014. One adult day service 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: 268 individuals served in DDA Group Homes

Characteristics/Requirements Met

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility.</p> <p>RCW 70.129.040 (1) personal resources</p> <p>RCW 70.129.020 Exercise of rights.</p> <p>WAC 388-76-10510 (5) Is provided the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice</p> <p>WAC 388-76-10620 Resident rights – Quality of life –</p> <p>WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation.</p> <p>WAC 388-76-10555 Resident rights – Financial affairs.</p> <p>WAC 388-76-10520 refers to Chapter 70.129 RCW</p> <p>The State has completed a review of state statutes and regulations regarding DDA group homes and determined that those laws are in</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews (see Appendix H) 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 Chapter 70.129 RCW.</p> <p>The state licensure and survey process includes a determination of whether providers are adhering to the person centered planning process when Negotiated Care Plans or Negotiated Service Agreements and Admissions</p>

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	<p>alignment with the HCBS setting requirements.</p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>	<p>Agreements are developed. RCS has also added questions related to HCB setting rule compliance to its resident survey tool (see Appendix H).</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>WAC 388-823-1095 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>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>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Rights are protected in RCW 70.129.005 and WAC 388-76-10620 (1), including not using restraints on any resident (RCW 70.129.120) Protection of rights is also enforced through WAC 388-101-3320 through WAC 388-101-3360</p>	<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 Chapter 70.129 RCW.</p>

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
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.	Rights are protected in RCW 70.129.140 and RCW 70.129.005 . Protection of rights is also enforced through WAC 388-101-3320 through WAC 388-101-3360	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW .
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers.	This is a component of the CARE assessment process. This is also documented as part of the preliminary/negotiated care plan.
Privacy: Individuals have a choice of roommates in the setting	WAC 388-76-10685 (5) WAC 388-110-140 (2) The contractor must ensure each resident has a private apartment-like unit. WAC 388-78A-3010	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units	RCW 70.129.100 --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing as space permits, unless to do so would infringe upon the rights or health and safety of	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	other residents ¹ .	providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW .
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	RCW 70.129.140 (2) Within reasonable ² facility rules designed to protect the rights and quality of life of residents, the resident has the right to:	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews

¹ “[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)*

² Note: Washington rules use the term “reasonable”. For purposes of these rules “reasonable” is determined as follows: Facilities determine rules within the parameters of the RCW and WAC. By RCW, facilities are required to inform residents both orally and in writing, in a language that the resident understands, the resident’s rights and rules regarding conduct and responsibilities, prior to moving in, so the prospective resident can make an informed choice on whether they want to live there or look for another place. The facility must also inform *(footnote continued)*

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	(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;	resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW .
Individuals are able to have visitors of their choosing at any time	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews

each resident in writing in a language the resident or his or her representative understands at least once every twenty-four months thereafter of:

(a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. By RCW, the residents have a right to make a complaint about a proposed policy or operational decisions affecting resident care and life in the facility. The facility is required to listen to the resident's views and act on grievances and recommendations. The facility must also post the names, addresses, and telephone numbers of Residential Care Services, the State Ombuds program, and the protection and advocacy system so the resident knows where to file complaints or disagreements with the facility rules. *(Updated 1/15/16)*

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	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;	providers/resident managers, and interviews staff regarding this requirement.
The setting is physically accessible to the individual	<p>WACs: 388-76-10685 Bedrooms 388-76-10695 Building Codes-Structural requirements 388-76-10870 – Resident evacuation capability levels – identification required Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p> <p>As part of the 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>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 an assisted living 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 construction to meet the new standard unless it poses a risk to the health and safety of residents.</p>

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
<p>The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p>This is not applicable. These are residential homes. None are attached to institutions.</p>	<p>Not applicable</p>
<p>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</p>	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.12 RCW, including a process for contesting the eviction (<i>Updated 1/15/16</i>).</p>	<p>This provision is enforced through the RCS licensing requirements.</p>

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
<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><u>WAC 388-76-10685</u> Bedrooms. The adult family home must:</p> <p>(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><u>WAC 388-110-220</u> (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>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 Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</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: 950 children

Characteristics/Requirements Met		
Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	DDA Licensed Staffed Residential (LSR) Contract and Chapter 388-145-1300 through 1885 WA Child Foster Home Chapter 388-148 WAC 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 laws are in alignment with the HCBS setting requirements.	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection 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 (DSHS 21-059) and applying the same standards as utilized for supported living to ensure HCBS standards.
The setting is selected by the individual from among setting options including non-disability specific	DDA policy identifies that the referral process is a joint process and that the service options are discussed in person.	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
<p>settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>Chapter 388-823-1095 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 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>3 years. DLR and Children's Protection 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>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Licensed Staffed Residential (LSR) Contract and DDA policies 5.19, 5.20 and 6.12 contain language that addresses this requirement.</p> <p>Chapter 388-823-1095 WAC my rights as a DDA client</p>	<p>Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection 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>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical</p>	<p>Chapter 388-826-0040 WAC communicates therapeutic supports. DDA policy 4.10 and contract referral process and setting types to</p>	<p>Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed</p>

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
environment, and with whom to interact are optimized and not regimented.	look for settings that support the family cultural needs. Chapter 388-823-1095 WAC my rights as a DDA client	3 years. DLR and Children’s Protection 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.
Individual choice regarding services and supports, and who provides them, is facilitated.	Policy 4.10 and contract regarding referral process and setting types will look for settings that support the family cultural needs. Chapter 388-823-1095 WAC my rights as a DDA client	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children’s Protection 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.
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	Not applicable. Child settings Chapters 388-145, 388-148 and 388-826 WAC require notification of provider in writing. Voluntary Placement Service (VPS) statement identifies that any party could choose to terminate this placement and child would return to their family’s home.	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children’s Protection Services (CPS) investigate complaints.

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
designated entity;		
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units	This is specified in the LSR contract	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection 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.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	Chapter 388-145-1790 WAC Rule requires the contractor to post a menu. Clients can choose snack options. Evaluation tool asks child if they go to store with staff to pick out their own food Chapter 388-148-1515 WAC What are the requirements regarding food? Chapter 388-823-1095 WAC my rights as a DDA client	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection 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.
Individuals are able to have visitors of their	Supervised access- individuals can come over in	Children's Administration's Division of

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
choosing at any time	<p>reasonable time frames. Rules state background checks are required if individual over 18 years of age going into the licensed settings.</p> <p>Chapter 388-823-1095 WAC my rights as a DDA client</p>	<p>Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children’s Protection 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>
The setting is physically accessible to the individual	<p>Chapter 388-145-1555 WAC Chapter 388-148-1440 WAC</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>Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children’s Protection 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>
The setting that is located in a building that is also a publicly or privately -operated facility	None are attached to institutions.	

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
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.		

DDA Individual Supported Employment

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

Number of Individuals Served: 5,853

Characteristics/Requirements		
Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
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	<p>RCW 71A.10.015</p> <p>WAC 388-845-2100(1)(a-f) 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>DDA Policy 4.11 County Services for Working Age Adults</p> <p>County Guidelines 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</p>	By contract and by DDA Policy 4.11 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 uses the county self-assessment tool as one of several methods of identifying

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
	<p>statutes and regulations regarding individual supported employment and determined that those laws are in alignment with the HCBS setting requirements.</p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>	<p>priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. <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 review outcome information for trends and patterns on a county-by - county basis monthly.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>WAC 388-823-1095 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>By contract and by DDA Policy 4.11 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</p>

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
	<p>County Guidelines 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>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 patterns on a county-by - county basis monthly.</p>
<p>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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>

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		<p>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 patterns on a County-by - County basis monthly.</p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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>

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		<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>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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</p>

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		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.
The setting is physically accessible to the individual.	<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.	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 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,

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		DDA review outcome information for trends and patterns on a county-by - county basis monthly.
<p>The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p><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>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>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 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 - county basis monthly.</p>

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

Characteristics/Requirements		
Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
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.	<p>RCW 71A.10.015</p> <p>WAC 388-845-2100(2)(a-d) 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>DDA Policy 4.11 County Services for Working Age Adults</p> <p>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution,</p>	By contract and by DDA Policy 4.11 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 uses the county self-assessment tool as

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	<p>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>one of several methods of identifying priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. <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 review outcome information for trends and patterns on a county-by - county basis monthly.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>WAC 388-823-1095 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>County Guidelines inform and direct county services, including employment, to include the</p>	<p>By contract and by DDA Policy 4.11 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</p>

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	<p>following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>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 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>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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-</p>

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
		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.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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 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</p>

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
		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.
Individual choice regarding services and supports, and who provides them, is facilitated.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>	By contract and by DDA Policy 4.11 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 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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
		trends and patterns on a county -by- county basis monthly.
The setting is physically accessible to the individual.	County Guidelines 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.	By contract and by DDA Policy 4.11 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 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.
The setting that is located in a building that is also a publicly or privately operated facility	County Guidelines inform and direct county services, including employment, to include the	By contract and by DDA Policy 4.11 embedded in the contract, each county

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
<p>that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p>following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p> <p>WAC 388-845-2100(2)(a-d) 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>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 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>

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.

Characteristics/Requirements	DDA Community Access State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	<p>RCW 71A.10.015</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>DDA Policy 4.11 County Services for Working Age Adults</p> <p>County Guidelines 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 community access and determined that those laws are in alignment with the HCBS setting requirements.</p>	<p>By contract and by DDA Policy 4.11 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> <ul style="list-style-type: none"> • If county is provider; • If DDA regional or HQ staff identifies county

	<p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>	<p>as needing additional site monitoring;</p> <ul style="list-style-type: none"> • Every three years, all counties are reviewed. <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>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>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. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	<p>By contract and by DDA Policy 4.11 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 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>

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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	Monitoring is conducted during the annual Quality Assurance monitoring cycle. Department of Health provides oversight of healthcare provider credentials.
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not	The settings 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	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.

Characteristics/Requirements	Community Healthcare Providers State Assessment	Oversight Process
receiving Medicaid HCBS.	<p>life for long-term care participants.</p> <p>Washington State Law provides clear protections of rights. Chapter 49.60 RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	<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 (RCW 18.130.160)</p>

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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	Monitoring is conducted during the annual Quality Assurance monitoring cycle. The Department of Health provides oversight of dental providers' credentials.
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.	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	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 (RCW 18.130.160)

Characteristics/Requirements	Dental Providers State Assessment	Oversight Process
	<p>life for long-term care participants.</p> <p>Washington State Law provides clear protections of rights. Chapter 49.60 RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	

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.

This entire section was updated 1/15/16.

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>Behavioral health crisis bed diversion services WACs 388-101-4070-4140.</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 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>For further information on consumer</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>The state certification process includes a determination of whether providers are adhering to the Individual Instruction & Support Plan (IISP).</p> <p>While completing regular certification</p>

	<p>satisfaction and HCBS compliance, see NCI survey results referenced in the in-home setting.</p>	<p>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 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 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>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>During the assessment process, it is 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>WAC 388-823-1095 my rights as a DDA client</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>

	Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.	
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360 .	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.
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.	Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360 .	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.
Individual choice regarding services and supports, and who provides them, is facilitated.	Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360 .	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

		<p>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 reviews clients' finances and conducts client record reviews to ensure service providers' compliance.</p>
Individuals have a choice of roommates in the setting;	Not applicable as each participant is provided a private, furnished bedroom and only one participant is served in each residence (Chapter 388-101-4080 WAC).	<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>
Individuals have the freedom to furnish and decorate their sleeping or living units	<p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of</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</p>

	services.	staff interviews. RCS contracted evaluators and RCS Investigators also reviews clients' finances and conducts client record reviews to ensure service providers' compliance.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	<p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</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.
Individuals are able to have visitors of their choosing at any time	<p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</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.
The setting is physically accessible to the individual	WAC 388-101-4090 (10) specifies that providers of DDA Behavioral Health Crisis Diversion Bed Services must provide "An accessible site for clients with physical disabilities."	As part of the certification and complaint investigation process described in the overview, Residential Care Services (RCS)

	<p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>Residential Guidelines and behavioral health crisis bed diversion services provider contracts inform and guide the provision of services.</p>	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 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.	Not applicable as all service providers are located in single family homes and apartments.	Not applicable.
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.	Not applicable as participants do not pay rent or room and board for this service.	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.

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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	<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 specialized psychiatric services and determined that those laws are in alignment with the HCBS setting requirements.</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p> <p>Department of Health provides oversight of specialized psychiatric services provider credentials.</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	The settings are integrated into the greater community and do not preclude access to the community.	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

Characteristics/Requirements	DDA Specialized Psychiatric Services Providers State Assessment	Oversight Process
<p>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>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. Chapter 49.60 RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	<p>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 (RCW 18.130.160)</p>

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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	<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 behavior support and consultation and determined that those laws are in alignment with the HCBS setting requirements.</p>	<p>Monitoring is conducted during the annual Quality Assurance monitoring cycle.</p> <p>Department of Health provides oversight of behavior health and consultation provider credentials.</p>
The setting is integrated in, and supports full	The settings are integrated into the greater	At the time of initial contracting and at

Characteristics/Requirements	DDA Behavior Support and Consultation Providers	Oversight Process
<p>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>State Assessment</p> <p>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. Chapter 49.60RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	<p>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 (RCW 18.130.160)</p>

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	Oversight Process
<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	State Assessment	<p>Children's Protection 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"> • Assess the effectiveness of the participant's individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and • Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.
	<p>Chapter 71A.16 RCW</p> <p>Proposed Chapter 388-833 WAC</p> <p>DDA Policy 4.07, Community Crisis Stabilization Services</p> <p>DDA Policy 5.14, Positive Behavior Support</p> <p>DDA Policy 5.18, Cross System Crisis Plan</p> <p>DDA Policy 5.19, Positive Behavior Support for Children and Youth</p> <p>DDA Policy 5.20, Restrictive Procedures for Children and Youth</p> <p>The participant receives community crisis stabilization services in a typical residential 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>	

Characteristics/Requirements	Community Crisis Stabilization Services	Oversight Process
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p style="text-align: center;">State Assessment</p> <p>WAC 388-823-1095 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 WAC 388-833-0015.</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>Children's Protection 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"> • Assess the effectiveness of the participant's individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>
<p>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC 388-823-1095 my rights as a DDA client</p>	<p>Children's Protection 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>

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		<ul style="list-style-type: none"> • Assess the effectiveness of the participant's individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	WAC 388-823-1095 my rights as a DDA client	<p>Children's Protection 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"> • Assess the effectiveness of the participant's individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	WAC 388-823-1095 my rights as a DDA client	<p>Children’s Protection 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"> • Assess the effectiveness of the participant’s individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant’s home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>
Privacy: Individuals have a choice of roommates in the setting	Not applicable. All participants have single occupancy bedrooms.	
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units	WAC 388-823-1095 my rights as a DDA client	<p>Children’s Protection 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</p>

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		(CCSS) has a quality assurance system to: <ul style="list-style-type: none"> • Assess the effectiveness of the participant’s individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant’s home; • Track trends and patterns; and Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	WAC 388-823-1095 my rights as a DDA client	Children’s Protection Services (CPS) investigates complaints of abuse and neglect. 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: <ul style="list-style-type: none"> • Assess the effectiveness of the participant’s individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant’s home; • Track trends and patterns; and Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.
Individuals are able to have visitors of their	WAC 388-823-1095 my rights as a DDA client	Children’s Protection Services (CPS)

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
choosing at any time		<p>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"> • Assess the effectiveness of the participant's individualized treatment plan; • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>
The setting is physically accessible to the individual	<p>WAC 388-823-1095 my rights as a DDA client</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,</p>	<p>Children's Protection 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"> • Assess the effectiveness of the participant's individualized treatment

Characteristics/Requirements	Community Crisis Stabilization Services	Oversight Process
	<p align="center">State Assessment</p> <p>including physical plant requirements, is meeting their needs.</p>	<p>plan;</p> <ul style="list-style-type: none"> • Identify barriers to implementation in the CCSS and in the participant's home; • Track trends and patterns; and <p>Make recommendations to the Deputy Assistant Secretary regarding system and program enhancement.</p>
<p>The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</p>	<p>Not applicable. Community Crisis Stabilization Services is located in a single-family home in a typical residential neighborhood.</p>	
<p>The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.</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>	

Vehicle Modification Providers

Setting Description: These providers are located in typical community locations (such as car repair shops, car 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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	Monitoring is conducted during the annual Quality Assurance monitoring cycle.
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	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.	Automotive Repair Providers are governed by Chapter 46.71 RCW . 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.

Characteristics/Requirements	Vehicle Modification Providers State Assessment	Oversight Process
	<p>Washington State Law provides clear protections of rights. Chapter 49.60 RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.</p>	

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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	Monitoring is conducted during the annual Quality Assurance monitoring cycle.
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	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.	Veterinarians are regulated by the Department of Health (DOH) per Chapter 18.92 RCW and Chapter 246-937 WAC . Complaints are investigated by DOH.

Characteristics/Requirements	Veterinarians for Service Animals State Assessment	Oversight Process
	Washington State Law provides clear protections of rights. Chapter 49.60 RCW is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC 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 Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	Monitoring is conducted during the annual Quality Assurance monitoring cycle.
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>The settings 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. Chapter 49.60 RCW is the state's law against discrimination and</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.

Characteristics/Requirements	Transportation Providers State Assessment	Oversight Process
	which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.	

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 (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](#)).

This entire section was updated 1/15/16.

Characteristics/Requirements Met

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>DDA Group Training Homes/Certified Community Residential Services and Supports (CCRSS) rules are in Chapter 388-101 WAC.</p> <p>RCW 71A.22.020 (2) and 70.129.140 (b) interact with members of the community both inside and outside the facility.</p> <p>RCW 70.129.040 (1) personal resources</p> <p>RCW 70.129.020 Exercise of rights.</p> <p>WAC 388-823-1095 My rights as a DDA client.</p> <p>WAC 388-101-3170</p> <p>If dually certified and licensed as an AFH:</p> <p>RCW 70.129.140 (b) interact with members of the community both inside and outside the</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>The state certification process includes a determination of whether providers are adhering to the Individual Instruction & Support Plan (IISP).</p>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	<p>facility.</p> <p>WAC 388-76-10620 Resident rights – Quality of life – General.</p> <p>WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation.</p> <p>WAC 388-76-10555 Resident rights – Financial affairs.</p> <p>WAC 388-76-10520 refers to Chapter 70.129 RCW</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>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</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: 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 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</p>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
		<p>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 ALTSA 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 HCB 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</p>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
		resident survey (see Appendix H) to elicit resident feedback on whether their rights are being violated. (<i>Updated 1/15/16</i>).
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.	<p>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 services and providers.</p> <p>For individuals served by DDA, the Assessment Meeting Wrap-up (DSHS 14-492) documents that individuals are informed of their options regarding settings and providers.</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, client and collateral interviews, service provider and staff interviews and client record reviews to ensure service providers' compliance.</p>
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120) Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360	<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 WAC 388-101-3350(6).</p>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
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.	Rights are protected in RCW 70.129.140 and RCW 70.129.005 . Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360	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 WAC 388-101-3350(6) .
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360	This is a component of the CARE assessment process. This is also documented as part of the preliminary/negotiated care plan. 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 WAC 388-101-3350(6) .
Individuals have a choice of roommates in the	WAC 388-823-1095 my rights as a DDA client	As part of the certification and RCS

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
setting.	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. WAC 388-101-3350(6) 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 group training home services.</p> <p>WAC 388-76-10685 (5) requires that the AFH make reasonable efforts to accommodate residents wanting to share the room.</p> <p>If dually certified and licensed as an AFH: WAC 388-76-10685 (5) requires that the AFH make reasonable efforts to accommodate residents wanting to share the room.</p>	<p>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 WAC 388-101-3350(6).</p>
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.	<p>RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</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>
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<p>RCW 70.129.140</p> <p>(2) Within reasonable facility rules designed to protect the rights and quality of life of</p>	<p>As part of the certification and RCS complaint investigation process</p>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	<p>residents, the resident has the right to:</p> <ul style="list-style-type: none"> (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. <p>WAC 388-823-1095 my rights as a DDA client Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. WAC 388-101-3350(6) 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>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>Individuals are able to have visitors of their choosing at any time.</p>	<p>RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following:</p> <ul style="list-style-type: none"> (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>WAC 388-823-1095 my rights as a DDA client</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>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. WAC 388-101-3350(6) 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>The setting is physically accessible to the individual.</p>	<p>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</p> <p>If dually certified and licensed as an AFH:</p> <p>WAC 388-76-10685 Bedrooms WAC 388-76-10695 Building Codes-Structural requirements WAC 388-76-10870 – Resident evacuation capability levels – identification required Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p> <p>As part of the 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</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>

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	their assessments to make sure the setting, including physical plant requirements, is meeting their needs.	
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.	No group training homes are attached to institutions.	Not applicable
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.	Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.12 RCW , including a process for contesting the eviction. <i>(Updated 1/15/16)</i> Contracts were changed effective July 1, 2015 to reflect this requirement <i>(Updated 1/15/16)</i> .	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 WAC 388-101-3350(6) .

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
<p>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors. (Updated 1/15/16)</p>	<p>WAC 388-76-10685 Bedrooms (effective July 1, 2015). The adult family home must: (7) Ensures 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 (Updated 1/15/16).</p> <p>Contracts were changed effective July 1, 2015 to reflect this requirement (Updated 1/15/16).</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 WAC 388-101-3350(6).</p>

Companion Home

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 Companion Homes: 68

Characteristics/Requirements Met

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p><u>WAC 388-829C-020</u>: 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><u>WAC 388-829C-090</u> 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 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>For further information on consumer</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.

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.	
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.	<p>WAC 388-823-1095 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>	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.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p>WAC 388-829C-090</p> <p>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 and social life of the community.</p> <p>WAC 388-829C-100 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</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.

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	<p>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 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.</p>	
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>WAC 388-829C-090 and 100</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>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>WAC 388-829C-100</p>	<p>Annual evaluation process conducted by DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a</p>

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
		companion home evaluation tool.
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.	WAC 388-829C-090	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.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	WAC 388-829C-100	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.
Individuals are able to have visitors of their choosing at any time.	WAC 388-829C-090 , 100	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.
The setting is physically accessible to the individual.	WAC 388-829C-320 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	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.

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	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-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.	
The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.	<p>WAC 388-829C-020 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>	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.
Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors.	Contracts were changed effective July 1, 2015 to reflect this requirement (<i>Updated 1/15/16</i>).	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.
Privacy: Individuals have a choice of	WAC 388-829C-020	Annual evaluation process conducted by

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
roommates in the setting.	A companion home is a DDA residential service offered in the provider's home to no more than one client.	DDA-contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
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.	Contracts were changed effective July 1, 2015 to reflect this requirement. <i>(Updated 1/15/16)</i>	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 <i>(Updated 1/15/16)</i> .

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. Fifteen pre-vocational service providers in eleven 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: 300 individuals

Characteristics/Requirements		
Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
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.	<p>RCW 71A.10.015</p> <p>WAC 388-845-1400 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-vocational services are available in the Basic Plus, Core and community protection waivers.</p> <p>DDA Policy 4.11 County Services for Working Age Adults</p> <p>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and</p>	By contract and by DDA Policy 4.11 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 uses the county self-assessment tool as one of several methods of identifying

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	<p>choice, relationships, status/contribution, integration, competence and health and safety.</p> <p>The State has completed a review of state statutes and regulations regarding adult residential services and enhanced adult residential services and determined that those laws are in alignment with the HCBS setting requirements.</p>	<p>priorities for site visits. Other considerations include:</p> <ul style="list-style-type: none"> • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. <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 review outcome information for trends and patterns on a county-by-county basis monthly.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</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>	<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</p>

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		<p>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 patterns on a county-by-county basis monthly.</p>
<p>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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</p>

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		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.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>	By contract and by DDA Policy 4.11 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 years. DDA has 3 Regional Employment Specialists who assist with

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		the quality assessments. Additionally, DDA review outcome information for trends and patterns on a county-by-county basis monthly.
Individual choice regarding services and supports, and who provides them, is facilitated.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines 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>By contract and by DDA Policy 4.11 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 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>

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
The setting is physically accessible to the individual.	County Guidelines 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>By contract and by DDA Policy 4.11 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 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>
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional	County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	Each county completes a 16-page self-assessment tool every other year which assists DDA to prioritize site visits. DDA

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
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.	choice, relationships, status/contribution, integration, competence and health and safety.	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.

Characteristics/Requirements Not Met

Characteristics/Requirements	Proposed Changes
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.	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. <i>(Updated 1/15/16).</i>

APPENDIX B: Site Specific Assessment

Updated 1/15/16

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

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 and complaint investigations of all licensed facilities at least every 18 months, and with an average of every 12 months. As this is a continuous process, all facilities will have 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, so all facilities will receive a monitoring visit by September 16, 2016. By July 31, 2016 a statistically significant sample of facilities will have been assessed.

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 whether their rights are being violated. Any site that may have the effect of isolating residents will be evaluated for heightened scrutiny.

In addition, the Washington State Ombuds program can also 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 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.

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 ALTSA for heightened scrutiny.

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

Process for determining whether settings fully align with HCB settings requirements:

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

A list of the interview questions asked of administrators follows:

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

In order to evaluate whether the setting has the effect of isolating individuals receiving HCBS from the broader community, DSHS interviews the participants, the facility administrator, and makes observations 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)*

Settings Identified for Heightened Scrutiny:

Two new assisted living facilities attached to nursing facilities have been identified. The facilities are Riverview Terrace Assisted Living and Cherrywood Assisted Living. In addition stakeholders commented on a home that potentially isolates residents, Sunridge Ranch I, LLC and the State has identified Sunridge Ranch II, LLC. Using the process described above, ALTA and DDA headquarters staff visited and reviewed the two facilities 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:

- Cherrywood Assisted Living
- Riverview Terrace
- Sunridge Ranch, LLC, I
- Sunridge Ranch, LLC, II

Cherrywood Assisted Living

Address: 100 East Dalke St, Spokane, WA

<http://www.cherrywoodassistedliving.com/>

Number of Licensed beds: 57

Number of Medicaid beds: 52

Assessment: Based on the new CFR regarding Home and Community Based Setting (HCBS), facilities are presumed institutional when located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. In the ALTSA-HCS review of facilities, Cherrywood Assisted Living has been identified as facility that is attached to a nursing home.

State Results and Justification: Based on the observations made by ALTSA staff from an on-site visit, information provided by residents who were interviewed, and facility administration, ALTSA-HCS has determined this facility meets the HCBS settings characteristics.

Cherrywood Place Assisted Living is surrounded by an established neighborhood. It is close to the city bus routes, a pharmacy and restaurants. There are areas to safely walk in the neighborhood and get out and about.

Client survey: During our client surveys one resident stated that the Resident Council is very well attended and plays a great role in the resident life and planning activities in the facility and in the community. All activities scheduled are resident driven. All residents interviewed stated they are free to come and go at any time. Visitors are always welcome. The residents enjoy the company of each other when they eat their meals, and an alternative meal is always available if requested.

Administrator survey: The administrator stated that the Resident Council is very actively involved and the facility administration tries to meet their requests. The facility is located in the community. Public transportation is accessible for all residents. Residents' families are also very involved with providing transportation and taking residents for family outings, vacations, or trips. The administrator of the facility stated that schedules are not regimented and residents participate in the activities of their choice.

Conclusion: This setting fully complies with the HCBS characteristics.

Riverview Terrace

Address: 1801 E Upriver Rd, Spokane, WA

<http://riverviewretirement.org>

Number of Licensed beds: 107

Number of Medicaid beds: 9

Assessment: Based on the new CFR regarding Home and Community Based Setting (HCBS), facilities are presumed institutional when located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. In the AL TSA- HCS review of facilities, Riverview Terrace Assisted Living has been identified as facility that is attached to a nursing home.

State Results and Justification: Based on the observations made by AL TSA staff from an on-site visit, information provided by residents who were interviewed, and facility administration, AL TSA- HCS has determined this facility meets the HCBS settings characteristics.

According to the facility website, The Riverview Retirement Community is located on the 23 acres. The facility states that this facility is the extension of their home. At Riverview, “we’re not about retirement, but re-vitalization. We provide more than a place to live. We provide a place to meet friends and fulfill promises you’ve made yourself your entire life.”

Client survey: During our client survey’s one resident stated “I made this place my home. I have a car and go anywhere I like and take my friends with me.” Residents reported that meals are scheduled, within a window of time. In addition, the facility always has food available for residents. Snacks are available all the time for residents. Meal times are discussed at Resident Council Meetings. The facility is open to whatever the residents’ wishes are. Residents also reported that the facility has multiple activities scheduled on and off site for the residents to choose from. Residents choose whether they want to participate.

The facility is full of life. One resident reported that he lived here for almost 10 years and his best friend lives there too. “I have all of my things around me. I have my car, my friends here. This is my home.”

All residents we interviewed stated they are free to come and go at any time. Visitors are always welcomed. The residents are able to choose with whom they eat their meals, and an alternative meal is always available if requested.

Administrator survey: The administrator stated that the Resident Council is very actively involved and the facility administration tries to meet their requests. The facility is very proud of their activity department. They have two activity planning teams. One team is working on external activities for residents and another on the internal activities. External activities include going to symphony, movies, shopping, and going to the local public school to read with kids.

The facility is located in the community. Public transportation is accessible for all residents. Residents’ families are also very involved with providing transportation and taking residents for family outings, vacations, or trips. The administrator of the facility stated that schedules are not regimented and residents participate in the activities of their choice.

Conclusion: This setting fully complies with the HCBS characteristics.

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 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.

Sunridge Ranch II, LLC

Rural Kittitas County, Washington

Four Resident Co-owners

Assessment: This setting is being presented to CMS for heightened scrutiny review because the state became aware of this setting through co-owner self-identification as a possible farmstead community.

State Results and Justification: DDA conducted a site visit on January 11th, 2016, with the four resident co-owners, two of their guardians and two personal caregivers. Based on the observations made by DDA staff from this on-site visit, information provided by the four residents who were interviewed, information provided by guardians of two resident who were interviewed and information provided by the two individual providers who provide support services to the residents, DDA has determined this privately co-owned home meets HCBS settings characteristics.

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

Client Survey: All four individuals effectively communicated that they choose to live in this home and are very satisfied with their choice. Each resident expressed his interest in a range of activities that he participated in including visiting Central Washington University with student interns hired by their guardians, 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 his own taste with Seahawk posters, family pictures and other items reflecting individual interests. Each resident picked their suite when they moved in. The residents choose and follow their own schedules for activities. 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 II as a co-owned home and farm for their adult sons, modeled after Sunridge Ranch. The property is located adjacent to other owner-operated farm properties in the community. The residents are able to access the greater community via a ranch owned vehicle, the personal care providers' vehicle for medical appointments and grocery shopping and volunteers' vehicles for trips to town. The residents 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 the residence. Residents have privacy in their own suites and DDA staff observed respectful knocks on bedroom doors before by caregivers before they entered residents' bedrooms. Residents receive any needed personal care with bathing or toileting in their private suites.

Conclusion: This setting fully complies with HCBS characteristics.

Ongoing Identification and Review of Settings for Heightened Scrutiny

The State will continue to use this process for any settings that may be identified by the Ombuds, advocacy groups, providers and provider organizations, state employees (including licensors and complaint investigators), and participants that are presumed to have institutional characteristics. Updates to the transition plan will reflect findings from these reviews.

Each year, 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 each quarter of the calendar year 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.

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 Strategies and Timelines

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

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
WAC Changes					
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	11/30/2017	138	Completed—WACs were changed effective 7/1/15	<p>Revised WAC 388-76-10685 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 WAC 388-110-242 for ARC and WAC 388-110-222 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 resident's negotiated service agreement."</p>

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
Revise rules related to group supported employment Chapter 388-845 WAC	07/01/2015	07/01/2016	138	Draft rule in internal review includes the definition of “Integrated business setting” as “a setting that enables participants to work alongside and/or interact with individuals who do not have disabilities.”	
Contract Changes					
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	138	Completed 7/1/15	See Appendix H attachment titled: Excerpt from Companion Home Contract See attachment titled: Excerpt from Group Training Home Contract
Licensing Survey Changes					
Revise Facility Inspection Working Papers (i.e., resident interview tool) for Adult Family Homes, Assisted Living Facilities, and Supported Living providers	11/01/2014	For Adult Family Homes 7/1/15 For Assisted Living Facilities and Supported Living Providers: 3/31/16	139	Completed for Adult Family Homes as of 7/1/15 In process for Assisted Living Facilities and Supported Living providers—expected completion date 3/31/16	Revised working papers for Adult Family Homes—See Appendix H attachment titled: Resident Interview Questions
Information Technology (IT) Changes					
Update WACs in tools/databases	11/01/2014	11/30/2017	139	Completed 7/1/15	See Appendix H attachment titled: Resident Interview

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
					Questions
Provider Training					
Provide Adult Family Home and Assisted Living provider training on the new expectations incorporated into the survey tools	11/01/2014	12/30/2015	13	Completed for AFHs and ALFS as of 8/13/15	<p>Dear Adult Family Home Provider Letter (dated 6/29/15 regarding key requirements in the federal HCBS regulations) and Dear Adult Family Home Provider Letter (dated 7/27/15 re HCBS training requirements webinar)</p> <p>Dear Assisted Living Facility Provider Letter (dated 6/29/15 regarding key requirements in the federal HCBS regulations) and Dear Assisted Living Facility Provider Letter (dated 7/27/15 re HCBS training requirements webinar)</p> <p>Webinar Training Provided on August 11 and August 13, 2015—See Appendix H attachment titled: AFH-AL Training PPT</p>
Provide supported living provider training	11/01/2014	1/31/16		<p>Curriculum development has been completed</p> <p>264 supported living staff have been trained</p>	Supported Living: Person-centered Planning Training – See Appendix H attachment titled: IISP Training Module A and IISP Training Module B

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
				<p>157 staff are enrolled for future training</p> <p>800 supported living staff have been trained</p> <p>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.</p> <p>In person trainings for supported living providers were conducted on 9/21/15, 9/24/15, 9/25/15 & 10/13/15.</p>	<p>through F</p> <p>Residential Services Curriculum, 4th edition</p> <p>Policy 4.02 PowerPoint</p> <p>See Appendix H attachment- DDA Residential Provider Training</p> <p>DDA Policy Jeopardy 2015 Handout Policy Training for Residential Providers</p>
Provide Potential and Newly Licensed Adult Family Homes and Assisted Living Facility providers training on the new expectations incorporated into the survey tools	11/01/2014	03/01/2019	139	<p>Continuous and Ongoing--</p> <p>RCS gives the Dear Provider letters to new providers at AFH orientation. The 52 hour AFH administrator training will be revised effective April 2016 to emphasize the HCBS requirements.</p>	See Appendix H attachment titled: AFH-AL Training PPT
Provide potential and newly certified supported living providers training on the new expectations incorporated into the survey tools. <i>Note that this is a new milestone for the revised transition plan.</i>	7/1/15	3/31/16	N/A	<p>Curriculum development has been completed</p> <p>In process for supported living providers—expected</p>	<p>Supported Living: Person-centered Planning Training –</p> <p>See Appendix H attachment titled: IISP Training Module A and IISP Training Module B</p>

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
				end date 1/31/16	through F
Program Transition					
Good Samaritan Society submits transition plan		2/20/2015	137	Completed 2/20/15	See Appendix H attachment titled: Good Samaritan Work Plan
ALTSA approved Good Samaritan Society plan		2/23/2015	137	Completed 2/23/15	See Appendix H attachment titled: ALTSA Approval of Good Sam Plan
Monitor status of Good Samaritan Society plan and conduct client interviews		8/2015	137	Completed: <ul style="list-style-type: none"> First follow-up visit was completed 4/17/15. Second follow-up visit was completed 6/19/15. 	HCS staff conducted two follow-up visits (4/17/15 and 6/19/15). Based on the observations made by ALTSA staff from an on-site visit, information provided by residents who were interviewed, and facility administration, ALTSA- HCS has determined this facility meets the HCBS settings characteristics. During the approval of Washington's 1915(k) state plan amendment, CMS determined that this setting fully aligns with HCBS requirements.
DDA eliminated new admissions to pre-vocational services as currently defined effective September 1, 2015— <i>Note that this is a new milestone for the revised transition plan</i>	07/01/2015	09/01/2015	N/A	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

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
					attachment titled: : <ul style="list-style-type: none"> • WA0409 • WA 0410 • WA 0411
DDA will provide individual notice to all pre-vocational service participants upon CMS approval of this Transition Plan	07/01/2015	07/31/2016	139-140	In process --Notices will be sent to participants upon CMS approval of the Statewide Transition Plan	
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. <i>Note that this is a new milestone for the revised transition plan</i>	07/01/2015	01/01/2016	N/A	Draft Plan written and is in internal review	See Appendix H attachment titled: Excerpt from ESSB 6052
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	03/01/2019	140	11 clients left 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 H attachment titled: Excerpt from ESSB 6052 11 clients left pre-vocational services between 7/1/2015 and 12/1/2015
DDA will provide alternative services that may be selected include: Individual Supported Employment, Group Supported Employment or Community Access. Other existing waiver services to meet the assessed needs of the individual will also be available.	07/01/2015	03/01/2019	140	11 clients left pre-vocational services between 7/1/2015 and 12/1/2015—Washington State is actively working with participants on transitioning them out of	See Appendix H attachment titled: Excerpt from ESSB 6052 11 clients left pre-vocational services between 7/1/2015 and 12/1/2015

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
				pre-vocational services.	
DDA will require counties to work with pre-vocational service providers to develop agency transformation plans	Ongoing	06/30/2018	140	3 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 (WISE) to work with counties and providers to develop agency transformation plan (Statement of Work #5 & #8). See Appendix H attachment titled: Excerpt from WISE Contract
DDA will require counties to work with pre-vocational service providers to assure each person has a solid person-centered employment plan	Ongoing	03/01/2019	140	DDA's contracts with counties require providers to assure each person has a solid person-centered employment plan—contracts were completed 7/1/15	DDA's County Services Contract for 2015-2017--See Appendix H attachment titled: Excerpt from DDA County Services Contract
DDA will require counties to work with pre-vocational service providers to utilize Individualized Technical Assistance (ITA) as necessary	Ongoing	03/01/2019	141	DDA's contracts with counties will require counties to work with pre-vocational service providers to utilized Individualized Technical Assistance (ITA) as necessary—contracts were completed 7/1/15	DDA's County Services Contract for 2015-2017—See Appendix H attachment titled: Excerpt from DDA County Services Contract
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	Ongoing	03/01/2019	141	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 H attachment titled: Excerpt from DDA County Services Contract

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
goal, is documented and provided					
DDA will assist Counties with Agency transformation plans	Ongoing	06/30/2018	141	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 H attachment titled: Excerpt from WISE Contract
DDA will assist Counties with Person-centered Plans	Ongoing	03/01/2019	141	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 H attachment titled: Excerpt from DDA County Services Contract
Stakeholder, Clients, and Tribal Involvement					
Provide: <ul style="list-style-type: none"> Initial stakeholder and Tribal notice, Education and consultation through various methods including public notice documents, Notices to participants about their HCBS rights, Information through meetings, conferences and webinars 	12/2014	8/31/15	141	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 initial statewide transition plan sent to CMS on 3/11/15. See Appendix E attachment titled: Letter to Clients about HCBS Rights
Provide ongoing stakeholder and Tribal notices, education, consultation, and updates occur through various methods	1/6/16	3/01/19	N/A	In process— Each year, the State will issue an annual public notice in the	

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
including meetings, conferences and webinars <i>Note that this is a new milestone for the revised transition plan</i>				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 each quarter of the calendar year 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.	
Add client rights information to residential client care plans -- <i>Note that this is a new milestone for the revised transition plan</i>	7/1/15	10/31/15	NA	Completed 10/30/15—the CARE service summary lists the HCBS client rights for clients in residential settings	See Appendix H attachment titled: Client Service Summary Excerpt
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	03/01/2019	141	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"> • 1/28 • 4/21 • 7/21 	Meetings were held in 2015: <ul style="list-style-type: none"> • 2/17 • 4/21 • 7/14 • 10/15
Staff Training					

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
Provide training to staff who survey/inspect residential settings	11/01/2014	11/30/2017	142	<p>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.</p> <p>In process- The HCBS requirements will be reviewed with RCS licensors and complaint investigators during all field staff meetings beginning March 2016 (the training is in the process of being developed).</p>	<p>See Appendix H attachment titled: R15-056 – HCBS Webinars</p> <p>See Appendix H attachment titled: R15-047 – HCBS Rules & Plans</p>
Provide basic staff training	11/01/2014	03/1/2019	142	<p>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.</p> <p>HCS provided staff training to HCS and AAA case managers and supervisors on October 8 and November 5, 2015.</p>	<p>See Appendix H attachment titled: R15-056 – HCBS Webinars</p> <p>See Appendix H attachment titled: R15-047 – HCBS Rules & Plans</p> <p>See Appendix H attachment titled: Excerpt from Residential Programs Case</p>

Milestones	Start Date	End Date	Page No.	Status as of 12-10-15	Evidence of Completion of the Milestones
				In process - The HCBS requirements will be reviewed with RCS licensors and complaint investigators during all field staff meetings beginning March 2016 (the training is being developed).	Manager Training

APPENDIX D: Comments Received by ALTSA and DDA

The following tables contains summaries of comments received by ALTSA and DDA about the draft transition plan, the Department's response to the comments, clarifications and modifications made to the transition plan in response to the comments. After reviewing and responding to all public comments, Washington determined that no substantive changes to the transition plan were necessary.

Comments Received Prior to March 11, 2015 Submission of the Statewide Transition Plan to CMS (Updated 1/15/16).

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

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
			these requirements.	
Recommendations on segregated settings	Advocate	<p>Believes AFHs do not meet definition of HCBS as:</p> <ul style="list-style-type: none"> • Rates calculated as per diem payments that are inclusive of room and board. • The inability of AFHs to meet the federal regulations' list of required resident experiences. 	<p>Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), AL TSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics.</p> <p>RCS will continue to monitor facilities for compliance with these requirements.</p>	No change was made to the transition plan.
Access to the community	DDA Client self-advocacy group	People with intellectual disabilities have very limited access. Their lives are generally dictated by the staff schedule of the facility or skill set of the staff providing support.	The department shares the concern of clients having the opportunity to live the lives they want to live in their own homes and communities. Towards that end, the Residential Care Services Division conducts certification and licensure surveys, and complaint investigations to ensure provision of quality care and protection of clients' rights. If and when there is non-compliance with quality of care and violation of clients' rights, a failed practice citation is written requiring	No change was made to the transition plan.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
			<p>the specific program to provide a plan of correction.</p> <p>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 researcher to review and analyze agency IISPs 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>	

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Heightened scrutiny for DDA Group training homes	Provider	Requiring “heightened scrutiny” actually allows flexibility in developing new models of service, but with built-in guarantees and expectations. Group training homes can become the petri dish for new practice models.	The State appreciates this comment.	No change was made to the transition plan.
Assessment of facilities attached to institutional settings	Advocacy organization	Pleased to note the state reviewed these facilities. Urges the state to conduct similar reviews of other facilities that group large numbers of clients together, as well as facilities the Ombuds would identify as having the “effect of isolating” individuals	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), ALTSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements. RCS meets with the Ombuds staff quarterly and will address issues regarding facilities as they are identified.	No change was made to the transition plan.
Lockable doors	Client self-advocacy group	Support this as privacy is part of a quality life	The state agrees with and appreciates this comment.	This issue is addressed in the transition plan.
Lockable doors	Provider	Requiring every living unit to have a locked door is unsafe for a person unable to move independently or speak. New rule forces them to request permission	The person-centered planning process requires an individualized assessment of health and safety needs and	No change was made to the transition plan.

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		from the bureaucracy for their choices and needs.	that the service plan addresses these needs.	
AFH visitors at any time	Provider	AFHs are required to ensure everyone's rights are protected. "Having friends over anytime" has to respect the rules of the house, as well as the rights of the other residents. Visitation rules have to be generous and reasonable.	The state agrees that all clients' rights must be protected. RCS will continue to monitor facilities for compliance with these requirements.	No change was made to the transition plan.
Choice of roommates	Provider	Supports "Choosing roommates" if this means who they share a bedroom with. If it means choosing other residents in a home, this could be a problem. Residents should be included in the selection process of who lives in the home, but the provider should have the final say on who can compatibly live together.	The state agrees that the rule applies to sharing rooms.	No change was made to the transition plan.
Adult Family Homes	2 Advocates	Community access is limited. Per diem rates make it financially impossible to hire enough qualified staff to overcome community access limits.	The State has completed a review of state statutes and regulations determined that they are in alignment with the HCBS setting requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community	No change was made to the transition plan.

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			using a variety of supports including family and friends, volunteers and other natural supports.	
Adult Family Homes	Advocate	Very few of the AFHs are monitored by its volunteer Ombuds program. This should be addressed in the transition plan.	The Department agrees the volunteer Ombuds program has an important partnership role.	Under the section titled "Oversight of ALTSA and DDA Providers", a paragraph was added to acknowledge the role of the Washington State Ombuds monitoring. Additional statements were also added to the settings analysis.
Adult Family Homes	Advocate	Choices are controlled and regimented by the AFH owner	<p>Chapter 388-76 WAC and Chapter 70.129 RCW require that residents have the right to make choices about their care, food, activities, etc. RCS interviews residents to determine if they are able to make their own choices during the inspection process.</p> <p>RCS will continue to monitor facilities for compliance with</p>	No change was made to the transition plan.

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			these requirements.	
Adult Family Homes (<i>Updated 1/15/16</i>).	Advocacy organization	Resident desires to actively participate in the community are dependent upon the owner/operator's decisions. An example of this is a recent change by an AFH to avoid the cost and the inconvenience of weekly trips to the local gym. The owner/operator purchased a treadmill and placed it in the garage and announced that the weekly trips to the gym would be cancelled (for some affected residents this was one of the only community access opportunities they had). Residents had no input into the change; it was solely the owner/operator's decision	DSHS requested the name of this facility on several occasions. The commenter declined to provide the name of the facility.	No change was made to the transition plan.
Adult Family Homes (<i>Updated 1/15/16</i>).	Advocacy organization	One resident was very excited about her next outing to go bowling, which was still several months away.	DSHS-ALTSA and DDA headquarters staff conducted an on-site visit of the facility on July 30, 2015. The staff interviewed the residents and the facility administrator. They also talked with the resident's case manager. During the visit, ALTSA asked clients about their involvement with community activities, including bowling. No concerns were identified.	No change was made to the transition plan.
Adult Family Homes	Advocate	The choice of roommates in AFH are	Case managers assist	No change was

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		limited to the individuals selected by the AFH owner	participants to review and select among all available living options including options where a participant may share a room. In settings where rooms are shared, participants have a choice of roommates in that setting. RCS ensures this requirement is being monitored during the inspection process.	made to the transition plan.
Adult Family Homes	Advocate	Limited space in AFHs effectively limits the ability to furnish and decorate the AFH room	<p>All AFHs have a minimum floor space in order to be licensed.</p> <p>Chapter 70.129 RCW specifies requirements regarding resident personal property.</p> <p>In resident interviews, residents are asked if they were allowed to bring their own belongings during the licensing/inspection process.</p> <p>RCS will continue to monitor facilities for compliance with these requirements.</p>	No change was made to the transition plan.
Adult Family Homes	Advocate	Very little support is provided in AFHs to pursue individual schedules	Supports for individualized schedules and other	No change was made to the

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			preferences are reflected in the Negotiated Care Plan between the resident and the provider.	transition plan.
Adult Family Homes	Advocate	We are aware of no norm in the marketplace or under law that allows half of one bedroom to be owned, rented or occupied	Though residents may share rooms, RCW 70.129.110 and Chapter 59.12 RCW provide protections from eviction.	No change was made to the transition plan.
Adult Family Homes	Advocacy organization	The lack of transportation support is an especially significant barrier to community integration, especially in rural areas.	The State has completed a review of state statutes and regulations determined that they are in alignment with the HCBS setting requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.	No change was made to the transition plan.
Adult Family Homes	Advocacy organization	Recommend review of homes, including consultation with residents and LTC Ombuds.	Based on the qualities defined by CMS, ALISA and DDA reviewed each setting to determine whether setting requirements are consistent with the HCBS characteristics.	No change was made to the transition plan.

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

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

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Supported Living	Advocate and advocacy organization (8 comments)	<p>Quality assurance provisions should ensure that (supported living) programs meet expectations for community integration and respect for choice. Concerns that the practice of supported living providers does not consistently adhere to the qualitative standards for community placements described by CMS in the new HCBS regulations.</p> <ul style="list-style-type: none"> • Legal advocate believes Supported Living, Adult Family Homes and Group Supported Employment programs have isolating effects that make these settings have institutional qualities rather than HCBS qualities, based on legal advocate's recent onsite monitoring. • Legal advocate's onsite monitoring found significant restrictions in supported living clients' access to community living, including no access to internet, no or very little access to non-segregated recreational activities & little support for relationships. • Legal advocate has concerns about RCS's capacity to address client's essential personal rights of privacy, dignity and respect and freedom from coercion and restraint based on 	<p>The Department shares the vision of clients having the opportunity to live the lives they want to live in their own homes and communities. Towards that end, RCS' Supported Living Unit conducts quality assurance visits thru recertification of programs and complaint investigations to ensure provision of quality care and protection of clients' rights. If and when there is non-compliance with quality of care and violation of clients' rights, a failed practice citation is written requiring the specific program to provide a plan of correction.</p> <p>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</p>	No change was made to the transition plan.

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		<p>resource and authority considerations mentioned previously. Legal advocate states that DDA currently has no quality assurance or monitoring policies that address client dignity and respect.</p> <ul style="list-style-type: none"> • Legal advocates states regardless of what is established in WAC 388-101-3320-3360, the pattern and practice of the state and providers do not comply with this requirement • Establish Quality Assurance policy and unit to more frequently review and monitor the extent to which providers are protecting client dignity, respect, everyday choices & self-determination activities. • Create DDA quality assurance policies that will review and improve supports for integration and individual choice in residential settings. • RCW 70.129.140(b) acknowledges the right to interact with community members; it does not explain how services in this setting “support full access to the greater community.” State should consult with the Long 	<p>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 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>	

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		Term Care Ombuds to determine whether rights contained in statute are implemented. Recommend more review & client interviews.		
Supported Living	Advocate	Client choices are limited by agencies	Client choices are protected by supported living contracts and enforced by RCS program certifiers during the regular recertification process. DDA Residential QA staff also monitor compliance with supported living rules and policies.	No change was made to the transition plan.
Supported Living	Advocate & Legal Advocacy organization (2 comments)	<p>Identified a few provider owned supported living situations that were not identified in the transition plan and asked that they be addressed.</p> <p>Supported living is a provider-controlled setting that should also meet the requirements of 42 CFR 441.301(c)(4)(vi).</p>	<p>DDA acknowledges that a small number of Supported Living residences are provider owned or controlled but do meet all HCBS standards. 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"> • Client has the right to 	Additional clarifying information is added in Appendix A Supported Living.

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			<p>live wherever they choose within the service area</p> <ul style="list-style-type: none"> • Client has the right to move from a provider owned home and continue to receive SL services with the provider • Client is aware that service provision with the SL provider is not contingent upon residing in a provider owned home • Client has the right, at any time, to request to move to another home within the service area. <p>(2) A written exception to policy (ETP) from the Deputy Assistant Secretary (DDA Policy 4.02 D1).</p>	
DDA Group Training Homes	Provider	There was no systemic attempt to gather input from specific community except the informal survey performed by the Regional Residential Program Specialist.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), DDA reviewed each DDA setting to determine whether setting requirements are consistent with the HCBS	No change was made to the transition plan.

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			characteristics.	
Supported Living WAC	Advocacy organization	Chapter 388-101 WAC does not include sufficiently specific or prescriptive requirements to ensure “full access to the greater community”	Chapter 388-101 WAC provides the rules necessary to support individuals to participate in their community.	No change was made to the transition plan.
Supported Living	Advocacy organization	Have concerns regarding RCS’s capacity to address this broad array of rights based on resource and authority considerations. RCS should have authority to impose intermediate sanctions as a less dramatic alternative to revoking or threatening to invoke a provider’s certification when providers fail to comply. Recommend request legislation authorizing certification fees and intermediate sanctions.	The state agrees and has proposed legislation to increase the enforcement options in supportive living. Should the legislation not pass, it will be introduced again.	No change was made to the transition plan.
Supported Living	Advocacy organization	Found significant restrictions in DDA supportive living clients access to community living and little support to engage in personal relationships	Access to community activities is addressed in person-centered service planning for each participant by their case manager and plan to implement these activities are found in the individual instruction and support plan.	No change was made to the transition plan.
Supported Living	Advocacy organization	Found few people had the support they needed in order to exercise decision making power.	Client choices are protected by supported living contracts and enforced by RCS program certifiers during the regular	No change was made to the transition plan.

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			recertification process. DDA Residential QA staff also monitors compliance with supported living rules and policies.	
Supported Living	Advocacy organization (2 comments)	<p>Policies facilitate a system where supported living providers are chosen for rather than by the clients.</p> <p>Many supported living provides exert a significant amount of control over each individual's home.</p>	<p>Clients' choices of supported residential settings are based on the assessed need of the client, the program(s) for which they are eligible and available vacancies. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers. DDA Policy 4.02 addresses the issues of provider selection by a participant and documenting personal preferences of potential housemates.</p>	No change was made to the transition plan.
Setting selected by the individual from among setting options	Advocacy organization	Case managers are documenting that individuals are informed of their options regarding settings and providers. Agrees with the states assessment of this requirement. Practice is consistently followed.	The state appreciates this comment.	No change was made to the transition plan.
Settings Analysis	Community	(DDA) Behavioral Health Stabilization	State agrees. DDA	Additional

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	partner	Diversion Bed Services or Crisis Prevention, Intervention and Stabilization are not mentioned in the plan. These services should be included.	Behavioral Health Stabilization Services including Behavioral Health Crisis Bed Diversion Services, Behavior Support and Consultation, Specialized Psychiatric Services and Community Crisis Stabilization Services are now included in the transition plan.	information is added to Appendix A Behavioral Health Crisis Diversion Bed Services, Behavior Support and Consultation, Specialized Psychiatric Services and Community Crisis Stabilization Services.
Setting Analysis	Advocacy organization	Recommends that all residential settings serving a group of clients that is greater than 6, including the two DDA group homes, as well as Adult Day Services, be assessed for heightened scrutiny.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), AL TSA and DDA reviewed this setting requirements and found it consistent with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements. The two DDA group homes and all adult day service programs were visited and interviews were conducted.	Added language to the transition plan to make it clear that onsite visits were conducted.
Integration/Inclusion	Advocate	Supports inclusion and the rights of	The state agrees with this	No change was

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		individuals with disabilities and person-centered service planning.	comment.	made to the transition plan as person-centered planning is not part of the transition plan.
Tax status for in-home providers of personal care services	Advocate	The state of Washington has implemented the change in tax status for in-home providers inappropriately.	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
Payment for level of care	Advocate	Citizens with developmental disabilities do not have the coverage of medically necessary care.	This comment is unrelated to contents of the transition plan	No change was made to the transition plan.
Informal or unpaid supports	Two Advocates	Transition plan needs to address longstanding problems with informal or unpaid supports.	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
Medical Necessity	Advocate	Medical necessity has been the coverage standard for Medicaid in Washington, except if you have a developmental disability.	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
Criteria for integration and segregation	2 Advocates	Develop criteria that identifies the characteristics of integrated and segregated and review Medicaid funded HCBS services based on this criteria.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services) in 42 CFR 441.530 , ALTA and DDA reviewed this setting's requirements and found it in alignment with the HCBS characteristics.	No change was made to the transition plan.

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			RCS will continue to monitor facilities for compliance with these requirements.	
DRW Reports	Advocate	Review DRW reports and revise the transition plan to reflect their recommendations on Supported Living and employment.	DDA used a variety of reports and information in the development of this Transition Plan, including the reports from DRW.	No change was made to the transition plan.
Activities	Advocate	Use information from the DDA assessment and person-centered plan to help people engage in activities	State agrees that information gathered in the DDA assessment and documented in the person-centered service plan should support a participant's engagement in community activities of participant's choice.	No change was made to the transition plan.
Barriers to community activities	Advocate	Identify barriers to community activities and develop a plan to address the barriers	Access to community activities is addressed in person-centered service planning for each participant by their case manager and documented in their person-centered service plan/individual support plan or care plan.	No change was made to the transition plan as person-centered service planning is required by HCBS rules but is not part of the transition plan.
State law change	Advocates (3 comments)	Options are limited by current law and DDA policy. Individual supported employment is not an option for anyone who chooses community access services.	Individual supported employment, group supported employment and community access services	No change was made to the transition plan.

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			meet HCBS settings requirements today. Prevocational services do not meet HCBS settings requirements today and a transition plan for this service is detailed in Appendix C. Statutory changes and legislative budget authority would be required before individuals could access employment services and community access services at the same time.	
DDA Participant choice	Advocate	Client choices are restricted in regard to supported residential settings.	Clients' choices of supported residential settings are based on the assessed need of the client, the program(s) for which they are eligible and available vacancies. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.	Additional clarifying information is added in Appendix A Supported Living.
In-home setting (DDA)	Advocate	Objection is that this category of options is predominately clients living with family	Settings are selected by the individual from among all setting options.	No change was made to the transition plan

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			This objection was from a DDA advocate. DDA recognizes that the majority of DDA participants live with their families. However, this document is assessing the qualities of those services provided by DDA.	
DDA Community residential alternatives	Advocate	Have DD resource managers review all DD community residential alternatives to see which need to be more integrated and implement plans to make them more integrated.	DDA quality assurance staff, resource managers and RCS licensors and certifiers monitor, inspect and oversee compliance with HCBS standards. This transition plan outlines steps necessary to achieve full compliance with all HCBS qualities across all residential & service settings.	No change was made to the transition plan.
Review of DDA residential options	Advocates (2 comments)	Review did not include looking at a list of options to determine what additional options are needed to provide a full continuum of options within waivers and state plan.	DDA, ALISA & RCS assessed the existing wide array of residential options available to participants in Washington state and determined that a full range of residential options is available to DDA participants.	No change was made to the transition plan.
DDA Group Homes	Advocate	The availability of an individual room is	DDA Group Homes do not	No change was

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		based strictly on the resources that are available for a private room.	have shared bedrooms except where individuals request roommates.	made to the transition plan.
DDA Group Homes	Advocacy organization	RCW 70.129 acknowledges the right to interact with community members but does not explain how services “supports full access to the greater community”	DDA Group Homes are regulated and licensed as adult family homes or assisted living facilities and must also meet standards in Chapter 388-101-3230 WAC and residential guidelines in Chapter 388-101-3350 WAC which includes “integration in the physical and social life of the community.”	No change was made to the transition plan.
DDA Group Homes	Advocacy organization	The state should consult with the LTC Ombuds to determine whether rights are sufficiently implemented or whether changes need to be made to policy, practice, or regulations.	The state has quarterly meetings with the LTC Ombuds staff and will consult with them regarding facility non-compliance.	No change was made to the transition plan.
DDA Group Homes	Advocacy organization	Recommend additional onsite reviews of a sample of group homes, including interviews with clients, providers and case managers.	DDA will continue to monitor compliance with HCBS settings standards for all residential and non-residential settings. Issues of individuals experiencing isolation are addressed in their annual person-centered service plan.	No change was made to the transition plan.
DDA Group Homes	Advocacy organizations (2 comments)	Regulations apply to group homes licensed as adult family homes. How about those that are licensed as Assisted	DDA Group Homes are regulated and licensed as AFHs or ALs and must also	No change was made to the transition plan.

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		Living Facilities? If DDA group homes are licensed as Adult Family Homes or Assisted Living Facilities, how are the rules for Certified residential providers relevant?	meet standards in WAC 388-101-3230 and residential guidelines in WAC 388-101-3350 which includes “integration in the physical and social life of the community.”	
DDA Group Homes	Advocacy organization	Agree with the proposed change for units to have lockable entrance doors. Recommends that WAC for all settings should establish the exception criteria that allow modifications.	This activity is addressed in person-centered planning.	No change was made to the transition plan.
DDA Licensed Staff Residential settings	Advocacy organization	Recommend additional discussions with stakeholders to determine how best to implement these regulations regarding choice and autonomy for minors who are not living with parents or legal guardian.	DDA welcomes dialog from stakeholders. DDA regularly engages with self-advocacy groups and other stakeholders on a wide range of issues including participant rights and will continue to do so. In addition, DDA has established an HCBS QA Advisory Committee to formally provide input during the transition.	Additional clarifying information is added in Appendix C Stakeholder Involvement.
Residential standards	Advocate	Revise residential standards the Department uses to include reviewing individual records to ensure people can access food, choose roommates, are not isolated and have access to community activities	The state agrees with this comment. The state monitors each of these elements as part of the regular inspection process for both AFH and AL	No change was made to the transition plan. This is addressed as part of Appendix C.

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			settings.	
Assisted Living Contracts	Advocacy organization	There should be some analysis of Chapter 18.20 RCW, the statute governing assisted living facilities.	The state considered Chapter 18.20 RCW in its analysis. Chapter 18.20 RCW refers back to the Residents rights RCW in Title 70 .	No change was made to the transition plan.
Assisted Living Contracts	Advocacy organization	For many residents, the opportunities to leave the facility were infrequent.	The State has completed a review of state statutes and regulations determined that they are in alignment with the HCBS setting requirements and pose no barriers to community integration. In addition to support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.	No change was made to the transition plan.
Assisted Living Contracts	Advocacy organization	Statute does not guarantee that the supports people need to make choices are actually available in this setting.	This is addressed in person-centered planning and resident preferences and choices are reflected in the Negotiated Service Agreement.	No change was made to the transition plan.
Community First Choice (CFC)	Advocate	The transition to CFC is not sufficiently addressed in the transition plan.	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.

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CFC Regulations	Advocate	Review Community First Choice regulations to see if helping people access the community is allowable	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
CORE Indicators	Advocate	Add a question to the CORE indicators that asks individuals how many choices they had	There is already a core indicator question that addresses this.	No change was made to the transition plan.
Budget increase for community residential providers	Advocate	Support budget increases for community residential provider wages to reduce staff turnover and stop the trend of people being placed in a state institution for crisis respite	This comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
Personal care to access community	Advocates (2 comments)	DDA should allow individuals to use personal care providers to access the community. If personal care services are allowed outside the person's home, this will help to facilitate access to the greater community, and we are pleased that this is permitted.	Support for activities of daily living and instrumental activities of daily living may be provided in the home, and while the participant is accessing community resources or working. (WAC 388-106-0200(1)).	No change was made to the transition plan.
Assisted Living Contract	Advocate	This option is extremely limited (for DDA clients).	There are 185 assisted living contracted facilities in Washington state available as qualified providers of COPES waiver services. Assisted Living is available through the COPES waiver to	No change was made to the transition plan.

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			individuals with intellectual disabilities who meet COPEs waiver eligibility.	
Residential lease	Advocate	With DDA providers, develop a consistent residential lease that incorporates CMS and other state rules.	Applicable HCBS requirements are currently reflected in state statute, rule and provider contracts for all providers except companion home and group training home providers. These two settings will have contract changes to reflect HCBS settings rules.	Clarifying language was added to Appendix A & C, Companion Homes and Group Training Homes.
Advisory committee	Advocate	Create transition advisory committees to work with the Department to implement plans	<p>AL TSA will continue to partner with all advocacy groups, stakeholders and Tribes. Outreach to and engagement with these groups is an integral aspect of service delivery and quality designs.</p> <p>DDA regularly engages with self-advocacy groups and other stakeholders on a wide range of issues including participant rights and will continue to do so. In addition, DDA has established an HCBS QA</p>	<p>Added language to reflect that partnership with participants, advocacy groups, stakeholders and Tribes will continue.</p> <p>Additional information added to Appendix C Stakeholder Involvement.</p>

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			Advisory Committee to formally provide input to DDA during the transition.	
Maryland's transition plan	Advocate	Review the state of Maryland's transition plan and consider using it as a model	The state has reviewed several other states' transition plans, and considered how the other state's plans were developed, as part of the development of Washington state's transition plan.	No change was made to the transition plan.
Secured dementia units	Provider advocate	The transition plan does not adequately address the issue of secured dementia units—need assurance that limited egress does not violate the HCBS rules	Per CMS guidance, this would be addressed in the person-centered planning when individualized limited egress is required for the participant's safety and well-being.	No change was made to the transition plan as person-centered planning is not part of the transition plan.
Person-centered planning	Multiple advocates (4 comments)	<ul style="list-style-type: none"> • Include feedback from case managers about what needs to be done to ensure person-centered planning is implemented according to federal requirements, • Incorporate person-centered planning to Appendix C, • The process for producing an Individual Service Plan does not meet the strict conditions of person-centered planning, and • Plan should include staff training 	ALTSA and DDA include case management in planning and addressing enhancements to person-centered planning.	No change was made to the transition plan as person-centered planning is required by HCBS rules but is not part of the transition plan.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		on person-centered planning process		
Limits choice person-centered planning	Provider	Limiting choices to only a well-defined model of stand-alone single-family dwellings or apartments puts real estate before individual choice.	The regulations are not intended to limit choice only to single family homes or apartments. Settings that have qualities defined by CMS may be included as HCB settings. AL TSA and DDA reviewed each setting to determine whether setting requirements are consistent with the HCBS characteristics.	No change was made to the transition plan.
“Money Follows the Person”	Advocate	The HCBS concept of “Money Follows the Person” is missing unless clients have the opportunity to organize their residential options on their own	Clients have a choice of residential and in-home options for receiving their services.	No change was made to the transition plan.
Communication	Advocate	Identify how stakeholders will be engaged on an on-going basis and create a role for self-advocacy groups in educating recipients about their rights	AL TSA will continue to partner with all advocacy groups, stakeholders and Tribes. Outreach to and engagement with these groups is an integral aspect of service delivery and quality designs. DDA regularly engages with self-advocacy groups and other stakeholders on a wide range of issues	Added language to reflect that partnership with participants, advocacy groups, stakeholders and Tribes will continue.

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			including participant rights and will continue to do so. In addition, DDA has established an HCBS QA Advisory Committee to formally provide input to DDA during the transition.	
Employment and person-centered plan	Advocate	Require DDA case resource managers to have a thorough discussion about employment/day program alternatives and document in the person-centered plan if no employment/day program is desired	We agree with this comment about the role of DDA case resource managers; this is currently the required role of DDA case resource managers.	No change was made to the transition plan.
Supported Employment	Advocate	DDA should amend the pre-vocational services definition and change the services to: <ul style="list-style-type: none"> • Support community integration • Ensure that HCBS recipients are truly experiencing opportunities for integration with the community. 	DDA acknowledges that pre-vocational services are currently conducted in non-integrated settings that do not meet HCBS setting standards. Appendix C of the Transition Plan outlines DDA's plan to phase out pre-vocational services over four years and transition existing pre-vocational participants to other supported employment services or community access services with individualized person-centered planning.	No change was made to the transition plan.
Employment	Advocate	Require counties to review all DD supported employment to see which	Counties currently review each supported	No change was made to the

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		need to be more integrated and implement plans to find employment alternatives that are more integrated	employment provider at least once per biennium to ensure compliance with all HCBS & state rules & policies.	transition plan.
Employment	Advocate	Amend COPES waiver to add employment as an alternative to ADH	The state appreciates this comment but it is outside the scope of the transition plan.	No change was made to the transition plan.
Individual Supported Employment	Advocate	The problem is not with the settings, it is inadequate outcomes linked to a significant outlay of program dollars.	This comment about individual employment is unrelated to HCBS rules or the Transition Plan. The purpose of this transition plan is to ensure that the current home and community-based service waivers are compliant with the HCBS rules.	No change was made to the transition plan.
DDA Group Supported Employment	Advocacy organization (2 comments)	<p>State regulations do not define what constitutes an integrated business setting. There are no state laws that ensure group supported services provide opportunities to work alongside nondisabled co-workers or addresses the isolating effect that enclave or mobile crews have.</p> <p>Amend WAC to specifically define “integrated business setting” as a setting that enables participants to work</p>	To clarify State’s intent, DDA will amend WAC to clarify what an integrated business setting is: “a setting that enables participants to work alongside and/or interact with individuals who do not have disabilities.”	State will add clarifying language in Appendix C WAC Changes.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		alongside and/or interact with nondisabled individuals.		
DDA Group Supported Employment	Advocacy organization (3 comments)	<p>State law does not adequately protect against noncompliance with wage and hour practices that happen across the state. There are likely dozens of group supported employment vendors who are violating wage and hour rights.</p> <p>Oversight described in this section has failed to prevent widespread violations of state wage and hour requirements. State has never sought to determine whether hundreds of group supported employment participants getting paid subminimum wages have been certified by the state Dept. of Labor and Industries to do so as required by the state Minimum Wage Act.</p> <p>Increase monitoring of wage and hour requirements by reviewing all individuals' group supported employment services where individual wage and hour data shows that individual is receiving subminimum wages.</p>	<p>It is not clear to which aspects of the state law the comment is referring. State law is not reviewed to determine the adequacy of the law, but rather to ensure that state statutes and regulations are in alignment with the HCBS setting requirements. The State Assessment in the Transition Plan will be amended to clarify the purpose of state law review. Authority for enforcing state minimum wage laws is located at the Washington State Department of Labor and Industries, not DSHS.</p>	State will add clarifying language in Appendix A for all DDA service settings.
DDA Group Supported Employment	Advocacy organization	There should be performance based contracting and clearer expectations for vendors to produce outcomes relating to job advancement and typical job placements.	Existing service authorizations are allocated based on participants' needs and goals.	No change was made to the transition plan.

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DDA Group Supported Employment	Advocacy organization	Believe this setting has the effect of isolating many individuals from the broader community.	State disagrees with this assessment of this service.	No change was made to the transition plan.
Closing of PVS	Provider	Research indicates what works well is access to community in conjunction with employment services. Community inclusion services are not delivered in groups and are not facility based.	DDA agrees with and appreciates this comment supporting moving away from pre-vocational services to individual employment.	No change was made to the transition plan.
Closing of PVS	Multiple advocates, participants, family members, providers, community partners, self-advocates and legislators (58 comments)	<p>Concerns regarding the closure of pre-vocational services (PVS) and requests to reconsider the decision to close PVS. Some of the concerns include:</p> <ul style="list-style-type: none"> • PVS programs help participants become part of the greater community; • Getting rid of PVS removes a part of the continuum of services for individuals who benefit from these services; • It serves a very real need in the community; • The rules eliminate an option before the person-centered process even starts; • The system is rigged in favor of those who are higher functioning; • This decision is not a win for inclusion, it is a new isolation; • The employment system does not reflect the hard reality of disability and current changes make it worse; 	<p>The state appreciates the many comments received concerning the phasing out of pre-vocational services.</p> <ul style="list-style-type: none"> • The purpose of this transition plan is to ensure that all existing HCBS services are compliant with the new HCBS settings rules; • Existing segregated settings for pre-vocational services are not allowed under HCBS rules. • Washington State agrees with the intent of these HCBS rules to require all HCBS services to be conducted in HCBS settings. • DDA will work with participants, families, 	DDA will add clarifying language to Appendix C Program Transition.

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		<ul style="list-style-type: none"> • PVS does not isolate individuals, it gives them opportunities to be a part of a community; • By closing PVS you will limit independence; • Discontinuing this program will be hugely detrimental; • PVS provides the most integrated setting appropriate to the individuals; • There should be a full spectrum of employment services to meet different needs; • If more integration is the goal, there are better ways to accomplish this; • Center based job-training services works for me. • I love my job. Don't get rid of it • Don't get rid of PVS. Family member has tried working in the community and cannot keep up. Needs the help that PVS provides. • Do not eliminate PVS. Not all individuals with disabilities can compete and work in the real world. Being active with peers is an important part of their day. We want a choice in where our son works and we choose PVS. • This is a real job for our son, not a "pre-vocational/training program". • Center-base job training services are 	<p>county partners, pre-vocational vendors and others to plan and implement the transition for participants currently receiving pre-vocational services over the next four years.</p> <ul style="list-style-type: none"> • Appendix C of this Transition Plan outlines the steps of the transition plan DDA will follow. 	

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		<p>valuable to disabled individuals. It helps individuals be producing members of the community in an environment that is sensitive to their particular needs. Please do not shut it down.</p> <ul style="list-style-type: none"> • This program results in increased self-confidence and a sense of being a productive, contributing member of society. • Save sheltered workshops –they are a Godsend for students and their families when they can no longer take part in the school system. • There are a lot in this community that could never work a full-time job situation so PVS is the best they will ever achieve. It is so important that these adults feel respected and able to contribute to the local communities working and feeling they are earning their living. • Evaluate the value of the PVS program before eliminating the service. • Expect the dismantling of a progressive step approach to employment to result in permanent harm to the client community. • Shame on DSHS and DDA for putting the life and welfare of disabled 		

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		<p>residents in jeopardy of losing what self-respect and self-esteem they gain when they have the ability to be trained for a job, no matter how small, in the few facilities that are assisting them.</p> <ul style="list-style-type: none"> • The idea is that every DD adult should be working in an integrated job in the community making minimum wage. The reality is that even minimum wage jobs are highly sought. • My son loves his job. He has developed a tremendous pride and sense of accomplishment by working a job that he clearly understands where he is welcomed as a valuable employee and given recognition for his slow but steady work. • DD Adults should have the right to choose what service to receive. • Overall fear is that participants will regress, lose the progress gained, become more isolated and less involved in the community if this service is removed. • Son tried to work “in the community” and did not have the speed or problem solving skills to do so. Center based job training has been only way to keep him employed and assure he is learning skills to work in 		

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		<p>the community. There are few programs left that encourage work, rather than a sedentary lifestyle. Son's independence and right to choose an environment best matching his skill set are at risk with the elimination of this program.</p> <ul style="list-style-type: none"> • Please consider the impact on both clients and families if center bas job training services are discontinued. • I urge you to reconsider this decision. The services are effective, integral to the population they serve, and must stay in place. Generalizing that others will pick up the responsibility is both false and irresponsible. • Individual employment is not always an option • This recommendation is very disturbing and not how we demonstrate care for individuals with disabilities in the State of Washington. Many parents with adult children participating in these programs have expressed they are devastated with the idea of eliminating this program. They are happy with the growth and development of skills they have seen in their children since participating in the job-training program and fear 		

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		<p>they will lose progress and become more isolated and less involved in their community.</p> <ul style="list-style-type: none"> Concerned that DDA has already stopped funding referrals for pre-vocational services. Concerns expressed by constituents that clients will regress and become more isolated if this service is removed. Concern that DDA has not sent notification to participant families of proposed removal of service. DRW agrees that pre-vocational services do not meet HCBS integrated settings requirement. DRW agrees pre-vocational services should be eliminated as a HCBS waiver service as it does not meet the federal definition of a HCBS setting. This change to eliminate a service will have a potentially adverse impact on individuals. Transition plan should include milestones and a more detailed description of how individuals will be transitioned into adequate substitute day and employment services through a person-centered planning process. CMS toolkit has guidelines Technical assistance may be needed to ensure planning is effective and 		

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		<p>progress is made for affected individuals. Additional funds for technical assistance may be needed.</p> <ul style="list-style-type: none"> • Supports—This is a great step forward in bringing people with intellectual disabilities into the workforce of our communities and giving them opportunities to experience real wages for real work. • Supports the elimination of new admissions to PVS and proposal and milestones outlined in the transition plan. • Supports the transition plan and agrees that a focused person-centered planning process will be essential to the success of this transition. Support is rooted in the significant positive impact closing sheltered workshops has had on participants, families, local businesses and communities. • Appreciates the thoughtfulness in the plan pertaining to pre-vocational services and strongly support the proposed four year transition for people who are currently in this service. • Recommend that the state consider the “Massachusetts Blueprint for Success” to address the needs of 		

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		<p>people with intellectual disabilities and phase out sheltered workshops in the state.</p> <ul style="list-style-type: none"> • Are pleased that DDA and CMS are taking steps to ensure full community inclusion to people with disabilities receiving waiver services and hope to be a resource to employment providers. • Are very supportive of the state's plan to phase out pre-vocational services. Strongly agree that services are not integrated. • Before closing any program, the state should ensure that each participant in that program has a plan developed which identifies what activities the person will be doing instead of going to the "closed" program. 		
Closing of Group Employment	Family members and advocates (5 comments)	<p>Group employment is an important part of the community and should be kept available at all costs.</p> <p>Please do not shut down DDA group employment. It is a place of supervision and stimulation in a place where they are safe working with others who understand.</p> <p>There is no federal mandate to eliminate group employment so why is our state</p>	Group Supported Employment is already in compliance with HCBS rules and will continue to be an employment option for participants.	No change was made to the transition plan.

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		<p>taking this action?</p> <p>Closing group employment will have a negative impact on clients and cause direct harm to all for whom there are very limited options.</p> <p>I believe those well-meaning but misguided folks who want to shut down group based employment mistakenly think that anyone can earn minimum wage in the open market.</p>		
Overview section of Transition Plan	Advocacy organization	Page 4 Are these a general description of services?	The state acknowledges the lack of clarity.	Added “Across all programs” in the overview.
Overview section of Transition Plan	Advocacy organization	Page 6 Seeking clarification on description of services.	The state acknowledges the lack of clarity.	Added “Across all programs” in the overview.
Setting analysis	Advocacy organization	State’s review did not include any consultation to specifically engage DRW, the LTC Ombuds, or individuals receiving care.	The State provided information to stakeholders and Tribes during the development of the transition plan and held webinars to engage stakeholders, including DRW and the LTC Ombuds, and clients. Feedback was received from DRW and the Ombuds during the development of the draft plan. DRW was invited to an	Language added to the Results of the State Assessment of HCBS Settings to reflect this engagement.

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			in-person stakeholder meeting with DDA.	
Setting analysis	Advocacy organization	NCI data includes only clients with a developmental disability. There should be additional assessment methods to gather feedback from clients not receiving services through DDA.	AL TSA uses a number of assessment methods to gather participant feedback, including participant surveys and interviews.	No change was made to the transition plan.
Setting analysis	Advocacy organization	NCI data could potentially mislead readers to believe it applies only to in-home service recipients. NCI data is for assessing system-wide performance, not as an oversight process.	NCI is an important and valuable client survey which applies to clients across settings. DDA clearly indicates that NCI data applies only to DDA clients and will move NCI data to the Assessment column from the Oversight Process column. NCI data will continue to inform DDA's Quality Assurance system.	NCI data was moved to the state assessment column from the oversight column in Appendix A.
In-home oversight process	Advocacy organization	Recommends that case managers be required by policy to ask clients if they can do anything to support the individual's rights, dignity and privacy	The state appreciates and is considering this recommendation. Case managers complete face-to-face assessments annually and when there is a significant change in the client's condition. These are opportunities to observe first hand whether there are	No change was made to the transition plan.

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			any issues in the home. In addition all clients receive and review the Rights and Responsibilities form which outlines these important rights.	
In-home oversight process	Advocacy organization	Provider trainings should reiterate privacy and confidentiality expectations.	The state agrees with this comment. This is a required topic in provider training.	No change was made to the transition plan.
In-home oversight process	Advocacy organization	There should be information for clients about how to make a complaint, request a hearing, etc. including information on advocacy.	The state agrees with this comment. All clients receive this information during their assessment and in planned action notices.	No change was made to the transition plan.
In-home oversight process	Advocacy organization	Recommends the Department continue working with consumers to develop and revise training curriculum and requirements.	Although the state agrees with this comment, the comment is unrelated to contents of the transition plan.	No change was made to the transition plan.
Evaluation of DDA Employment Services and Community Access	Advocacy organization	Oversight of ALTSA and DDA providers section does not describe how the state evaluates county contracted day services such as supported employment and community access.	Appendix A documents how the state evaluated individual & group supported employment and community access services.	No change was made to the transition plan.
Assessment of settings	Advocacy organization	Methodology of State assessment of HCBS settings does not reflect the process contemplated in the comment/response sections of the federal register or follow suggested review guidelines in CMS	State disagrees with this assessment of State's review methodology. The Transition Plan documents the use of the CMS approved process.	No change was made to the transition plan.

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		toolkit.		
Yearly face-to-face contact with client	Advocacy organization	Ensuring yearly face-to-face contact with clients is critically important to any oversight process. We are pleased that this practice will continue.	The State appreciates this comment.	No change was made to the transition plan.
Development and revision of training curriculums and requirements.	Advocacy organization	In home service clients are able to exert a relatively high level of control over choosing of providers. To ensure training requirements are not prohibitively burdensome, we recommend DSHS continues working with consumers to develop and revise training curriculum and requirements.	This comment is not relevant to the HCBS Transition Plan.	No change was made to the transition plan.
WAC 388-101 does not ensure full access to greater community	Advocacy organization	WAC 388-101 does not include sufficiently specific or prescriptive requirements to ensure full access to the greater community.	Chapter 388-101 WAC provides the framework for person-centered planning of community activities.	No change was made to the transition plan.
Individual choice regarding services and supports	Advocacy organization	Aside from the right to refuse services in WAC 388-101-3320, nothing in these sections ensures individual choice regarding who provides services. DDA policies 4.02 and 6.18 should have been analyzed to determine the extent to which these actually facilitate and support clients as the primary decision-makers about their providers.	Evidence that DDA adheres to the requirement that clients have choice regarding providers and services is documented. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services and providers.	No change was made to the transition plan.
Amend WAC 388-101-3360	Advocacy organization	Amend WAC 388-101-3360 to require that instructions and/or support “must”	WAC 388-101-3360 requires: “Service providers	No change was made to the

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		rather than “may” be provided for employment, community living activities, control over personal resources. Amend DDA Policy 4.02 to require instructional and support goals to include community living, health and safety and social activities.	must provide each client instructions and or support to the degree the individual support plan identifies the service provider as responsible.” This requirement is driven by the participant and documented in the person-center service plan.	transition plan.
Amend WAC 388-101-3460-3480 & 3530-3540	Advocacy organization	Amend WAC 388-101-3460 through 3480 and 3530 through 3540 to require supports that will allow clients to access the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	WAC 388-101-3350(6) requires that the service provider must adhere to individual goals identified in the participant’s person-centered service plan. The DDA Residential Quality Assurance Unit is monitoring to this standard.	Additional clarifying language is added in Appendix A Supported Living.
Review and amend DDA Policies 4.02 & 6.18	Advocacy organization	Review and amend DDA Policies 4.02 and 6.18 to empower clients to identify and select supported living providers and exercise a central role in selecting where they live and who they live with. Amend WACs to provide for client rights to exercise individual choice over selecting housemates and the staff assigned to support them.	Clients’ choices of supported residential settings are based on the assessed need of the client, the program(s) for which they are eligible and available vacancies. Participants report via the Assessment Meeting Wrap-up and the Assessment Meeting Survey that they are informed of their options regarding services	No change was made to the transition plan.

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			and providers. DDA Policy 4.02 addresses the issues of provider selection by a participant and documenting personal preferences of potential housemates.	
DDA Group Home	Advocacy organization (2 comments)	<p>WAC 388-76-10555 regulations apply to group homes that are licensed as AFHs. How is integration and access to the community required for larger group homes licensed as assisted living facilities? WAC 388-110 are not included here & DRW's review did not identify any similar requirements that the facility ensure residents are provided opportunities to engage in integrated community activities.</p> <p>IF DDA Group Homes are licensed as AFHs or assisted living facilities, rules for certified residential providers are not relevant. DRW is concerned about RCS's capacity and authority to review and address problems.</p>	DDA Group Homes are regulated and licensed as AFHs or ALs and must also meet standards in WAC 388-101-3230 and residential guidelines in WAC 388-101-3350 which includes "integration in the physical and social life of the community."	No change was made to the transition plan.
DDA Group Home & HCBS	Advocacy organization	Being attached to an institution is one of two considerations for deciding whether to presume a setting in noncompliant with HCBS rules. This assessment ignores the second consideration, whether the setting "has the effect of isolating	DDA will continue to monitor compliance with HCBS settings standards for all residential and non-residential settings. Issues of individuals experiencing	No change was made to the transition plan.

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		individuals.” We recommend information be gathered and assessed for heightened scrutiny for all group homes that serve higher numbers of individuals.	isolation are addressed in their annual person-centered service plan.	
Licensed Staffed Residential, Child Foster Home & Group Care	Advocacy organization	Staffed residential and group care facilities should be carefully reviewed for HCBS compliance as these setting congregate HCBS recipients. DRW recommends interviews with clients, parents, providers and case managers & onsite reviews of a sampling of providers.	DDA’s annual quality assurance reviews for licensed staffed residential and group care apply the same standards as utilized for supported living to ensure HCBS standards.	Additional clarifying language is added in Appendix A Licensed staffed residential.
County self-assessment tool	Advocacy organization	A county self-assessment tool should not be used as a primary source of identifying site visit priorities. Also biyearly visit to each county provides very limited oversight.	DDA uses the county self-assessment tool as one of several methods of identifying priorities for site visits. Other considerations include: <ul style="list-style-type: none"> • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. 	Additional clarifying language is added in Appendix A regarding Individual Supported Employment, Group Supported Employment, Pre-vocational Services and Community Access.
DDA Individual Supported Employment & isolation	Advocacy organization	Advocacy organization documented concerns that individuals receiving individual supported employment may be experiencing isolation from the broader community in DRW’s report, Hours that Count. DRW does not believe this is directly	By definition, individual supported employment and supported living are conducted in integrated settings and are compliant with HCBS settings requirement. Issues of	No change was made to the transition plan.

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		caused by the delivery of this service. Instead, isolation should be addressed through changes to supported living & other residential settings.	individuals experiencing isolation are addressed in their annual person-centered service plan.	
DDA Group Supported Employment	Advocacy organization	The report, "Hours that Count", detailed numerous concerns about the failure of many group supported employment vendors to provide for integration.	County monitoring process includes review and assurance of HCBS settings compliance. DDA will continue to review any settings of concern brought to our attention.	Additional clarifying language is added in Appendix A-- Individual Supported Employment, Group Supported Employment, Pre-vocational Services and Community Access.
Heightened scrutiny for DDA Group Supported Employment	Advocacy organization	<p>42 CRF 441.301(c)(5)(v) requires heightened scrutiny for settings that are presumed to be institutional absent evidence to the contrary. Advocacy organization has found Group Supported Employment services have the effect of isolating many individuals from their broader communities and should be presumed institutional.</p> <p>If State does not propose changes to DDA Group Supported Employment, State should apply heightened scrutiny to any group supported employment setting where clients are employed by their group supported vendor.</p>	DDA presumes group supported employment is integrated & DDA and counties monitor for compliance to HCBS standards. DDA will continue to monitor compliance with HCBS settings standards for all residential and non-residential settings. Issues of individuals experiencing isolation are addressed in their annual person-centered service plan.	No change was made to the transition plan.
Proposed changes for group	Advocacy	Establish performance based contracts	DDA appreciates the	No change was

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supported employment	organization	with counties to incentivize and reward job placements in individual employment.	comment about performance based contracts. All current county contracts are performance based contracts.	made to the transition plan.
Proposed changes for group supported employment	Advocacy organization	Revise service authorization process to ensure hours are allocated and used for individual employment searches and individual job development.	Existing service authorizations are allocated based on participants' needs and goals.	No change was made to the transition plan.
Proposed changes for group supported employment	Advocacy organization	Amend WAC 388-845 and/or WAC 388-823-1095 to require minimum and prevailing wages. Establish practice of only allowing exceptions for minimum/prevailing wage requirement based on certification and a separate showing for why employment supports are not capable of helping the individual develop a job at or above minimum wages. See RCW 49.46 and RCW 39.12.	Amending Chapter 388-845 WAC and/or WAC 388-823-1095 to include enforcement of minimum wage laws is beyond the scope of the Transition Plan. DSHS is open to exploring this issue further with the commenter and other stakeholders to determine if rule changes are appropriate.	No change was made to the transition plan.
DDA Group Training Homes	Advocacy organization	Advocacy organization asks whether there are any DDA Group Training Homes that are subject to AFH licensing rules. If none, why are AFH rules cited. Previous comments on the inadequacy of WAC 388-101 apply to this section.	Any new DDA Group Training Home developed after February 1, 2008 is subject to AFH licensing and certification. These two homes were created prior to the statute change and are not required to be licensed as AFHs but are subject to	No change was made to the transition plan.

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			certification under Chapter 388-101 WAC.	

APPENDIX E: 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.
- 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.
- 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.

APPENDIX F: Long-Term Care Worker Orientation Training

Updated 1/15/16

Here is an 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.
- Manage his or her finances.
- Be free from chemical or physical restraints.
- Express a complaint or concern without fear of retaliation.
- Be with people both inside and outside of their residence including family, friends, his or her doctor and an Ombudsman (if in an AFH or ALF).

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.

Confidentiality and Privacy

Clients have the right to:

- Have all medical, financial, and personal matters kept private.
- Have privacy in his or her own personal space and during personal care.

APPENDIX G: Settings Approved Under the 1915(k) State Plan Amendment Analysis by Setting

The following settings were reviewed by CMS during the approval of Washington's 1915(k) State Plan Amendment and were determined to fully align with HCB settings requirements. The State has retained the original analysis in this revised Transition Plan in order preserve the record of the State's review of these settings. At the request of CMS, additional clarifying information has been added to these sections in the 1/15/16 revision.

In-Home

The In-Home setting was initially submitted for review through WA’s statewide transition plan. —In guidance provided by CMS, in-home settings are determined to fully align with HCB setting requirements. As part of the review of WA’s 1915(k) state plan amendment, this setting was reviewed by CMS using the process described in guidance that has previously been issued to states. CMS determined through this process that this setting meets home and community setting requirements

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

Number of Individuals Served: 50,639 clients

Characteristics/Requirements Met

Characteristics/Requirements	In-Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Chapters 388-71 WAC , 388-106 , 388-825 , and Chapters 74.34 , 74.39A RCW contain the administrative rules and laws for this setting. Waiver participants and state plan participants access services in their homes and in typical public community settings. The State has completed a review of state statutes and regulations regarding the in-home setting. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations. Before providing services to participants, WAC 388-112-0015 requires all workers to complete an initial orientation training (see Appendix F). WAC 388-112-0016 requires that orientation training	Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client’s condition. This requirement is monitored by the case manager at each annual in-home assessment, at any in-home significant change assessments and through case manager contacts with the participant.

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	<p>include information that participant rights are protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights. This curriculum emphasizes participant rights and includes detail on the rights of participants in provider owned settings <i>(Updated 1/15/16)</i>.</p> <p>In addition to orientation training, WAC 388-112-0075 requires all adult family home applicants, entity representatives, resident managers, assisted living administrators, and all long-term care workers to complete an additional 70 hours of training (which includes Revised Fundamentals of Caregiving training) and WAC 388-112-0906 requires this training to include competencies regarding participant rights³.</p>	

³ By WAC this training must cover participant rights and dignity, and their responsibility to take appropriate action to promote and protect a participant's legal and human rights as protected by federal and Washington state laws. The curriculum specifically addresses a participant's right to choose his/her activities, schedules, health care, clothing, and hairstyle, interact with people both inside and outside the facility including family, friends, his/her doctor or other health care providers, or an Ombudsman; refuse treatment, medications, or services. The curriculum also specifies the participant has freedom of choice. This includes the choice of when and how services are delivered, when and what to eat, when to go to bed and get up, what clothing to wear and hairstyle, and how to spend their leisure time. This training is required for workers regardless of setting or operating agency *(Updated 1/15/16)*

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	<p><u>National Core Indicator (NCI) Adult Consumer Survey State Outcomes</u> for 2011-2012⁴: 86% of Washington respondents reported they have support needed to see friends when they want to.</p> <p><u>NCI</u>: 60% of Washington respondents have integrated employment as a goal in their service plan (in contrast to the national average of 21%).</p> <p><u>NCI</u>: 85% of Washington respondents reported they have friends other than staff and family.</p> <p><u>NCI</u>: 93% of Washington respondents reported they like their job in the community.</p> <p><u>NCI</u>: 91% of Washington respondents reported they always have adequate transportation.</p>	
<p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and</p>	<p>Services are provided in person's own private home or apartment.</p> <p><u>NCI</u>: 89% of Washington respondents reported they like where they live.</p> <p>During the assessment process, it is the case manager's responsibility to inform</p>	<p>CMs offer the individual choices of long-term care settings and provider types.</p> <p>This requirement is monitored by the case manager at each annual in-home assessment, at any in-home</p>

Characteristics/Requirements	In-Home State Assessment	Oversight Process
<p>are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>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 services and providers.</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>significant change assessments and through case manager contacts with the participant.</p>
<p>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do (DSHS 16-172). WAC 388-823-1095 my rights as a DDA client</p> <p>NCI: 93% of Washington respondents reported they can go on a date, or can date with some restrictions, if they want to.</p> <p>NCI: 95% of Washington respondents reported people never enter their home</p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition.</p> <p>This requirement is monitored by the case manager at each annual in-home assessment, at any in-home significant change assessments and through case manager contacts with the participant.</p> <p>CMs ensure that client rights are protected and make referrals to Adult Protective Services (APS) as required.</p>

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	<p>without asking permission.</p> <p><u>NCI</u>: 88% of Washington respondents reported they can be alone at home with visitors.</p> <p><u>NCI</u>: 95% of Washington respondents reported they have enough privacy at home.</p> <p><u>NCI</u>: 96% of Washington respondents reported they could use the phone or internet without restrictions.</p> <p><u>NCI</u>: 95% of Washington respondents reported staff at home are nice and polite.</p>	
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting.</p> <p>Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do.</p> <p><u>NCI</u>: 91% of Washington respondents reported they choose or have input in choosing their daily schedule.</p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition.</p> <p>This requirement is monitored by the case manager at each annual in-home assessment, at any in-home significant change assessments and through case manager contacts with the participant.</p>

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	<p><u>NCI</u>: 97% of Washington respondents reported they choose or have input in choosing how to spend free time.</p> <p><u>NCI</u>: 93% of Washington respondents reported they choose or have input in choosing how to spend their money.</p>	
Individual choice regarding services and supports, and who provides them, is facilitated.	<p>Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting.</p> <p>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><u>NCI</u>: 90% of Washington respondents reported their case manager/service coordinator helps get what they need.</p> <p><u>NCI</u>: 91% of Washington respondents reported their case manager/service coordinator asks what they want.</p> <p><u>NCI</u>: 94% of Washington respondents reported they helped make their service plan.</p> <p><u>NCI</u>: 87% of Washington respondents reported they get the services they need.</p>	<p>Documentation that participants received information regarding all available services and providers is reviewed in annual quality assurance monitoring activities.</p> <p>This requirement is monitored by the case manager at each annual in-home assessment, at any in-home significant change assessments and through case manager contacts with the participant.</p>
Provider owned or controlled residential-setting requirements do not apply.	Services are provided in person's own home or apartment.	Not applicable.

Adult Family Home

Adult family homes were initially submitted for review through WA's statewide transition plan. During this time, Washington submitted the 1915(k) (Community First Choice state plan amendment) that included this setting. As part of the review of WA's 1915(k) state plan amendment, this setting was reviewed by CMS using the process described in guidance that has previously been issued to states. CMS determined through this process that this setting type meets home and community setting requirements (*Updated 1/15/16*).

Setting Description: "Adult family home" means a residential home in which a person or persons provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services.

Number of Facilities: 2747

Characteristics/Requirements Met

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility.</p> <p>RCW 70.129.040 (1) personal resources</p> <p>RCW 70.129.020 Exercise of rights.</p> <p>WAC 388-76-10620 Resident rights – Quality of life – General.</p> <p>WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation.</p> <p>WAC 388-76-10555 Resident rights – Financial affairs.</p> <p>WAC 388-76-10520 refers to Chapter 70.129 RCW.</p> <p>WAC 388-823-1095 My rights as a DDA client.</p> <p>The State has completed a review of state statutes and regulations regarding adult family</p>	<p>Facilities are required to follow the RCW and RCS monitors to compliance with the HCBS requirements. 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 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. (<i>Updated 1/15/16</i>)</p> <p>As part of the inspection process described in the overview, Residential</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>homes and determined that those laws are in alignment with the HCBS setting requirements.</p> <p>Owner and Administrator Training: All potential AFH providers are required by state law to complete an AFH administrator training and they must successfully complete the training prior to submitting their application to apply for an AFH license⁵.</p> <p>Before providing services to participants, WAC 388-112-0015 requires all workers to complete an initial orientation training (see Appendix F). WAC 388-112-0016 requires that orientation training include information that participant rights are protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the</p>	<p>Care Services conducts resident interviews (see Appendix H) 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 state licensure and survey process includes a determination 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 resident survey tool (see Appendix H).</p>

⁵ This 52 hour training is provided by department-approved instructors using a standardized department-approved curriculum which includes lectures, class discussions, group activities, assignments, videos and web-based activities. The curriculum includes a discussion of participant rights with the goal that the student will demonstrate appropriate action to promote and protect participants' legal and human rights. There is an activity associated with this section where the students must create a written notice of participant rights and service requirements. They must also develop a policy for the AFH that encompasses the Prevention and Mandatory Reporting of Abuse, Neglect and Exploitation of participants. Also, the curriculum includes a discussion of participant social and recreational activities, and one of the outcomes for this training is that each attendee will develop social and recreational activities that meet participant's needs and preferences. *(Updated 1/15/16)*

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>long-term care worker will protect and promote these rights. This curriculum emphasizes participant rights and includes detail on the rights of participants in provider owned settings.</p> <p>In addition to orientation training, WAC 388-112-0075 requires all adult family home applicants, entity representatives, resident managers, assisted living administrators, and all long-term care workers to complete an additional 70 hours of training (which includes Revised Fundamentals of Caregiving training) which includes competencies regarding participant rights.</p> <p>Appendix F contains excerpts from the long-term care worker trainings (which include orientation and basic training). These trainings are required for all adult family home applicants, entity representatives, resident</p>	<p>DDA Performance Quality Improvement staff (PQI) host and schedule DD Specialty Trainings in Regions. PQIs visit every newly licensed AFH with a DD specialty.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident's rights, including isolating residents from the broader community, she or he will either work with the facility to resolve the problem or encourage the client to call the complaint investigation hotline for RCS⁶. <i>(Updated 1/15/16)</i></p>

⁶ Individuals are not required to utilize or notify the State Ombuds program before filing a complaint. The telephone number to the Ombuds and to the complaint hotline for RCS is required to be posted in all residential settings. During inspections, RCS confirms that the telephone numbers are posted in a conspicuous location per Washington State Law. If an individual chooses to use the Ombuds program, they may file a formal complaint
(footnote continued)

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>managers, assisted living administrators, and all long-term care workers in these settings This training is required for workers regardless of setting or operating agency.</p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>	<p>During the transition period, when RCS identifies any AFH that is isolating residents from the broader community, RCS will notify HCS of the facility. HCS will apply the same process used for all other facilities presumed institutional and will submit information to CMS for the heightened scrutiny process. As RCS conducts 9-18 month inspections, with an average of 12 months, all facilities will be reviewed prior to March of 2019 <i>(Updated 1/15/16)</i>.</p> <p>The State Office of the Ombuds will also notify HCS if Ombuds person identifies any AFH that is isolating residents from the broader community. <i>(Updated 1/15/16)</i>.</p>
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit	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	CMs offer the individual choices of long-term care settings and provider types. Verification of provision of choices is also part of ALTSA's annual QA

at any time, regardless of the status of the Ombuds investigation. The Ombuds volunteers are not mandated reporters by law. They will share concerns with RCS if the resident agrees or is unable to give or deny consent. *(Updated 1/15/16)*

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
<p>in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.</p>	<p>signature or in the client's service episode record.</p>	<p>monitoring process.</p> <p>As part of the inspection and the RCS complaint investigation process described in the overview and as described in the adult family home oversight process on the first row of this table, Residential Care Services conducts client observations, client and collateral interviews, and provider and staff interviews. RCS conducts client record reviews.</p> <p>In addition, case managers are required to complete a face-to-face assessment and person-centered service planning with clients at least every 12 months, any time there is a significant change in the client's needs or functioning, and at a client's request. During the person-centered planning process, the case manager provides oversight of the person centered service plan and discusses setting options with clients. <i>(Updated 1/15/16).</i></p> <p>DDA Performance Quality Improvement staff assist DDA Case/Resource Managers to develop and offer choices among DD Specialty AFHs.</p>
<p>An individual's essential personal rights of</p>	<p>Rights are protected in RCW 70.129.140 (1) and</p>	<p>As part of the inspection process</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
<p>privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>WAC, including not using restraints on any resident. (RCW 70.129.120)</p> <p>RCW 70.129.140 (1) states the “facility must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality”.</p>	<p>described in the overview and as described in the adult family home oversight process on the first row of this table, RCS conducts an environmental tour, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident’s rights, 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. <i>(Updated 1/15/16)</i></p>
<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Rights are protected in RCW 70.129.140 and RCW 70.129.005.</p> <p>RCW 70.129.005 states the intent by the legislature that individuals living in facilities continue to enjoy all their basic civil and legal rights. RCW 70.129.140 provides more detail in</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 Appendix H), reviews resident records, interviews</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	the State's expectations that the care, and facility environment, recognizes the resident's individuality and autonomy in making choices about aspects of his or her life, including but not limited to, clothes, hair style, personal effects, activities, schedules, care, and personal possessions. <i>(Updated 1/15/16)</i>	<p>providers/resident managers, and interviews staff regarding this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident's rights, 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. <i>(Updated 1/15/16)</i></p>
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	This is documented as part of the preliminary/negotiated care plan. Verification of provision of choices is also part of AL TSA's annual QA monitoring process.
Privacy: Individuals have a choice of roommates in the setting.	WAC 388-76-10685 (5)	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 Appendix H), reviews resident records, interviews

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
		providers/resident managers, and interviews staff regarding this requirement.
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.	<p><u>RCW 70.129.100</u>--(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.</p> <p>Prior to selecting a residence, the individual is notified of requirements through the admissions agreement. This agreement is also required to be distributed every two years as a reminder or when it is updated. As an example, some facilities may not allow waterbeds or some may not allow pets. Another example is when it is a shared room; one resident is not allowed to fill the entire room with his or her belongings. If the individual objects to requirements, the case manager would work with him or her to find an acceptable place to live. <i>(Updated 1/15/16)</i></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 tours of the home, comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of <u>Chapter 70.129 RCW</u>. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident's rights, 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. <i>(Updated 1/15/16)</i></p>
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<p><u>RCW 70.129.140</u></p> <p>(2) Within reasonable facility rules designed to protect the rights and quality of life of</p>	As part of the inspection process described in the overview and as described in the adult family home

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>residents, the resident has the right to:</p> <ul style="list-style-type: none"> (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; <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. In the rare cases where an individual has an eating disorder, such as PICA, and cannot have food at any time, this would be documented and addressed in the person-centered service plan. <i>(Updated 1/15/16)</i></p>	<p>oversight process on the first row of this table, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident's rights, 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. <i>(Updated 1/15/16)</i></p>
Individuals are able to have visitors of their choosing at any time.	<p>RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following:</p> <ul style="list-style-type: none"> (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>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 Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>The RCW states the resident has the right to have visitors, and the facility must not interfere with access to any resident, unless the resident states they no longer want to see a visitor. Individuals are able to have visitors of their choosing at any time and the RCS ensures this in the resident interviews they conduct during inspections or complaint investigations. If there are reasons that a facility would like to restrict a visitor, such as the prevention of an individual from moving-in or if a visitor is disruptive or engages in illegal activities, this would be documented and addressed in the resident's person centered service plan. <i>(Updated 1/15/16)</i></p>	<p>requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW. The Washington State Ombuds program also provides resident advocacy support and takes complaints from residents. If the Ombuds person in a facility suspects that a facility is violating a resident's rights, 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. <i>(Updated 1/15/16)</i></p>
<p>The setting is physically accessible to the individual.</p>	<p>WAC 388-76-10685 Bedrooms WAC 388-76-10695 Building Codes-Structural requirements WAC 388-76-10870 – Resident evacuation capability levels – identification required Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p> <p>As part of the 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</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 an environmental tour regarding this requirement.</p> <p>RCS regulates physical plant requirements every year (not just at initial licensing). If an assisted living facility makes changes to their physical plant, the plans must be approved</p>

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	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. <i>(Updated 1/15/16)</i>	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 construction to meet the new standard unless it poses a risk to the health and safety of residents.
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.	AFHs are residential homes. None are attached to institutions.	Not applicable
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.	The state's landlord tenant law (Title 59 RCW 59.12) applies to this setting. RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	<p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.12 RCW, including a process for contesting the eviction. <i>(Updated 1/15/16)</i></p> <p>In addition to contesting an eviction through the courts, residents may file a complaint with the Ombuds program or the RCS Complaint Resolution Unit (CRU). In either case, the Ombuds and/or CRU would be involved to ensure all protections have been afforded the resident and the notice was appropriate. Also, when services in the facility are terminated, the resident could appeal the termination in an Administrative Hearing. <i>(Updated 1/15/16)</i></p>	
<p>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors. <i>(Updated 1/15/16)</i></p>	<p>WAC 388-76-10685 Bedrooms (effective July 1, 2015). The adult family home must:</p> <p>(7) Ensures 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>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 Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>

Adult Residential Services (ARC) and Enhanced Adult Residential Services (EARC)

As part of the review of WA's 1915(k) state plan amendment, these settings were reviewed by CMS using the process described in guidance that has previously been issued to states. CMS determined through this process that WA's evidence of the settings' assessment and determination to overcome the institution presumption submitted for heightened scrutiny met home and community setting requirements. *(Updated 1/15/16)*

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

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

Characteristics/Requirements Met

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
<p>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. RCW 70.129.040 (1) personal resources RCW 70.129.020 Exercise of rights. WAC 388-823-1095 My rights as a DDA client.</p> <p>The State has completed a review of state statutes and regulations regarding adult residential services and enhanced adult residential services and determined that those laws are in alignment with the HCBS setting requirements.</p> <p>Assisted Living Facility WAC 388-78A-2660 through 2665 specifies the requirements that <u>all</u> ALF providers must comply with regarding ALF participant rights. Assisted living facility administrators are required by WAC 388-78A-2540(2) to complete an <u>ALF administrator training</u> within thirty days of assuming duties as an ALF administrator. This training is offered by DSHS using an on line curriculum which includes a review of all ALF statutes and laws. This includes a thorough review of participant rights. <i>(Updated 1/15/16)</i></p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
	<p>Before providing services to participants, WAC 388-112-0015 requires all workers to complete an initial orientation training (see Appendix F). WAC 388-112-0016 requires that orientation training include information that participant rights are protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights. This curriculum emphasizes participant rights and includes detail on the rights of participants in provider owned settings. <i>(Updated 1/15/16)</i></p> <p>In addition to orientation training, WAC 388-112-0075 requires all adult family home applicants, entity representatives, resident managers, assisted living administrators, and all long-term care workers to complete an additional 70 hours of training (which includes Revised Fundamentals of Caregiving training) and WAC 388-112-0906 requires this training to include competencies regarding participant rights.</p> <p>Appendix F contains excerpts from the long-term care worker trainings (which include orientation and basic training). These trainings are required for all adult family home</p>	

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
	<p>applicants, entity representatives, resident managers, assisted living administrators, and all long-term care workers in these. <i>(Updated 1/15/16)</i></p> <p>This training is required for workers regardless of setting or operating agency. <i>(Updated 1/15/16)</i></p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>	
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</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>CMs offer the individual choices of long-term care settings and provider types. Verification of provision of choices is also part of ALTSA's annual QA monitoring process.</p> <p>As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, and provider and staff interviews. RCS conducts client record reviews.</p>
<p>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p>	<p>Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120)</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see</p>

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
		Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
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.	Rights are protected in RCW 70.129.140 and RCW 70.129.005 .	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H) regarding this requirement.
Individual choice regarding services and supports, and who provides them, is facilitated.	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.	This is a component of the CARE assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100 --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews (see Appendix H) as well as conducts a facility tour with observations regarding this requirement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews (see Appendix H) and also with residents during a resident group meeting.

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
	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.	
Individuals are able to have visitors of their choosing at any time.	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews (see Appendix H) and also with residents during a resident group meeting.
The setting is physically accessible to the individual.	WAC 388-78A-2910 Building Codes-Structural requirements Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the facility inspection process described in the overview, RCS conducts a facility inspection with observations regarding this requirement. RCS regulates physical plant requirements every year and not just at initial licensing. If an assisted living 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 construction to

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
		meet the new standard unless it poses a risk to the health and safety of residents. As a part of the inspection process, licensors will look at residents and their assessments to make sure the setting, including physical plant requirements, is meeting their needs. <i>(Updated 1/15/16)</i>
Privacy: Individuals have a choice of roommates in the setting.	<p><u>WAC 388-78A-3010</u> (1)(v) Both residents mutually agree to share the resident sleeping room.</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><i>(Updated 1/15/16)</i></p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H) regarding this requirement.</p> <p>RCS regulates physical plant requirements every year (not just at initial licensing). If an assisted living 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 construction to meet the new standard unless it poses a risk to the health and safety of residents.</p>
The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or	Five EARCs are attached to an institution See the analysis in the appendix for further information.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews (see Appendix H) as well as

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
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.		conducts a facility tour with observations regarding this requirement.
The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.12 RCW, including a process for contesting the eviction. <i>(Updated 1/15/16)</i></p>	This provision is enforced through the RCS licensing requirements.
Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors. <i>(Updated 1/15/16).</i>	WAC 388-110-222 (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>	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 Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.

Assisted Living Contract (AL)

As part of the review of WA's 1915(k) state plan amendment, these settings were reviewed by CMS using the process described in guidance that has previously been issued to states. CMS determined through this process that WA's evidence of the settings' assessment and determination to overcome the institution presumption submitted for heightened scrutiny met home and community setting requirements. *(Updated 1/15/16)*.

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

Number of Facilities: 185

Characteristics/Requirements Met

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
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>RCW 70.129.140 (b) interact with members of the community both inside and outside the facility.</p> <p>RCW 70.129.040 (1) personal resources</p> <p>RCW 70.129.020 Exercise of rights.</p> <p>Assisted Living Facility WAC 388-78A-2660 through 2665 specifies the requirements that <u>all</u> ALF providers must comply with regarding ALF participant rights. Assisted living facility administrators are required by WAC 388-78A-2540(2) to complete <u>an ALF administrator training</u> within thirty days of assuming duties as an ALF administrator. This training is offered by DSHS using an on line curriculum which includes a review of all ALF statutes and laws. This includes a thorough review of participant rights. <i>(Updated 1/15/16)</i>.</p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p> <p>The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.</p> <p>The state licensure and survey process includes a determination 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</p>

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
		setting rule compliance to its resident survey tool (see Appendix H).
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.	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.	CMs offer the individual choices of long-term care settings and provider types. As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, and provider and staff interviews. RCS conducts client record reviews.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in RCW 70.129.005 and WAC, including not using restraints on any resident. (RCW 70.129.120)	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW .
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.	Rights are protected in RCW 70.129.140 and RCW 70.129.005 .	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews (see Appendix H) regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
		Chapter 70.129 RCW.
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	This is a component of the CARE assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.
Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units	RCW 70.129.100 --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews (see Appendix H) regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews (see Appendix H) and also with residents during a resident group meeting. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
Individuals are able to have visitors of their choosing at any time	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews (see

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
	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;	Appendix H) and also with residents during a resident group meeting.
Privacy: Units have entrance doors that can be locked by the individual with only appropriate staff having keys to doors	WAC 388-110-140 (2) Each unit must have at least the following: (c) A lockable entry door.	As part of the facility inspection process described in the overview, RCS conducts a facility inspection with observations regarding this requirement.
The setting is physically accessible to the individual	<p>WAC 388-78A-2910 Building Codes-Structural requirements Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.</p> <p>As part of the 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. <i>(Updated 1/15/16)</i></p>	<p>As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.</p> <p>RCS regulates physical plant requirements every year and not just at initial licensing. If an assisted living 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 construction to meet the new standard unless it poses a risk to the health and safety of residents. As a part of the inspection process, licensors will look at residents and their assessments to make sure the setting,</p>

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
		including physical plant requirements, is meeting their needs. <i>(Updated 1/15/16).</i>
Privacy: Individuals have a choice of roommates in the setting	WAC 388-110-140 (2) The contractor must ensure each resident has a private apartment-like unit.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
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.	Twelve AL-contracted facilities are attached to institutions.	This provision is enforced through the RCS licensing requirements.
The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.	<p>RCW 70.129.110 provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.</p> <p>Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.12 RCW, including a process for contesting the eviction. <i>(Updated 1/15/16).</i></p>	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
<p>Privacy: Units have lockable entrance doors, with appropriate staff having keys to doors. <i>(Updated 1/15/16).</i></p>	<p>WAC 388-110-222 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>As part of the inspection process described in the overview and as described in the oversight process on the first row of this table, RCS conducts comprehensive resident interviews (see Appendix H), reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.</p>

Site Specific Assessments

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

ALTSA conducted site visits of the settings presumed to be institutional. Details about the state’s assessment of each setting were shared with each facility administrator and were provided to CMS as an attachment to the initial statewide transition plan that was submitted to CMS on March 11, 2015. *(Updated 1/15/16).*

In the initial statewide transition plan, Washington State identified 16 assisted living residential facilities that were attached to institutions- either a hospital or a nursing facility. In addition, there was one facility that was identified by stakeholders as potentially not having the characteristics of an HCB setting. ALTSA headquarters staff visited all 17 facilities to assess whether the residential facility met the federal definition of home and community-based settings. A report of the findings for those facilities was provided to CMS with the initial statewide transition plan submission as well as follow-up information provided through the application process for the Community First Choice State Plan Amendment. All assisted living facilities listed in the initial (initial) statewide transition plan, including the 17 facilities that had been assessed as part of the initial statewide transition plan, were approved by CMS as compliant with the HCBS requirements. CMS agreed with Washington state’s evidence of the settings’ assessment and determination that those submitted for heightened scrutiny met home and community setting requirements. *(Updated 1/15/16).*

The following settings were determined to meet HCB settings requirements by CMS during the approval of the k

The following facilities which were included in the initial statewide transition plan fully meet the HCBS characteristics:

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

- Providence Mount St. Vincent (an assisted living setting)
- Rockwood at Hawthorne (an assisted living setting)
- Sharon Care Center (an ARC/EARC setting)
- Summit Place Assisted Living (an assisted living setting)
- Sunrise View Retirement Villa (an ARC/EARC setting)
- Tacoma Lutheran Home (an assisted living setting)
- Vashon Community Care (an assisted living setting)
- Washington Odd Fellows (an assisted living setting)
- Woodland Care Center (an ARC/EARC setting)
- Good Samaritan Spokane Valley

In the initial statewide transition plan submitted to CMS, the state identified one facility (Good Samaritan Spokane Valley, an assisted living setting) that did not fully meet HCBS expectations and needed to strengthen opportunities for residents to be more fully integrated into their community. A transition plan was developed (see below) and implemented for this facility. DSHS re-evaluated the facility with two on-site follow-up visits (including observations and interviews) dated April 17, 2015, and June 19, 2015. DSHS confirmed that the changes specified in the transition plan were successfully implemented. As a result, DSHS determined that this provider meets the requirements for HCBS settings *(Updated 1/15/16)*.

The state has determined that the following facilities (which were discussed in the initial statewide transition plan) did not meet HCBS expectations:

- Nisqually View Residential Care (an ARC/EARC setting). The state terminated the Medicaid contract effective November 14, 2014. There were no residents living in the facility at the time of contract termination.
- Josephine Sunset Home (Adult Day Care setting). The contract was terminated June 18, 2014. There were no clients receiving services at the time of contract termination.

State Assessment and Transition Plan for Good Samaritan Society Spokane

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

Number of Licensed beds: 14

Number of Medicaid residents: 5

Assessment:

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

State Results:

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

Action Required:

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

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

Implementation:

- Good Samaritan will submit an acceptable plan to achieve the identified resident outcomes to the Residential Policy Program Manager by February 28, 2015.
- Good Samaritan will implement the plan and provide quarterly (from the date of plan acceptance) progress reports to the Residential Policy Program Manager until full implementation has been achieved.
- ALTSA staff will conduct follow-up resident interviews to monitor implementation of the plan on a semi-annual basis until full implementation has been achieved.
- On-going monitoring will continue to be conducted through the licensing survey process.

Status as of February 23, 2015:

Good Samaritan Society of Spokane submitted their plan to ALTSA on February 20, 2015. ALTSA approved of Good Samaritan's plan on February 23, 2015. ALTSA will monitor the status of this work plan and conduct client interviews in August 2015.

Status as of January 15, 2016:

DSHS re-evaluated the facility with two on-site follow-up visits (including observations and interviews) dated April 17, 2015, and June 19, 2015. DSHS confirmed that the changes specified in the transition plan were successfully implemented. As a result, DSHS determined that this provider meets the requirements for HCBS settings. This setting was approved in the 1915 (k). *(Updated 1/15/16)*.

APPENDIX H: 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
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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.

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- 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.

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- 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:

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- 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.);

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- 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

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- 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.

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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

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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 Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2015

ALTSA Approval of Good Samaritan Work Plan

Work Plan status as of 2/20/15: Accepted

Work Plan status as of 2/23/15: Approved

Next Steps: By May 29, 2015, please submit the following:

- Activity calendars for months of March, April, and May 2015
- Resident Council Meeting notes for March, April, and May 2015

The facility visit will be conducted in August 2015 to complete the resident survey. The follow-up letter will then be issued.

Client Service Summary Excerpt

DSHS/ALTA

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 ALTA/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.

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;

- (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

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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.

- 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.

- (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.

- (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

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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.

- (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

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.

Good Samaritan Work Plan

Facility: Good Samaritan Society Spokane

Address: 17121 E 8th Avenue,

Spokane Valley, WA

<http://www.good-sam.com/>

Number of Licensed beds: 14

Number of Medicaid residents: 5

Assessment:

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

State Results:

Good Samaritan met many of the characteristics of home and community based settings but additional actions must be taken to fully ensure that residents are not isolated and segregated from the broader community.

Action Required:

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

- Full access to community resources and services including assistance with accessing transportation.
 1. Community resources/services education, including transportation options, has been provided to each current resident and/or resident representative. Education will be provided upon admission for new residents and/or the resident representative. Education will also be provided on-going routine basis during monthly resident council meetings.
 2. Assistance with accessing outside transportation service providers is provided for transportation requests that are unable to be met by the facility transportation staff. This information has been shared with each resident and/or resident representative. A list outside transportation service providers will be provided upon admission to resident and/or resident representative. In addition, resident family members and/or resident representatives may elect to provide transport assistance.
- Opportunities to participate in community activities that are both sponsored by the facility and/or individually identified by the client.
 1. Resident activity preference is requested and will continue to be requested upon admission as well as on a routine on-going basis during monthly resident council meetings.
 2. Residents are provided copies of activity schedules each month that include activities that have been individually identified by the resident and activities that take place on our campus as facility sponsored activities.

3. Facility sponsored activities are offered throughout the campus including our independent senior living setting, our assisted living setting and our skilled nursing setting. Should they elect, assisted living residents have the opportunity to attend activities in each of the 3 settings identified. Assistance to on-site activities will be provided to those in need.
 4. Facility provides opportunity for residents to attend individually identified activities should they elect to do so. Assistance with accessing transportation to off-site activities will be provided for those in need.
- Regular solicitation and incorporation of input from residents about preferred on-site and off-site activities.
 1. Regular solicitation and incorporation takes place and will continue to take place. Upon admission, resident input regarding activity preferences is requested. In addition, input regarding activity preference takes place during monthly resident council meetings.
 2. Copies of resident council minutes identifying resident input/preference will be available during the on-going monitoring survey process. Resident council minutes will include when resident input was requested, which residents provided input and when both on-site and off-site activities took place. Also identified will be those residents who elect not to attend activities, both on-site and off-site.

Implementation:

- Good Samaritan will submit an acceptable plan to achieve the identified resident outcomes to the Residential Policy Program manager by February 28, 2015.
 1. Plan is being submitted 2/20/15 for review.
 2. Plan is identified in blue print above following each bulleted item.
- Good Samaritan will implement the plan and provide quarterly (from the date of plan acceptance) progress reports to the Residential Policy Program manager until full implementation has been achieved.
 1. Good Samaritan is asking for notification that the above plan has been received and accepted.
 2. Plan to be implemented upon acceptance.
 3. Progress reports will be provided on a quarterly basis.
- ALTSA staff will conduct follow-up resident interviews to monitor implementation of the plan on a semi-annual basis until full implementation has been achieved.
 1. Good Samaritan is available to assist with scheduling resident interviews.
 2. Good Samaritan is requesting notification as to when the State feels full implementation has been achieved.
- On-going monitoring will continue to be conducted through the licensing survey process.
 1. Good Samaritan will monitor actions taken through routine focus audits ensuring that client outcomes are met and that solutions are sustained.
 2. Focus audit results will be documented.

February 20, 2015

Valentina Karnafel

Residential Program Manager
Home and Community Services
Aging & Long-Term Support Administration
Phone: 360-725-2370

Re: Plan to Achieve Identified Resident Outcomes

Dear Valentina Karnafel:

Preparation and execution of this response and work plan does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth as State Results. The work plan is prepared and/or executed solely because it is required by the provisions of Federal and/or State Law. For the purpose of any allegation that the facility is not in substantial compliance with Federal requirements of the new CFR regarding HCBS, this response and work plan constitutes the facility's allegation of compliance. The following work plan constitutes a summary of individual actions/measures for identifying residents at risk, systemic changes and measures to assure on-going compliance. Please accept the work plan being submitted at this time.

Please contact me if you have questions of it additional information in needed.

Sincerely,

Stephen A. Collette, Administrator
Good Samaritan Society – Spokane Valley

RCS MANAGEMENT BULLETIN

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, The attached letters will be sent to all AFHs & ALF, reviewing the key

CHANGED, OR	requirements of the federal HCBS regulations.
CLARIFIED:	
ACTION:	Read the attached letters and be prepared to answer any questions that providers or administrators may have.
RELATED	None
REFERENCES:	
ATTACHMENT(S):	<ol style="list-style-type: none"> 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 community living.](#)

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

CLARIFIED:

- 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.

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 – ALTSA AFH #2015-017](#)
4. [Dear ALF Administrator – ALTSA: ALF #2015-016](#)

CONTACT(S):

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

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.

Trainer's Guide

How to develop and write an effective Individual Instruction and Support Plan

By the end of this 12 hour training series; students will be equipped to write IISPs which meet all policy requirements and result in increased skill acquisition and quality of life.

Needed materials which are not included with manual: Power strip, laptop, projector/tv, buzzers/bells for Jeopardy game, blank paper, pens, small stickers in at least 2 colors (yellow & pink preferred), masking tape, laminated risk matrix guides, highlighters, black sharpies, colored index cards or small paper (at least 4 colors, with at least 20 of each color), small candies, Redacted ISP to use as example / for anyone who didn't bring one, printed participant workbooks

Module B: Using Person-Centered Information to Develop the IISP

Introduction

Approximate time: 20 mins

Class Title

Using Person-Centered Information to develop the IISP

Length of Class

3 hours

“Hook”

In the pre-requisite Person-Centeredness module, you learned how to gather important information about the people you support, and brought with you the information for one person. You are now literally in the position to make their dreams come true! Just think of how successful you could be if you had a team of people working to support you to achieve your goals. This is not just a concept for people with disabilities – think of Weight Watchers, AA, NA, gyms – people join groups, and will often pay quite a bit, in order to have others working toward their goal with them and holding them accountable.

Thinking about the power and benefits of support – raise your hand if you think:

- People are more likely to be successful when they have a concrete plan and/or goal
- People are more likely to achieve a goal when it is measurable
- People are more likely to be successful when they have others who know their goals and are supporting them to achieve success
- Raise your hand if you would like to be a part of helping another person be successful

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Intro	I am (name) and <i>I</i> want to be a part of helping <i>you</i> to be successful in writing IISP's!
Purpose	The purpose of these training modules is to equip you to write Individual Instruction and Support Plans (IISP's) that will meet all policy requirements and, most importantly, result in increased skill acquisition and quality of life for the people we support.
Learning Outcomes	By the end of this module, you will be able to: <ul style="list-style-type: none">• Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP• Identify Risks and Interventions which need to be included in the IISP• Describe the difference between instruction and support• Complete the body of the IISP (everything except the habilitation goals)
Participant Intros	<p>In my role as _____, I have..... (describe your experience with IISPs and how you have seen them have a positive effect in people's lives).</p> <p>Go around the room & say: 1) Name, 2) Agency, 3) What you learned that surprised or delighted you from Module A on Person-Centeredness</p>
Info, expectations, Logistics	<p>Most adult learners learn best by doing, and I know that most of you are probably really busy – so these trainings are designed to be very interactive and walk you through the process to write an actual IISP.</p> <p>There will be breaks throughout the training, which should give you sufficient time to use the facilities, check your phones, etc. Please silence your phones</p>

and wait until the breaks to check them so you can focus. Location of bathrooms, emergency exit info, any other housekeeping issues...

Transition to Content So, let's get started

Module B – 1: Contents of IISP

Approximate time: 1 hour

By the end of this section, you will be able to:

Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP

Talking Points:

- *Using template for training, but it is optional*
- *You should have ISP, IISP and/or Person-centered plan*
- *We are starting with the “one-page”, but skipping risk section for now*
 - *Once completed, the first page of template meets policy requirement of one-page risk summary when in hard copy*
 - *Can be separated from IISP or kept with. Can put in cover of binder*
 - *Purpose is to give direct support staff essential info*
 - *Avoid generic likes / dislikes or long lists of food*
 - *Coordinate / use profile if developed in Peer Mentoring / Person-Centered Planning or other process*

In this training, we will be using the IISP template. This template is optional, and you can continue to use your agency's format so long as the IISP meets all policy and WAC requirements. If you will not be using the

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template you can always transfer your work later to your own format or bring a hard copy with you to use during the training.

You should have brought the ISP and Person-Centered Planning information for one person for whom you will be developing the IISP. It is very helpful if you also know this person well, but even if you do not – you can still draft the plan and check it out with someone who knows the person later.

We are going to start with the “one-page” snapshot of who the person is. At a minimum, identified risks are now required to be in a “one-page Risk Summary” and must be available for staff in hard copy at all times in the home. The first page of the IISP template meets this requirement as well as providing useful information for staff to have about the person. It can be kept with or separated from the rest of the IISP as appropriate. It is helpful to have this in a very visible, accessible place – while still maintaining confidentiality and privacy of course. If you use binders that can have a page inserted in the cover; you may choose to put this at the front of the binder.

The purpose of this page is to give the reader the information that they need to know about how to successfully support the person. While a person may have a long list of foods for their “likes” and “dislikes”; generally food isn’t the important to list here – especially if the person has the ability to communicate food preferences independently. It also isn’t very useful to include things that are common sense and could be said of most anyone (who doesn’t like being respected or dislike being yelled at?). What you are looking for are those things that would be helpful for a staff just beginning to work with the person, and things that are unique about the person which can be supported and built upon.

The person may already have an existing profile, using this template or another format that was developed by or with them in the process of a person-centered plan in preparation for their ISP meeting, as a part of Roads to Community Living transition from an institution, or just as a tool they or their family created. If so, don’t re-invent the wheel! You can use the one created as the one-page (just be sure it includes the risk summary), or

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as a primary source of information to develop this page.

Activity (B-1): Materials – blank front page of the IISP (Display Power Point visual)

Pass out blank IISP front pages. Give each participant 10 minutes (extend if everyone is still working and seems to need more time). Tell them to use the information that they have gathered and brought, and fill in “Likes”, “Dislikes”, Skills & abilities” & “Communication style” (skip the “Risks!” section for now – we will come back to that once we have completed the risk assessment section).

Pair & Share: Have participants turn to the pair up with someone that they don’t know (or don’t know well). Have the person with the shortest hair by talk for 1 minute and tell their partner what they really like and admire about the person they chose – what makes them special. After talking, take the next 4 minutes to share what they wrote. Listener should ask questions for any statements that seem unclear or need more information, and make suggestions for things to add. Have them switch and repeat with other partner.

Ask for any questions or observations that participants would like to share with group before moving on.

Pass out page 2 of the IISP template for next segment.

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Talking Points: (Display Power Point visual; pg.2 of IISP)

- *Use ISP (consent or redacted)*
- *Mostly fill-in the blank*
- *Go through each section & give instructions*

To complete the second page of the IISP, we will be using the ISP which you brought with you. You should have obtained written consent from the client/guardian (unless the whole class is from same agency). If not, then you will need to take a minute to redact the client's name and date of birth from the ISP you brought and use a pseudonym in order to comply with HIPPA and confidentiality requirements. You can use a black marker from the table to do so now if needed.

The next page of the IISP is largely fill-in the blank. We will go over the sections that may need clarification:

ISP Date – use the date of the ISP meeting, also known as the Assessment date. You will find it on the footer of your ISP – lower left hand side (ask everyone to locate it on their ISP). The reason I suggest using assessment date is that many people want to begin writing the IISP in conjunction with the ISP meeting and this date is one that you can predict (whereas the date printed / date signed are not).

Date of this IISP: you can use today's date. Ultimately, if it takes a long time from start to finish of the plan; you may want to change the date to the date you finish the IISP so that there isn't a large gap between the IISP written / updated date and the date it is put in place and trained to staff. If this is a review and you are going to re-print the IISP, put the date you are making the revision in this box.

Individuals who participated in the IISP development: The development of the IISP includes whatever process you used to gather input and person-centered planning. The client should direct who they want involved in their planning. If you use information from the ISP meeting in IISP development, include ISP participants here.

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The client should be listed first – and of course they should be involved in developing the IISP to the greatest extent possible. In those rare cases where the client refuses to participate in any way (including making their desires known) or refuses to have their name included on the IISP – note why they are missing. The guardian should also be involved in developing the IISP. You can list people as participating whether they participated in a formal meeting, by phone, responding to a written questionnaire, email, or other form of input. People that you want to ask the client to consider involving include:

guardian, family, friends, DDA CM and staff. If you invited or otherwise attempted to involve people who did not participate, you can include this in this section.

Preparer Name: this is you – the reason your name and signature are required is to meet the WAC 388-101-3830 requirement of all record entries being signed and dated by person making the entry.

Signature of person and guardian: - these are required and important – however you obviously can't get them until the document is finished. If you have only an email from guardian approving the plan; note it in this section and attach to plan.

Name of Residential Agency: this is your agency's name – you can also add your company logo here if desired.

Other Plans: Depending on the person and the agency, there will be other plans of which staff should be aware. The reason they are included in the IISP is to ensure staff are aware of the plans and where to find them. You can refer to where in a notebook or electronic file they can be found. You can change this section to reflect any plans which are applicable. Even if they are all in a notebook together – refer to them so that someone reviewing the IISP knows there are other documents. If you are not using this template and portions of your IISP are in different documents (such as a separate Risk Assessment, or history written as a part of Person-Centered Planning) – you must list them in your IISP.

History: Here you want a brief summary of important things from the person's life. If you have history written

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in another document (such as PBSP), consider referring the reader to that document to ensure consistency. It is easier for consistency to update only one history; which is the reason it is best not to repeat a long history. You are looking for a primarily personal history, but it should include any important medical or clinical information as well. To get an idea of what may be important to include; let's do a brief exercise.

Activity (B-2):

Imagine that you get in a car wreck tomorrow and lose your ability to communicate. If you had a chance today to write this history section for yourself now so that the people providing you with support care next week knew about you – what would you write?

Take 3 minutes to jot down some notes **for what your history should say** in your participant handbook. At the end of that time, I will have you pick a partner and each of you verbally share (2 minutes) your history.

Activity (B-2 Part 2):

Now that you have thought about your history and listened to a partner's; take the next 10 minutes to draft the history section for the person you are developing an IISP.

Give 10 minute break

Module B – 2: Risks & Interventions

Approximate time: 1 hour

By the end of this section, you will be able to:

Identify Risks and Interventions which need to be included in the IISP

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Talking Points: (Display the power point slide with John O'Brien Risk quote)

- *Risk can be life-threatening*
- *Need to mitigate by proper written plans, training*
- *Not expected to predict future / keep person in protective bubble*
- *ARE expected to identify known risks and their interventions in IISP*
- *DDA's Guide to Assessing Risk available on-line for use as reference / tool*
- *Difference between Risk & Hazzard*
 - *Look @ handbook*
 - *Give examples*

Direct support staff have an extremely important job, and a lot to read & remember! Unfortunately, a staff mistake (no matter why they made it) can have potentially life-threatening consequences. The section of the IISP for Identified Risks and Interventions is intended to include all of the risks that have been identified (in the ISP and through the process of knowing and supporting the person), and what staff should do specifically to avoid or respond to that risk. Anyone who has experience with RCS investigators know that if something goes wrong for a client – they will go to the plan to see if the provider identified it in the plan. Unless the plan very clearly identifies a known risk and gives staff instructions; they may cite the provider for an inadequate plan. While having it clearly in the plan won't necessarily keep a staff from making a mistake – it will reduce the likelihood and avoid a citation regarding the plan.

That being said, DDA does not hold an expectation that service providers will be able to predict the future or keep everyone in a bubble of protection.

The good news is that by the end of this section, you will be equipped to identify risks and interventions that should be listed in the IISP and identify which ones also need to be summarized on the "one-page" under the

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“RISKS!” section.

There is a difference between a Risk and Hazard. (Refer to participant handbook)

A Hazard is a potential source of harm or damage that may pose a level of risk. Most hazards are possibilities with only a theoretical risk of harm. Hazards can be actions, activities or objects.

A Risk is the likelihood or potential that a specific action or activity (including inaction) will lead to an undesirable outcome.

Hazard and vulnerability can interact together to create risk. Not every hazard is a risk. It is when the hazard coincides with the individual’s vulnerabilities that the hazard becomes a risk.

In other words, just because something *could* be dangerous does not mean that it needs to be identified as a risk.

For example: There is a potential that if I walk across the street, that I could be hit by a car – that is a hazard of motor vehicles. I am not considered to be at risk of being struck by cars, however, because I have general traffic safety awareness and skills. If I was not aware of how much it would be hurt to get hit by a car or that I should look for one before stepping into the street, then I would be at risk.

Another example: Cleaning products present a hazard if they are ingested. They are not a risk to most people, however if you cannot distinguish between Pine Sol and apple juice, or if you have PICA; then they do present a risk. Unfortunately, DDA clients end up hospitalized (or worse) far too often due to accidental ingestion; even with a well-documented PICA diagnosis or history of ingesting toxic substances.

Activity (B-3): Materials needed – Papers / areas of room labeled as hazards and risk (depending on the person), masking tape

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Directions for activity:

1. Post the “hazard” paper at one part of room and “risk” at another
2. Instruct participants to physically stand near the description that fits each scenario you read for the person for whom they are writing a plan. After everyone has chosen a side, ask someone from either the risk or hazard side to explain why they chose that particular side. Correct as needed if they should possibly be at other side. Examples of things that could be hazard or risk: raw chicken, access to combustibles, small children, unsupervised access to over the counter medications, cleaning supplies....

Have them sit back down & ask for observations and further questions.

Talking Points:

- *Hand out worksheet & laminated sheets*
- *ISP should be starting point to find risks*
- *After identifying risks, identify level – likelihood & consequence*
- *Give examples & check for understanding*

Hand out Identified Risks and Interventions with worksheet printed on back for ease of hand-writing, Laminated color “Risk Matrix” documents (boxes of these @ Central Office available for use – allow participants to keep their sheet if requested / desired); point out that these graphics are also in their participant handbook.

The ISP is a great starting point for you to find risks that have already been identified. Any risks listed in the ISP **must** be included in the IISP in this section. Although they could be written anywhere within the ISP, the most likely places to find risks are in the exceptional medical and exceptional behavioral support needs sections, and the comments after each of the domains – particularly Health and Safety and Protection and Advocacy

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Activities sections.

In addition to identifying risks, the IISP should also identify the risk level. There are 2 components to risk level – the likelihood and the consequence. Look at the side of the Risk Matrix sheet with the boxes on the top ½ of the page. The bottom row is likelihood – going from left to right, the risk is labeled as “Rare” (not likely to happen) to “Almost Certain”; which would give it a score of 1 to 5. On the left-hand column, you will see the consequence – from “Catastrophic” at the top to “Negligible” at the bottom; which will give it a score of 5 to 1. You add those 2 scores together, or go over & across to find where they intersect (physically demonstrate this) in order to get your total score.

Activity (B-4): Materials – (optional) numbers 2 - 10 posted or written around the room

In order to ensure that everyone understands how to use the risk matrix, ask participants tell you the score of several examples (i.e. - something that is ____ and ____ - such as possible and catastrophic) doing one or more of the following:

1. Call out the answers
2. Work in small groups to determine
3. Stand by the number in the room that represents the answer.

Continue asking examples while watching the room for understanding of this concept. Repeat as many times as needed; – don’t move on until everyone seems to understand how to find a score.

Talking Points: Power point – Identified Risks & Interventions

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- *Need to list interventions as well as risks – how to avoid / prevent risk*
 - *Such as supervision, restrictions, adaptations,*
- *How to use template*

The other essential step for risk assessment is listing interventions. Of course it does no good to just say what could go wrong – we need to add what we are doing to avoid / prevent it. Common interventions could be supervision or restricting access to items. They could also include environmental adaptations or equipment (such as cell phone, alarms).

If you use the template, you will select these same categories from a drop-down list in the left-hand column – so you don't need to pull out this reference or remember the categories. If there is more than one risk / intervention in a category; you can copy & paste additional rows or expand within that category to address all. If you do all on one category; then choose the likelihood & consequence that best captures the entire row.

It is not required that you use this particular method of determining risk level. Your agency may have another method, which is fine. If your agency doesn't have a method, however; I would recommend using these categories since it is a part of the DDA-approved tool and methodology.

Activity (B-5): Materials – highlighters, directions for this activity are on the power point

Using a highlighter, highlight all risks identified in the ISP. The primary area will be in the comments of the different domains of the Support Assessment, which starts around page 2, but scan the whole ISP looking for anything that implies or identifies a risk.

1. Take a minute to review the person-centered information you brought and highlight anything in that material not included in the ISP, and think about if there is anything else that you would identify as a risk that may not be currently documented. (Note: If you come up with additional risks, they should be communicated to the Case Manager for inclusion in the ISP).

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2. Write risks in the appropriate category of IISP
3. Write the score for each section under Likelihood & Consequence

(10 minutes to complete steps 1-4 – give instruction that if they finish early; they can begin working on interventions)

4. Pair up, share what you came up with – have your partner clarify / add / make suggestions on the risks and then work together to identify interventions

(give 10 minutes for each partner)

Be sure to go around and observe, ask questions & offer help during this process

Talking Points: Power point – newspaper headline

- *Risks that are red & most that are orange go on one-page summary*
- *Don't include too much in summary – want to focus on important*
- *Not hard & fast rule*
- *Think of front page of newspaper*

Now that you have completed identifying the risks and interventions, you can easily review what you have to determine the high level risks – those that could present an immediate or life threatening danger; which need to go on the one-page summary. There isn't a hard and fast rule on what goes on the one-page summary / front page of the IISP. One way to think of it would be what would go on the "front page" of a newspaper if it went wrong – such as someone getting seriously injured or killed because of staff's failure to recognize or intervene for a known risk. Using the scoring system, a good rule of thumb is anything with an 8 or above, or anything that requires something (knives, cleaning supplies, etc.) be locked should go on that front page. Things that are scored in the 5 – 7 range may be included; a score of 2 probably should not be included. You

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don't want to clutter the Risk Summary with a lot of low-level risks which could detract from the importance of the higher-level risks for which staff should be actively monitoring.

Wrap up by asking if there are any questions, clarifications needed regarding which risks are repeated on the summary.

Activity (B-6):

Mark the high level risks on your summary page with a highlighter. Go back and add the risks & interventions on the "RISKS!" section of the first page. (give 5 minutes for this, then the break)

Give a 10 minute break after they finish writing high risks on the first page

Module B – 3: Instruction & Support

Approximate time: 35

By the end of this section, you will be able to:

Describe the difference between instruction and support

Talking Points:

- *Instruction & Support have been used interchangeably in past – now more clearly defined (refer to workbook)*
- *Teaching should be a component of all support – but that is different from active, intentional instruction*
- *Be clear for staff how & when they should use instruction vs. support*

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- *ISP is starting point – add what else staff need to know (can repeat / refer)*
- *Put “universal” instructions in top section rather than repeating*
- *Do not need to repeat all activities from each domain*
- *Do not need goal / instruction plans for each domain*

As a general rule; to support people to have full, meaningful lives:

1. Their health, safety and support needs should be met;
2. Their activity calendars (whether on the wall, on their smartphone, or maintained in personally in their head) should be full; and
3. They should be learning and growing - their plan should identify any specific areas in which the person wants to gain independence.

We often use the term “instruction and support” as though it is one thing. There is a difference. These terms are now more clearly defined in policy (5.08), and can also be found in your participant handbook.

Instruction means an active process of teaching a particular skill or subject in an attempt to move towards greater independence and/or maintain current skills and abilities.

Support means the implementation of services provided to meet assessed needs.

In other words – the purpose of **Instruction** is to move the person toward learning to do for themselves, and **Support** is doing *for* the person. It is our role to actively work with people to increase their independence – which means that instruction, at least in a very informal sense, should be part of what we do whenever possible. Although there may be some areas identified in the ISP for which the expectation is that staff are only providing support; it should not be typical for staff to complete things *for* a client *without* the client.

Don't short-change clients by having staff provide support without involving them to the greatest extent

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possible! Even if the client's role in cooking dinner is stirring the ingredients or getting food out of the refrigerator, they should be actively involved in all areas of maintaining a home and living in the community.

In order to set everyone up for success; it is good to be clear when writing the Instruction and Support Service Implementation section of the IISP in a manner that clearly identifies for staff their role in providing instruction and/or support.

The ISP is a starting point for identifying some of the areas and type of instruction and/or support that are expected. What you are doing in the IISP is pulling the pertinent information for staff and adding any specificity that is needed in order for staff to have a clear understanding of their role and responsibilities.

There are some directions that should be included that will likely apply universally for staff to know when providing instruction and support. These go in the first section of the "Instruction and Support Service Implementation" page of the IISP (highlighted in yellow on PowerPoint). You would include general information here such as what type of instruction / teaching approach works best with the person, and how to approach teaching them / involving them with activities of daily living. Examples include things such as:

- Always involve person in the activity
- (Person) may try to convince staff they can't or don't know how to do basic household activities; however they are quite capable of most activities with minimal prompting and assistance. Refer to ISP for details.
- Offer "either / or" choices, not "yes / no" choices (e.g. - do you want to cook dinner now or in ½ an hour; not do you want to cook dinner)
- Give enough time for person to respond after cuing for a activity
- (Person) may tell staff they don't want to or have to do that activity and/or ask the staff to do it for them. Respond by reminding (Person) that your job is to support them to become independent, and that you want to help them achieve their goal of living on their own someday. Wait 5 minutes and then

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ask an “either / or” question to move them toward participation.

- When (Person) is doing (activity), stay nearby and offer positive encouragement and support to reinforce their learning experience (*do not* use this time to do paperwork or take a break – which would communicate a lack of interest or support).

If you look at the ISP you brought, starting at about page 3 you will see that there are 7 sections, also called domains (the first one should be “Home Living”; and 2 areas that identify any Exceptional Support needs for medical & behavioral. The domains are designed to encompass all of the broad areas where a person may need support and / or instruction. Under each domain there are a number of activities listed, with the Frequency the person needs support & the type of support they need is listed. It is important to know that this assessment of needs (also called the SIS) is designed to capture what type of support the person would need if they were to engage in the activity; not the specific support the person is supposed to receive. For example, under “Lifelong Learning Activities” the person may need “partial physical assistance” for “using technology for learning”, but the frequency may be “none or less than monthly” if the person is not using technology for education at this time. This information is something needed in order to accurately assess the client’s needs for the CARE algorithm, but is not necessarily useful information for staff. If the client was taking an on-line class and needed staff to assist them with logging into the learning site each Wednesday at 10:00am – then this information would be very important for staff to know if detail who, what, where, when and how instruction or support should be provided.

At the end of each section/ domain, there is a narrative where the Case Manager recorded notes (the level of detail will depend on the Case Manager and the person providing the input).

For each of the domains – there may be additional instructions particular to an area which is important to capture – things about how to instruct the person, their preferences for support, and/or special equipment or

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protocols; including what to do if the equipment is broken. If the person has a goal in a particular area – you can refer to it here – but don't repeat it since the goal and instructions will be elsewhere.

Two previous misconceptions about this section of the IISP:

- 1) You must have a goal for each of the areas. No – habilitation goals will be addressed later. They will likely relate to at least one of the areas, since it is pretty hard not to; but there is not a goal required for each.
- 2) You need to repeat everything from the ISP including frequency and type of support for each activity. You do *not* need to re-type the ISP! Some of it is pretty straight forward – if someone needs verbal / gestural prompting for taking care of clothes – you may need to cue them on how to do it, but there is no need for you to write this out in the IISP unless there is something *specific* to the activity that the staff needs to know.

Activity (B-7): Materials - Instruction and Support Service Implementation with Worksheet printed on the back

Review the Support Assessment section of the ISP. Using the Instruction and Support Service Implementation Worksheet as your guide, jot notes on what is important to add or worth repeating that applies to all areas (first row), and any information in each category. You do not need to have something in each of the boxes, and when you transfer into your IISP it is ok to write it in whatever way makes the most sense (don't keep these columns – it is just meant for you to consider potential items). Work on this for about 15 minutes, then you will pair with your partner and share / give feedback (5 minutes each).

Module B: Closure

Okay....it's getting close to lunch time. Let's review our objectives for this section:

1. Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP
2. Identify Risks and Interventions which need to be included in the IISP
3. Describe the difference between instruction and support
4. Complete the body of the IISP (everything except the habilitation goals)

Ask participants to raise their right hands in the air

Ask them to "Make a fist if you now feel at least pretty confident that you can write these sections on another IISP on your own"

"If you have 1 question / area where you feel a little weak, put up one finger; 2 areas/questions – 2 fingers....."

Call on anyone with one finger up and ask them which area they want to review (have class sit down if it takes longer than 2 minutes). Ask who had a finger(s) up for a question that was not yet addressed until you have verified there are no more questions / areas in need of review.

Congratulations! You have now completed the body of the IISP – for it to be complete; the last section is the goals.

The next modules are going to focus on writing IISP measurable habilitation goals. Acknowledge if there is anyone not continuing / newly joining the next session(s). **(Note: this is typically a morning class with Module C starting after a lunch break)**

Module C: Writing Meaningful & Measurable Habilitation Goals

Introduction

Approximate time: 10 minutes

Class Title Writing Measurable Habilitation Goals

Length of Class **2 ½ hours**

“Hook” *Close your eyes and imagine yourself on a very busy Monday morning here in the main office. Your boss is leaving the office in a big hurry, and she stops you in the hall as she’s heading out the door. She quickly tells you, “I need you to draft a statistical analysis report that compares and contrasts the historical tax laws of northern Europe and Asia.” She says needs it “pretty soon, printed out for everyone and ready to go” by the time she returns. Then she looks you in the eye and says, “This is a BIG deal, because I’ll be presenting it to the State Legislature for review as Part I of my 2-hour presentation on tax law history.” Before you can say “Wha...?” she tells you, “I don’t have time to talk, because I’m leaving for the mountains this minute to go visit my sick mother, and I’m leaving my phone and electronic junk and devices here in the office until I get back.” Then she rushes out the door and drives away.*

Now open your eyes.

How do you feel? (anxious, worried, freaked out, scared) This is what is like to try to support a goal that has no meaning or measure. You have no clear instructions, you don’t know where to start, or what finished looks like. Even if you did, what does a statistical analysis on historical tax law even

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look like anyway?

Question: *What's happening with underdeveloped goals?*

If you had a goal created FOR you that doesn't mean anything TO you, like, "You will be healthy, and all safety needs will be met", how does that motivate you? Do you develop confidence, status, or independence? This goal feels meaningless and very impersonal to the person and to the staff that support the goal.

If you were given instructions like, "Read Jennie's IISP and make sure she follows her goal of acting appropriately with everyone", how is that different than, "I need an important statistical report ready and printed out by the time I get back"?

Intro	Welcome back / welcome to anyone new (if new, introduce yourself)
Purpose	In this module, you will learn how to write meaningful, measurable habilitation goals
Learning Outcomes	By the end of this class, you will be able to: <ul style="list-style-type: none">• Write a meaningful and measurable goal• Identify and write Habilitative components to goals• Identify potential adaptations or accommodations to reach goal• Break a larger goal into appropriate steps to accomplishing a goal
Participant Intros	<i>(Skip 1 & 2 unless new people)</i>

Have everyone: 1) say their name 2) say what agency they are from and

*3) share one goal that they personally (don't share anything too personal)
have for themselves*

Info, expectations, Logistics Skip unless new people

Transition to Content So, let's get started!

Module C-1: Meaningful & Measurable elements of a goal

Approximate time: 75 minutes

By the end of this section, you will be able to:

Define meaningful and measurable elements of a goal; identify & write habilitative components

Talking Points: (8 min.)

- Often, goal development stops at the Person Centered Planning (PCP) level. E.g., “I want to get married” or “I want to buy a house”. When this is the case, or when the goal itself seems unattainable – the best way to go deeper is to ask why – what is it about that goal that appeals to the person? By doing this you may get to the deeper root of what is important to the person so that you can develop a goal that gets toward what they really want. For example, the person may want to be a fireman, but it is highly unlikely that they could meet all of the requirements. By asking why you may find out that they like being around big trucks, like the respect that comes from a public position, want to wear a uniform at work, etc.; and then the goal can be built around that aspect of the goal.
- Today's starting scenario is the same as the PCP level “draft a tax analysis” – BIG picture only

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- **Clear instructions are needed.** PowerPoint slide (Where? How much? Who?...)
- **What are the details you need to complete the goal?** What questions would you ask your boss if you had 15 minutes before she left? These are the basic bits of information you need. Where to start, how much, for who, by when, how long, how many? Ask, “What info do I need to *know where we stand* in the process of progress/regress?”
- **What’s the motivation, or what’s important TO and FOR you?** Keeping your job? (To/For), Getting that raise or promotion? (To/For), you like statistics, Asia, or research? (To). Find a way to connect the Important For with Important To.

Activity (C-1): PowerPoint slide (Important To Vs. Important for, use next 2 slides during exercise); blank pieces of paper for each participant

Ask participants to turn to the page in their participant handbook with Important To / For on it.

1. Give them 2 minutes to write a list of things that are important **to** them on the left-hand side (give examples such as family, beliefs, hobbies).
2. Then give them 2 minutes to write things important **for** them on right-hand side (give examples such as eating right, exercising).
3. Then ask them to circle the things that they are most likely to spend their time on or pay attention to even when they are tired or busy. Chances are – these are the things in your life that have meaning for you.
4. Ask participants to raise their hand if they had more things circled on the right-hand side of the paper (should be few to none); then ask them to raise their hand if they had more things circled on the left-hand side of the paper (should be most to all).

Talking points:

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- *People most likely to work on things important **to** them*
- *Whenever possible, highlight or connect to important **to***
- *Examples*
- *Connection to Residential Guidelines (on template, not required by policy)*

We are more interested, motivated and likely to work on things that are important **to** us (those that have meaning) – makes sense, right?

Whenever possible, work on developing goals that are important to the person, are connected to something important to them, or can be attained through doing something important to them.

Examples:

- Certain friends are important to me, exercising with those friends makes it more likely I will want to & follow through with exercising;
- Learning to read would be more fun if you were reading something interesting to you;
- Showering is more likely to occur when getting ready for a date;
- I may not love clipping my toenails, but I love getting pedicures.

What are some other examples people can think of or have used? (take 3-5 examples)

Be careful with this concept that you don't just take something that someone loves and turn it into a chore or make it seem like work!

When talking about meaning – of course the Residential Guidelines also come to mind. These represent things that are meaningful to most everyone:

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- Competence
- Health & Safety
- Integration
- Relationships
- Power & Choice
- Status

On the Habilitative Goals page of the IISP template these are listed so that you can check all that apply for the goal. There isn't a requirement that you have goals that support any specific Residential Guideline or number of guidelines – they are there as reminders of the values on which residential services are based. In other words – give some thought to which guideline(s) apply and check any applicable. If you are using a form without the Residential Guidelines listed, you are not required to add them.

If the “Important to” isn't evident by reading the goal, it is a good idea to add language to make it evident. This will help the reason for the goal be clearer to the person and help staff in connecting to motivation for the goal.

Examples:

- Gary wants to avoid a recurrence of kidney stones; so he will maintain his health by drinking at least 64 oz. of water each day.
- Linda wants to live without needing the support of staff, so she will increase her transportation skills by learning to read a bus schedule and navigate one trip per week.

Talking points:

- *Define measurable*

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- *Know where you are starting from*
- *Know where you want to be / get / go*
- *Can break it down into steps or chunks toward meeting goal*
- *Math symbols*

Measurable means that there is some tangible outcome. For something to be measureable, it should have a clear start/end. The start is known as the baseline- where the person is starting at the point of goal implementation. The end is typically stated in the goal itself – to get, lose or keep a certain amount of something.

Examples:

- Walking to the Starbucks may be an achievable exercise goal for many people. To someone who lives more than 5 miles from a Starbucks (if there is such a place) or who is working in PT toward taking first steps – this may not be attainable anytime in the near future.
- If you have a weight loss goal of losing a certain number of pounds but don't have a starting weight; you won't know when you have reached the goal.

You need to know where you are starting from. Don't get hung up on getting a super scientific baseline or let getting a baseline delay the goal. It should be a general idea of where you are starting so that you know where you will go and when you get there.

It may be appropriate to break the goal into a number of steps – either tasks that need to be accomplished to reach the ultimate goal, or breaking a bigger task into smaller chunks. For example – you wouldn't have the goal of "cleaning the house" for a person just learning household cleaning skills – you would pick a task (washing dishes, dusting, etc) to start with. When you break down a goal – you may actually be measuring the steps or chunks toward meeting the goal; or you could be measuring the level of prompting required to

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complete the task.

Examples:

- Getting a black belt has steps of white, yellow, green, blue, etc. on the way to black
- Washing a load of laundry may be broken into 10 steps with the goal to successfully complete 6 out of 10 steps independently within the next 6 months

A good way to think about measurable is math symbols: \$, %, +/-, #, <, >. (A certain amount of money, a percent, gain, lose, a certain number, less than, greater than) Power Point slide with these symbols

Activity (C-2):

Have participants work in small groups and give them 3 minutes to list as many benefits as they can to having a meaningful and measurable goal. The group with the longest list reads their list aloud. Others can read off any additional items. (Look @ list below & bring up if they omit any):

- A satisfied employee knows clearly what is expected every day at work
- Changing expectations keep people on edge and create unhealthy stress
- Maladaptive behaviors improve – staff and clients
- Staff retention
- Staff do a better job with clear instructions
- Structured services promote meaningful days
- Independence is one of the highest forms of success
- Become a leader in a key Supported Living program responsibility
- Fewer citations – DDA policies and WAC are evolving

Activity (C-3): Materials: A large number of cards with goals written on them, and larger cards with category

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labels of “Measurable”, “Hard to Measure” and “In the Middle”

1. Give each participant a group of cards and ask them to place them under the category that best fits (give about 1 minute to complete).
2. Tell them that these goals (with names changed) came directly from IISP samples submitted in 2013.
3. Have each participant pick 1 (or up to 3 depending on size of group & time) goal card from Somewhat Hard or Hard to Measure category, and have the group return to their seats.
4. Ask participants to turn to a partner and, working as a team, re-write the goal using a measurement. Have each participant read one of their old goal card and the new goal with measurement to the group.

Talking Points: (5 mins)

- Hard to measure doesn’t mean it can’t be a goal; it just needs refinement or to be broken down into steps.
- Albert “wants to” isn’t typically measurable language
- The definition of “Meaning” could be different for each person.
 - Your lists of things from activity 2 are the same elements of meaning to carry through to the goals you write
- Adding meaning and measurability are the first steps

Talking Points:

- *Definition of habilitation*
- *Retain – end of life, other condition that takes active process to retain skill*
- *Socialization, adaptive & self-help*
- *If habilitation isn’t evident by reading goal – need to flesh it out*

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Is it Habilitation? Power point slide with definition (underlined words emphasized)

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

“Retain” would be an appropriate goal for someone with memory or significant medical issues such that retaining a skill takes an active process. The majority of the goals you write will likely be focused on acquiring or improving upon skills.

This is a recent definition offered by Centers for Medicaid Services (CMS) and is much broader than the traditional definition which most people associated with task analysis of brushing teeth or making a sandwich. Virtually anything a person chooses to accomplish can be easily written in such a way to show habilitation.

Acquire, retain &/or improve simply means to get, keep or make better. This means the person could be learning, getting better at, or working to keep at the same level.

Self-help can mean independence, asking for appropriate help, or completing necessary tasks.

Socialization includes a broad range of social and emotional management skills – including making and keeping friends, effective communication, behaviors that promote inclusion, and managing emotional and mental health issues that can get in the way of a rich social life.

Adaptive skills include learning about, acquiring and using adaptive devices, and figuring out and/or learning a different / better way to get needs met.

For the people we support who are at the end stages of their life, the focus may be solely on the “retain” aspect – staff may be actively supporting them to keep enough of their self-help skills in order to stay in their

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own home. Examples could be communicating needs, managing pain (through range of motion exercises, communication with professionals for appropriate treatment, positioning), communicating with health care professionals, keeping in contact with family, or making arrangements for funeral.

Often the goal's habilitative component won't be obvious – you may need to flesh it out. It should be apparent in the written IISP goal. It is hard to do anything in life without learning or growing in some way – by making the habilitation explicit you are simply documenting what you think will be learned.

Activity (C-4): Materials: blank paper

Divide participants in groups of 4 (if there are 24 people, have them number themselves off by counting #1 – 6, and then have the 1's get together, 2's, etc.).

Have each person write a goal (preferably one that they brought from their person-centered process) at the top of a blank piece of paper which currently does not have a habilitation component. Give 1-2 minutes for this.

Then ask them to pass it to the person to their right in the group:

- that person to write a potential self-help skill that could be acquired / strengthened or retained, then pass again
- next person adds a potential socialization skill that could be acquired / strengthened or retained
- next person adds a potential adaptive skill that could be acquired / strengthened or retained
- next 2 passes – let person choose a self-help, socialization or adaptive skill not already listed & add one that could be acquired / strengthened or retained

Each round should take 1-2 minutes.

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At the end of the activity; ask if anyone has a goal that they have no viable options for habilitation? If so, ask group for feedback & input until habilitative component is identified.

Talking Points:

- *Review SMART elements of goal from handbook*

You may have heard of or used “SMART” goals in the past; Specific, Measurable, Actionable, Relevant & Time-bound. Your **participant handbook** summarizes each of these characteristics for you as they relate to the IISP. (Review each characteristic & written explanation from handbook).

- **Specific** - the goal should be as specific as possible. Include What (what is the exact goal), When (How often / how much), Where will it take place, and Who (which staff / shift responsible)
- **Measurable** - How will you measure your goal? What is the starting measure (baseline)
- **Actionable** - What specifically will the staff do to support the client do to achieve their goal? Clients can certainly have goals they are working on for which they do not need staff instruction – however these don’t meet the requirement for IISP goals.
- **Relevant** - How is the goal important to the person? Does it meet the definition of Habilitation - skills necessary to live successfully in the community? Sometimes people get hung up on a skill that they believe is essential to community living – such as washing their hands after using the restroom or knowing how to cook for themselves – which are perfectly good skills, but not required in order to go in the community or live on their own (As I am sure you are aware; there are several adults without a disability who go and live in the community and don’t always wash their hands after using the restroom or eat out instead of cooking). I want to be clear that there is nothing wrong with these goals

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as habilitation – they just may not be the most relevant to start with for some people.

- **Time-bound** - includes a timeframe of when the goal is expected to be accomplished. Since IISPs are to be reviewed at least every 6 months, you should expect some measurable progress within this time frame. You don't need to set goals that can be accomplished within 6 months; however you can do so if the goal or smaller portions of the goal are achievable in that time frame.

You can also use the “Tips for refining a goal” on the next page as a way to review and refine goal language.

10 minute break

Module C-2: Adaptations / Accommodations

Approximate time: 10 minutes

By the end of this section, you will be able to:

Identify potential Adaptations and/or Accommodations that can be used toward reaching a goal

Talking Points:

- *Use adaptations or adaptive devices where possible*

Raise your hand if you can remember needing to memorize your home phone number and address when you were a kid. Chances are, if you are over a certain age – this was very important because it was the way you could tell someone how to reach your parents or get you home. Many kids growing up now don't have a home phone or don't need to memorize these things because they are programmed into their cell phones (that may even have a GPS locator).

The point is – when technology or a simpler solution will work or will help – use it! If memorizing numbers or dialing a long sequence is difficult for someone whose goal is to call their family independently; use speed dial settings & pictures or icons on the phone and make the instruction around the social skills of the call – when to make it, how to leave a message, picking up on social cues to end the call.

Activity (C-5): Optional materials – small candies

1. Break the room into 2 groups and give each group a pile of sticky notes.
2. Give the groups 5 minutes to write down all of the adaptations & accommodations they can think of – one per sticky note – and place on large paper / board for their group.
3. At the end of the time, have the teams switch sides and read what the other group came up with.

4. Ask each team to share the 3 most creative or unusual ideas they saw from the other team.

You can talk about how being creative & making adaptations in the environment is a great way to support a client to make progress toward their habilitative goals – so everyone wins (hand out small candies to everyone).

Module C-3: Writing Meaningful Goals & Breaking Goals into Appropriate Steps

Approximate time: 35 minutes

By the end of this section, you will be able to:

Write 1 meaningful goal and break it into appropriate steps

Talking Points: (5 mins.) – We now have the elements we need to write goals that have meaning and measurability. In your Participant workbook, there is a page that lists the tips for refining a goal.

Let's review:

- Start with the person's goal – (typically developed from the Person Centered Planning process)
 - Avoid using 1st person language unless the person says it or your *very sure*. (For example; don't say "(your name) wants to reduce the number of times he/she yells at strangers" unless I have said that's what I want to do.
 - Ask "Why?" to get to deeper levels of meaning with broad / unattainable goals
 - If you serve clients with behavioral support needs, Goals can be based on a PBSP element, as long as it's the person's, or the team decides Important To and Important For balance here
- Ask: What are the *necessary skills* the person needs to do/know to do this independently?

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- List these skills.
- Choose a necessary skill the person could work on
 - Person or (support team) ensures balance between Important To/For – with the emphasis on **Important To**
- Add measurable components – timeframe, increase/decrease, how many/often, define success

Talking Points: Time to practice what we’ve learned.

Talking Points: (5 mins.) –

We will not go into deep detail about teaching methods here; that is covered in the next module.

Once the goal is written, you need to develop the series of necessary steps - Use making a call as an example:

- **Assess the baseline** – existing skills, preferences, communication, attention, physical/intellectual abilities
- **List the steps** – manageable for the person
- **Specify how to:** Prepare the environment, get necessary supplies, Where? When? Who?
 - **Always allow Albert the chance to do each step without prompts**
 - If Albert doesn’t ask to make his phone call each morning, suggest it.
 - Sit with Albert at his desk in his room at a time after breakfast.
 - Ask Albert if he has everything he needs (phone, phone list, calendar, pen). Ask him for missing items
 - Albert will decide who he wants to call but can be unsure.
 - Ask him where he would find possible ideas (i.e., his phone list)
 - Suggest ideas from his phone list if he becomes frustrated (church friend, mom, work friend, Parks & Recreation)

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- Albert will find the name on his phone list or speed dial
- Albert will push the correct button on speed dial, or dial the correct number
- Prompt Albert to try again if he dials incorrectly.
- If Albert gets frustrated, offer words of positive encouragement (ex: “I know your mom is excited to hear from you. Let’s try again.)
- Albert forgets how to hang up the phone. Prompt Albert to hang up the phone if needed (wrong number, call finished, or no answer)
- Document level of assistance (none/verbal prompt/physical prompt/total) in goal progress checklist
- If Albert gets frustrated and verbal encouragement or prompting don’t work, suggest a break and an alternate activity

Activity (C-6): Materials: Habilitation Goal Worksheet

1) Small group role play (15 mins.) – Number off 1-4 or 5. Ask people to remember their numbers and sit in groups together (the first #1-4 is group 1; the second #1-4 is group 2, etc. – add a 5th person to groups as needed to manage the size of class):

- Within each group, #1 = client, #2 = IISP author, #3 = friend/family, #4 = case manager, #5 = voc. provider or other person likely to attend a meeting
- In your group, choose one of the sheets with the goal that you used in previous activities (the activity where the goal was written at top of page & the small group added potential habilitative components) – choose the one that someone is struggling the most with – this will be the goal that you use in this role play
- The scenario is that you are in an IISP planning meeting (because you have enough time & dedication, and are vested enough in creating a quality plan that you pull a team together for this meeting). The

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team is working together to make sure that your goal meets the criteria of being meaningful & measurable – you are using the “Tips for refining a goal” page from your workbook as a guide to ensure that you don’t miss anything.

- IISP author writes the goal based on the conversation – use scratch paper as needed for initial development, and then write your completed goal on Habilitation Goal Worksheet(s); completing at least the Goal, Current Baseline, Measurement, By When sections.
- The group uses its tools to ensure goal meaning and measurability
- IISP author checks with the group and the client for verification and Important To elements
- Groups read both old and revised goals aloud; IISP authors, talk about what the group characters were like
- Entire group offers feedback/ input. If you finish early, change roles, work on another goal & do the same thing.

Module C: Closure

At this point, have accomplished & should feel good about:

- Writing a meaningful and measurable goal
- Identifying and writing Habilitative components to goals
- Identifying potential adaptations or accommodations to reach goal
- Breaking larger goals into appropriate steps to accomplishing a goal

What questions, concerns or further thoughts do you have on what you have learned today?

For those of you taking the next modules – we will continue to build on the same plans you have been developing. Please be sure that you bring back the materials. (Give any additional instruction about next

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meeting time / place. If there is a week or more before the next class; give them homework assignment to practice what they have learned today on their own so that they can ask questions / trouble shoot if anything comes up.)

Module D: Introduction

Approximate time: 10 minutes

Class Title How to teach a skill

Length of Class **3.5 hours**

“Hook” Close your eyes for a moment, and think back to a time when you were in class. It would be high school, college or classroom training. Picture your favorite teacher – one that you really learned a lot from. Raise your hand once you have someone in mind, and keep it up so I can see once everyone has one. Good. Now that everyone has someone in mind, go ahead and lower your hands and open your eyes.

In thinking about that favorite teacher; stand up if:

- The teacher included interaction with students – not just lecture?
(if not many are standing, ask to stand if they wish they had)
- If you got a chance to practice what you learned in class?
- If you corrected work or went through test answers in class so you knew if you got it right?
- If the subject being taught was interesting or important to you?

Thank you – go ahead and sit down now.

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Intro Like you, most people enjoy learning more and learn best when they are interested in the topic and actually practice.

Skip unless new people

My name is _____, and for the last ____ years I have read, followed and reviewed IISPs – from great to not so great. I am excited about this opportunity to increase the quality and outcome of IISP goals and instruction. Share one thing about your favorite teacher that you remember.

Purpose The purpose of this training is to teach you how to write effective habilitation goals that will meet IISP policy requirements.

Learning By the end of this module, you will be able to:

Outcomes

- Select the appropriate time, place & people to instruct the plan;
- Describe the difference between a skill deficit and motivational issue;
- Evaluate when adaptations are appropriate
- Explain the teaching method you will use; and
- Prepare complete, concise instructions for DSPs to use when teaching the skill.

Participant Intros *(Skip 1 & 2 unless new people)*

Have everyone: 1) say their name 2) say what agency they are from and

3) share one thing they remembered that their favorite teacher did well

Info, Skip unless new people
expectations,

Module D-1: Time, Place & People to Teach a Skill
Approximate time: 20 minutes

List the appropriate time, place and people to teach one identified skill

Talking Points:

Raise your hand if you have ever had difficulty getting staff to actually teach and document an IISIP goal?

The good news is that you can increase compliance by carefully choosing and specifying who, when and where the goal will be taught.

Activity (D-1) / Talking Points:

Please turn to page # _____ in your participant handbook, and fill in the blanks as I cover the material. The reason I am having you write these down is because you will be more likely to remember it this way.

1. Decide where you will teach the skill; in the person's home, the community, or across multiple environments.

repeat entire phrase, watching to ensure everyone has it down Show Power point (1 at a time)

When determining where you will teach the skill – consider:

- Where will the person use the skill? Usually you will teach where they will use the skill. For example: cooking in the kitchen, hygiene in the bathroom, traffic safety in the community.
- Are there safety considerations? You may need to do some work in the home first prior to going into the community if safety can't be maintained initially in that environment. You may need to start working in kitchen without sharp or hot objects until some skills are acquired.
- Does the person need to learn first in a quieter environment? This may be needed for a person with extreme ADHD or who has difficulty in over-stimulating environments.
- Unless there is a strong reason to do otherwise – it is best for the person to learn the skill across all settings in which the skill will be used.

2. Decide when and how often the skill will be taught. It may be a specific time, day, and/or date.

repeat entire phrase, watching to ensure everyone has it down Show Power point (1 at a time)

- I know that for myself, I am much more likely to do something when I have a time written down to do it – I usually use the calendar on my wall and/or the calendar and reminders on my phone.
- When you teach the skill will largely depend on when the activity occurs (cooking instruction makes sense around meal time, scheduling medical appointments needs to be done during office hours).
- How often you teach it depends on the natural frequency of the event, the amount of time and repetition that will best work for the person learning the skill
 - Most people do best without long gaps between learning a new skill
 - Some people may have difficulty getting started, but once they start will work for long periods

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- For some people, it is better to have more frequent, short training sessions
- There may be some component of training each time an event occurs (such as during every meal time there is at least some modeling, but 2 meals per week the person is working specifically on learning to prepare a meal)
- You do not need to take data every time that you work on a skill

3. When assigning who will teach the skill, you can assign a particular person or a shift ____.

repeat entire phrase, watching to ensure everyone has it down Show Power point (1 at a time)

- You will have much better success with getting staff to complete IISP goals if it is clearly written who is responsible for the goal(s)
- Circumstances where it may work best to assign a particular person to teach the skill include if you have a staff who has a special interest or aptitude for the skill (someone who is a black belt would be the best person to help them practice their Karate); or has a special connection with the person that makes it more likely they will work on the goal with them.
 - If you choose a person based on a connection; then you will need to work on a plan to generalize the skill later so that the person doesn't only perform the skill when that staff is present.
 - You will also need to have a system to trigger you to remember to re-assign this goal when that staff is out sick, on vacation, or even worse – leaves employment.
- A more common way to assign responsibility is by shift – the day shift on Tuesdays, every night shift staff, the staff on at 7:00am...
 - This works best when the skill you are teaching occurs at a specific time, or needs to occur very frequently

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- Having someone assigned (by name or by shift) enables you to hold staff accountable for completing the goal.
- It is a good idea to incorporate goal documentation checks into shift change procedures, staff evaluation tools, weekly goal reviews or other procedures in order to:
 - Ensure the goals are being supported
 - Emphasize the importance of the goals for staff
 - Hold staff accountable

It's kind of like the Clue game in reverse – Mr. Green in the Livingroom with a candlestick..... you are defining who is doing it, where, and how so that it is *not* a mystery to the staff!

Activity (D-2):

Turn to the next page in your participant workbook for this module.

1. Write the name of the skill you will be teaching on the top line.
2. Take the next 2 minutes to fill out where, when & who it will be taught.
3. Turn to the person next to you. Each of you share with your partner what you have written and why you made those choices. The person with the shortest hair will go first, and you will have 2 minutes each to share.

Give class a break

Module D-2: Skill vs. Motivation

Approximate time: 30 minutes

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By the end of this section, you will be able to:

Describe the difference between a skill deficit and motivational issue

Activity (D-3): Materials – Sets (one for each group of 3-6) of laminated large “Skill” and “Motivation” category cards, smaller cards to place under each category (some clear, some could go either way), masking tape to put up cards (or, have them clear space & work on their tables)

1. Have groups work together to place their cards under the category that they think it fits best. They should be able to do this in 2 minutes.
2. Go through each card and ask everyone whether it is a skill or motivation issue.

Talking Points:

After each answer, ask someone why they put it in that category. If it was put in more than one category, ask at least one person who choose skill & one person who choose motivation to say why they made that choice. Point out that it isn’t always clear; but there are usually some pretty big clues such as:

- Person performs activity completely sometimes, but not others (usually motivation)
- Person has not been exposed to or expected to perform activity before
- Activity is new to person
- Activity is not something the person prefers to do

If the discussion hasn’t naturally gotten to this point, ask what other reason than skill or motivation could be at play? Talk about the potential for environmental factors such as medical, mental health or trauma issues – especially important to explore if the person used to perform the skill and now doesn’t. It could now be painful, they may have less energy, not feel safe, etc.

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Activity (D-4):

Ask the group to raise their hands if they:

- Know the approximate number of daily calories they should eat
- Know how to find out how many calories are in food (using an app, looking on label, looking on menu)
- Know that exercise is good for them
- Ever eat more than their recommended daily calories
- Exercise every day for at least 20 minutes
- Know smoking is bad for their health
- Smoke or have smoked anyway

Point out that knowing how to do something doesn't necessarily mean that we will do it – otherwise, America would not have an obesity epidemic or people with smoking-related health issues.

Talking Points:

- *Knowing if it is skill or motivation helps you know what type of documentation to collect*
 - *skill – documentation on competency (such as task analysis)*
 - *deficit documentation on frequency / duration*

Ask the group why it is important to know if it is a skill issue or a motivation issue?

Be sure this point is raised: to know what the approach should be – “pure” teaching or attending to motivations / environment.

What type of documentation you collect (covered in more detail later) will also be effected by whether it is a

skill or motivation issue. For a skill deficit issue, you would need documentation that breaks down the learning steps so that you can see skill acquisition progress at each level. For motivation issues, data which only includes frequency or amount would be adequate. This could be measuring the number of times something occurred that you are supporting the person to increase or decrease (such as exercise / smoking / assaulting others), or the amount of something (weight / calories / time spent isolating or watching t.v.).

Goals which are motivational can still be habilitative – you are still working to acquire, retain or improve upon a self-help, socialization, and/or adaptive skill even though the strategies you are using to achieve the goal are different.

Module D-3: Adaptations

Approximate time: 20 minutes

By the end of this section, you will be able to:

Evaluate when adaptations are appropriate

Talking Points:

- *Motivation issues may have cross-over with PBSP*
- *Motivation issues lend themselves to environmental adaptations such as staff behaviors*

In some cases, there is likely to be a cross-over with the person's PBSP such as when it is important to them to make or keep relationships or have less staff supervision and they have a challenging behavior that interferes with that goal – and that is ok (in fact, it is good ☺)

You can still have a measurable goal that is considered habilitation when you are working to increase or decrease a behavior through intentional, active staff involvement. You would write the staff instructions such

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as modeling, and reinforcement into the plan as staff instructions. This can have a side-benefit on meaningful life / quality of life for the staff. Here are some “adaptations” that have been very effective for some people:

- Staff have specific reinforcement protocols to give positive reinforcement for behaviors that you are working to increase
- When the goal is to stop smoking; none of the staff are allowed to smoke around the person
- The staff working with the person sets the same goal for diet, exercise, reducing smoking, etc. and they keep track of their goal progress as well – this way you set up environmental and social supports
- Note that you may need to make some staffing changes or consult with your HR department prior to implementing some of these adaptations

Talking Points: Power point slide picture of Willy Wonka / Gene Wilder (for comic relief); then calculator

- *Use of technology is another type of adaptation – use when possible*

Other adaptations to consider include technology. Raise your hand if you learned how to do long division in school? Raise your hand if you do long division the way you were taught? Why not (use a calculator – turn to slide).

While some skills may be important to know, when technology can make a skill easier or take the place of using a skill – we should definitely use technology! Especially with younger generations, an app or other device may be much more comfortable for them to use, and has the added benefit of often giving immediate, consistent feedback.

Some examples include:

- Pedometer to track number of steps taken
- Fitbit or other device that measures activity, sleep, etc

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- Using “contacts” or the speed dials on phone instead of memorizing phone numbers
- Using a timer instead of a clock when doing time-limited tasks / measuring time
- Using a digital clock instead of an analog clock (one with a big hand & a little hand for those who haven’t seen one)

What other examples do you have? (allow people to share ideas as long as conversation is productive)

Activity (D-5): Power point slide has directions

(Slide) Turn to the person next to you and share:

1. One adaptation you have used in the past
2. One adaptation you are excited to try

Give 2 minutes for both people to share, ask them to write their idea down in their participant book after they have both shared & then they can take a break.

10 minute break

Module D-4: Teaching Method

Approximate time: 90 minutes

By the end of this section, you will be able to:

Explain the teaching method you will use for skill instruction

Talking Points:

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- *Break a skill into smaller learning steps when needed*

Before you teach a skill, you need to break it down into smaller steps or chunks. We are going to practice breaking down some steps.

This next section of training involves systematic instruction techniques. Systematic instruction is appropriate only when you are teaching a skill that needs structured teaching / systematic instruction, such as:

- Loose teaching is not getting the person where they want or need to be
- Learning style is best accommodated by structured teaching / systematic instruction
- Activity or task has element of risk if not being done correctly (safety)

Activity (D-6): Needed Materials – Colored index cards or ½ sheets of paper, different color for each group of 3-6 people, at least 20 per color. Cards with a variety of tasks that will have between 6-25 steps to complete.

1. Break classroom into at least 3 groups, groups can have 3-6 people depending on class size
2. Choose a task that your group will use for this exercise from the cards provided (Activity C-4) (or you can hand out / assign)- you can choose from the cards from the earlier exercise where we added habilitative components.
3. In your group, take 5 minutes to write each step of the task as specifically as possible, one step per card/piece of paper. Include the cue for the step if there is one.
4. Give an example such as :

(on a basic level) when learning how to make a phone call, what phone you are using can make a big difference – for example whether it is a push-button phone or a cell phone with a flat screen and you need to press “talk” after dialing the number.

(on a more complex level) when ordering coffee at Starbucks, the first step would be deciding to go

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(cue could be when your ride arrives, when you are thirsty, when it is time to leave to meet a friend....), once you get there the step is to stand in appropriate place to wait to order (cue would be other people waiting, or if there isn't a line it could be the cash register, the person greeting you...)

5. Monitor groups during this activity to ensure they are following instructions and being specific.
6. At the end of the time, have groups pass their completed cards to the group on their right.
7. Each group is to take this group of cards, add any steps they think are missing (using their own color of paper so the first group could identify any added steps), and put the steps in order. Give them about 3 minutes for this.
8. Have each group take a turn coming up and presenting the cards to the group in the order they “should” be taught. Allow the audience to give feedback if they think something is out of order.
9. Tell the groups to keep their cards in order when they sit down as they will be used later

Talking Points:

- *How specific to make instructions & what order to do steps should be based on learner*

At some point during presentations, there will likely be debate about the order or the specificity in a step (do you add cups of water, or fill pan 2/3? Do you floss teeth before or after brushing?).

Use this as an opportunity to make the point that the “right” order or way to do something should be based on the preference, habits and/or ability of the person that you are teaching. Examples:

- If judging 2/3 is too subjective – measuring would be better. If precise measurement is challenging, 2/3 may be better
- If a person prefers to floss before or after brushing, even if it is different from the order you think is right – don't spend energy trying to “correct” this

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Activity (D-7): Materials – laminated cards with types of instructions and definitions to match those types

1. Divide the classroom into 2 teams and have each team select someone who will be picking up the cards that you have laid face down on the floor in the classroom (You can also assign someone as the scorekeeper if you prefer).
2. Each team will take turns turning over 2 cards – if they match (a term and a definition), they get a point and keep the cards out of the game. For each match – have them read the term and the definition aloud. (Since there aren't many cards – don't allow a team to take a second turn if they get a match).
3. Display matched terms/definitions by hanging in the front of the room or laying out on a table.
4. Have the class stand during the whole exercise, and once all cards are drawn, be sure to announce the winning group.

Talking Points:

- *Discuss each type of instruction after match is made*

After each match is drawn (or at the end of the activity if you prefer) – discuss some times that it the type of instruction would be an appropriate choice. Emphasize that the primary deciding factor regarding which teaching method to use should be the strengths of the learner, and not to get hung up on just one approach – you may need to try a variety of approaches.

Chaining (Forward / Backward & Backward/Forward) – good to use for tasks with multiple steps where it would be good to have immediate gratification or feeling of success, or for tasks that staff have been completing and you want to slowly integrate the person into completing more steps of the task

Modeling - especially useful for staff to model behaviors for certain motivation issues such as making sure staff don't smoke around a person who is working on quitting; or not bringing junk food for their lunch when a person is working on healthy eating. Another good use for modeling is having staff perform the task side by

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side or right after with the person – such as making a sandwich at the same time, or the staff person ordering at McDonalds followed by the client ordering.

Shaping – good to use for both motivation and skill issues where the person may have some resistance or anxiety toward performing task. Shaping is good when the person knows approximately all of the right steps, but needs some refinement.

Least to Most – good to use after a person has learned a skill and is working toward mastery. Also used when teaching a new task and probably the most straight-forward for staff to understand; provide the least amount of assistance needed for the task. The same prompt should not be repeated. After giving a prompt, staff should give plenty of time for the person to respond. If time has passed and they have not responded, then move to the next prompting level. For example: start with a verbal prompt, if that if they don't complete give a gestural prompt, then partial physical, then full physical (giving time between each prompt and, of course, not continuing to prompt once they have completed the task.

Most to Least – good to use when a person is learning a skill that they know few to none of the steps and/or get frustrated easily. The staff starts by guiding the learner through the entire task and gradually reduces their support by fading the prompts as the person becomes more capable of the steps.

Reinforcement – an important factor in all learning approaches; most important for motivation issues.

Systematic Instruction - An instructional practice that carefully constructs interactions between students and their teacher. Teachers clearly state a teaching objective and follow a defined instructional sequence.

Behavioral Rehearsal - Trainer completes several brief role plays with learner to practice new response method. This is particularly good when teaching social skills.

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Activity (D-8):

1. Have participants return to their seats, turn to their workbook and match each type to its' definition.
2. Review correct answers.

10 minute break

Module D-5: Instructions for DSP

Approximate time: 45 minutes

By the end of this section, you will be able to:

Prepare complete, concise instructions for DSPs to use when teaching the skill.

Talking Points:

Now that you know the instruction types and when it may be best to use them, we are going to put that knowledge to work.

Activity (D-9) (slide): Materials –Colored task steps from previous 2 activities; Terms & Definitions cards (they should now be matched) and; one sheet of blank or notebook paper per group. Directions on Power Point slide.

1. Each group now pass their colored task steps that were written and ordered earlier to the group on their right.
2. Give groups 30 seconds to discuss which teaching style they want to use for the skill they have been given. Tell them to have a back-up plan.
3. One group at a time, call someone from the group (choose person who hasn't been as involved) to

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come up and take the term & definition cards for the skill they are going to use back to their group.

4. After all groups have an instruction type, give the groups 20 minutes to work as a group to write the instructions for their task using the instruction method.
5. Have the group choose a spokesperson who will present the instructions later. Have each group present their instructions.
6. After each presentation, applaud and then ask members of the presenting group if they had any challenges or questions.
7. Give the rest of the class a chance to provide suggestions and feedback.

Module D: Closure

Our objectives for this section were that you would be equipped to:

- Select the appropriate time, place & people to instruct the plan;
- Describe the difference between a skill deficit and motivational issue;
- Evaluate when adaptations are appropriate
- Explain the teaching method you will use; and

Prepare complete, concise instructions for DSPs to use when teaching the skill.

Ask if there are any questions, comments or lingering concerns about the learning objectives for this module
(spend as much time as needed to answer & clarify)

Module E: Data Collection Introduction

Approximate time: 10 minutes

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Class Title	Data Collection
Length of Class	2 hours
“Hook”	<p>Say that there are many ways to show your data once it is collected (show Power Point slides (4)) such as:</p> <ul style="list-style-type: none">- Bar graphs- Column graphs- Line graphs- Pie charts <p>Ask – raise your hand if you</p> <ul style="list-style-type: none">• Like looking at graphs or charts more than just written statistics?• Have an easier time understanding percentages when you see it visually represented?• Would like your data to look like this with little or no effort?
Intro	<p>I am really excited for this training module because I believe that if you use the information from the training, you can reduce staff time and administrative oversight of documentation while increasing your visibility and measurement of goal progress. Plus – most people tend to be really impressed with graphs 😊</p>
Purpose	<p>The purpose of this training module is to teach you how to measure data that shows goal progress</p>

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Learning Outcomes	By the end of this class you will be able to: <ul style="list-style-type: none">• Define 3 types of data collection• Demonstrate how you would apply a collection method• Design effective data collection documentation
Participant Intros	<i>(Skip 1 & 2 unless new people)</i> <i>Have everyone: 1) say their name 2) say what agency they are from and</i> <i>3) say on a scale of 1 to 10 (with 10 being expert) – where they would rate their skills with charts & graphs</i>
Info, expectations, Logistics	Skip unless new people
Transition to Content	So, let's get started

Module E-1: Types of Data Collection

Approximate time: 30 minutes

By the end of this section, you will be able to:

Define 3 types of data collection

Talking Points:

- *When deciding what to measure – consider is it skill or motivation deficit?*
 - *Skill – measure competency to determine if learning is occurring*

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- *Motivation – measure frequency / duration / amount (or self-initiation) to determine if teaching is having the desired effect*
- *Can measure desired result or steps toward reaching goal*
 - *Measuring desired results tells you if it is working*
 - *Measuring steps tells you if strategy is being followed*
 - *Don't measure staff's behavior*

When determining what you will measure – you should keep in mind if this is a motivation issue or a skill deficit issue.

For a motivation issue, you can measure frequency of a desired / undesirable behavior or amount (measurement of the desired outcome such as calories, weight, time, number).

For a skill deficit, your data needs to be more detailed in order to determine when learning is occurring, what needs to be modified, etc. In these cases it is generally most effective to break the skill into a number of steps and take data on the prompting level needed for each of the steps. This is commonly referred to as task analysis.

Examples:

1. For a goal to lose weight you could measure weight (desired result), or the amount of calories consumed or burned during exercise (steps toward reaching goal)
2. For a goal of saving money for a vacation by increasing attendance at work you could measure the vacation account balance (desired result), days attended at work or amount of paychecks (steps toward reaching goal)
3. For a goal of meeting people with similar interests and developing a relationship, you could measure

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self-reported number of friends or documented number of new friends (desired result), or number of community outings, amount of time spend on social networking sites, or time spent talking to others at a particular social event (possible steps toward reaching goal).

When you measure the steps taken – it tells you if the strategy is being used. When reviewing the goal (at least every 6 months), you should also look at the bigger picture to see if progress toward goal is being made.

When you measure the desired result, you know if you are making progress toward the goal. When using this measurement if there is no progress toward goal, you may want to revise the goal in order to measure the steps taken prior to deciding that the steps themselves aren't effective.

A measurement that you should avoid is measuring staff behavior – such as the number of times a staff makes a narrative entry regarding a goal, or the number of times staff offers an activity.

Activity (E-1):

Give participants 5 minutes to re-write the examples in their participant book to show how they could change what is being documented & measured (watch to see if you need to add time or move on, depending on speed of group). Once everyone has had a chance to finish, ask them to turn to the person next to them and compare their ideas.

Activity (E-2):

Turn to the next page in your participant book and fill in the blanks as I cover the material. The reason I am having you write these down is because you will be more likely to remember it this way.

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1. You can document the real object or outcome resulting from the person's behavior – this is called a _____ permanent _____ product _____. Show Power point (1 at a time)
2. Breaking an activity into small steps and measuring performance level of each step is a _____ task _____ analysis _____. Show Power point (1 at a time)
3. You can have a set time for observing a person and documenting the number of times the behavior occurs. This is called _____ time _____ sampling _____. Show Power point (1 at a time)

Talking Points:

- *Behavior is all action, not just "problem behavior"*
- *Measurement types*
 - *Permanent Product – easiest, most common*

An Important note before we jump into this material:

When I am talking about documentation types and refer to a behavior, please understand that I mean an observable action – not a "behavior" as in a behavior problem. All activity is behavior – whether it is brushing your teeth, swearing, talking, cooking, etc.

One of the most straight forward methods of measurement is a **Permanent Product** – which refers to the real or concrete objects or outcomes that result from a behavior. Examples include the number of physical measurements, washed clothes, clean hair (which could be the result of diet/exercise, doing laundry or

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washing hair properly).

The biggest advantage of permanent product recording is that you do not need to observe the person while they are engaging in the behavior. Permanent product recording is easy to use and can be applied to many different settings and situations. The major disadvantage of permanent product recording is that it is not always clear whether the person actually created the product. Sometimes a combination of both direct observation and permanent product recording is the best strategy to use.

Permanent product recording may be the best method to use when the behavior that you are looking at results in a lasting product or outcome. Use permanent product recording when you don't have time to observe the behavior or in combination with one of the other direct observational strategies listed in this module. It is important to confirm if possible that the products created are due to the person's behavior and not the behavior of someone else.

This may sound complicated – but you are really just measuring something that is the result of what the person did.

If what you are measuring already has a naturally occurring measurement; this will usually be the most direct and accurate measurement. Examples include:

- Weight
- Blood pressure
- Blood sugar
- Account balance

Module E-2: Application of Data Collection

Approximate time: 30 minutes

By the end of this section, you will be able to:

Demonstrate how you would apply a collection method

Activity (E-3): materials – notebook or blank paper

1. Give participants 3 minutes to write down as many things as they can think of to measure.
2. Find out who has the most things by having people with 5 or more raise their hands, then 10 or more, 15 or more, etc.
3. Have that person come to the front (or stand where they are) and read what they got. Instruct the class to listen and see if they had any written down that the “winner” didn’t get.
4. Ask participants to share other things that can be measured not covered by first person who read their list.
5. Ask clarifying questions of any measurements that aren’t self-explanatory and encourage creativity and conversation.

Talking Points:

- *Task Analysis*
- *Time Sampling*

Task analysis

Task analysis is a familiar way of documenting for many people. Tasks are broken down into multiple steps. For each identified step in the skill you are teaching, the level of prompting (independent, gestural cue, verbal cue, physical cue, partial / full physical assistance) is recorded. Two of the simplest measures would be the

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number of steps completed independently (with a goal to increase) or number of steps completed without full physical assistance (with a goal to decrease).

Time Sampling:

There are many more details about time sampling and how it can be used in very specific training and / or behavioral modification environments. That level of detail is more than most people in this class will need. What is important and useful to know about time sampling is that you don't need to measure something all the time or every time that it occurs in order to measure progress.

For example:

1. You could teach and practice a skill every day (such as social interaction or doing dishes), but only collect data on it once a week
2. If you are trying to measure something that is:
 - difficult to tell exactly when the behavior begins or when it ends, or
 - It occurs at such a high rate that it is difficult to keep count.

(such as a person being “upset” or yelling);

You could choose to measure it only for a specific time period each day when it is occurring, or just measure if it occurred during a particular hour of each day but not measure how many or the exact duration. If you were doing this, you could use a data sheet that looks something like example on Power point

Give a 10 minute break

Talking Points: Materials – Excel file with samples (currently on SharePoint); follow up with email to

participants

Show examples of documentation forms on screen, demonstrating how they can be used and modified if needed. Pass out hard copies as requested and tell participants they will receive an email with the forms so they can modify and use as needed.

Module E-3: Data Collection Method

Approximate time: 30 minutes

By the end of this section, you will be able to:

Design effective data collection documentation

Activity (E-4):

1. Turn to your participant workbook (pg. 14) and fill in the blank for which type of documentation you think would best fit in each of the examples. Give 3 minutes for this activity, and then give 2 minutes to turn to the person next to them, compare notes & discuss any differences.

Activity (E-5): materials – Habilitative Goal Worksheet

Give participants 10 minutes to take what they have learned and apply it to their goal(s) they are writing (you can give extra time if needed) and to review the Quick-check document to ensure their goal is complete.

Activity (E-6): materials – IISP Quick-Check Document

Have participants pair with someone they haven't been sitting next to and share what they wrote, problem-solve any issues, and support each other to revise as needed. Monitor conversations for any points which

need to be raised to larger group to wrap up this learning objective.

Module E: Closure

Our objectives for this section were:

- Define 3 types of data collection
- Demonstrate how you would apply a collection method

Design effective data collection documentation

What questions / comments do you have before we move on to our final section?

Module F: Data Analysis Introduction

Approximate time: 10 minutes

Class Title	Data Analysis
Length of Class	1 hour
“Hook”	<p>Raise your hand if you have ever heard this quote:</p> <p>The definition of insanity is doing the same thing over and over again and expecting different results? (power point with Einstein photo)</p> <p>Raise your hand if you have ever kept trying the same thing even when it wasn’t effective? (for example, asking your child to clean their room and expecting them to do it)</p> <p>Raise your hand if you have ever seen a goal in place too long for someone we support with no progress or revision? Felt you were being asked to waste time on something that wasn’t working?</p>
Intro	<p>By making a clear plan for when a goal will be revised – we can avoid keeping a plan in place too long. Say one thing that you have been impressed with / learned during the previous modules.</p>
Purpose	<p>The purpose of this training module is to discuss when and how goals should be revised based on the data collected and finalize the goals we have been writing.</p>
Learning Outcomes	<p>By the end of this class you will be able to:</p> <ul style="list-style-type: none">• State when data indicates that you should revise a goal

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- Describe 4 different changes that could be made to the goal
- Complete the habilitative goal draft(s) for your client

Participant Intros	<i>(Skip 1 & 2 unless new people)</i> <i>Have everyone: 1) say their name 2) say what agency they are from and</i> <i>3) say one thing that they have learned so far that they are excited to try.</i>
Info, expectations, Logistics	Skip unless new people
Transition to Content	So, let's get started

Module F-1: When to Revise a Goal

Approximate time: 5 minutes

By the end of this section, you will be able to:

State when data indicates that you should revise a goal

Talking Points:

- *WAC / Policy requirements for goal revision*
- *How to know if instruction is not effective*
 - *Importance of clear criteria for success / revision when write the goal*

Per WAC 388-101-3510, the IISP and goals need to be revised:

- 1) As goals are achieved;

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- 2) At any time requested by the client or their legal representative; and
- 3) At least semi-annually.

IISP Policy 5.08 also requires you to revise the goal when If the data indicates the instruction is not effective after a reasonable period, but no longer than six (6) months.

With clear, measurable criteria – it will be apparent when goals are achieved.

It is also pretty clear when the client or their guardian makes a request – although you may need to discuss further what specifically they want to change.

We will be focusing on how you evaluate if instruction is effective – the look that you make at least every 6 months. The beautiful thing about measurable data is that it is apparent if you are making progress. Especially when starting a new goal or new instruction method, it is best not to wait 6 months to look at your data to see if it is effective. Best practice is to review data monthly. This will also give you time to address any staff issues such as lack of understanding how to document or lack of documentation in general.

The last section of the habilitative goal template is “Criteria and timeline for revision”. This should be written when you write your goal so that there is no confusion (from other plan writers or RCS evaluators) on what “effective” or “reasonable period” means. When you complete this section, you should look at the current baseline and, taking into account what you know about the person and their learning pace, think about what reasonable success would look line 6 months from now. Using that as the “upper end” of progress, think about what you would consider “failure” to look like at 6 months. At a minimum, this would be no progress – but is there some level of progress that you would still consider unsuccessful? For a new goal or strategy; consider the “early warning signs” – after 1 month or 3 months – would you expect to have made some measurable progress?

Let’s use weight loss as an example. If my goal is to lose 20 pounds over a 6 month period of time; weighing 20

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pounds less would be the measurement of success at 6 months, but I would be pretty happy if I lost at least 15 pounds. If, at the end of 6 months, I lost only 5 pounds or less (or gained weight); I would consider that to be a “failure”. I also know that the weight loss should be pretty evenly spread out over the time, so I should be losing around 3 pounds per month. I could set criteria that I would at least review my strategies any month that I had not lost 3 pounds, any time that I gained instead of lost weight, at 2 months if I had not lost at least 6 pounds, etc.

Activity (F-1): Materials – fill in the blank note taking on above (repeat these key points so they can complete blanks in their **participant handbook**)

Goals need to be revised:

- 1) When they are achieved; Show Power point (1 at a time)
- 2) Any time requested by the client or their legal representative; Show Power point (1 at a time)
- 3) At least semi - annually; and
- 4) If data indicates that the instruction is not effective after a reasonable period, but no longer than 6 months. Show Power point (1 at a time)

Module F-2: Changes that can be made to a Goal

Approximate time: 30 minutes

By the end of this section, you will be able to:

Describe 4 different changes that could be made to the goal

Talking Points: Power point slide – what would you change? / what would be different?

- *4 types of changes you could make*
- *Reasons for each type of change*

Once you have identified that a goal needs to be changed; the question is what needs to change. Possibilities (listed in **participant handbook**) include:

- 1) The approach / instructions
- 2) The measurement
- 3) The criteria for success
- 4) The goal itself

To determine what needs to be changed; look for clues on what is going right or what may not be going well. Here are some reasons to focus on each of the areas:

1) The approach / instructions

The person is interested in the goal and it seems very attainable

Staff aren't documenting the goal as expected

Staff are reporting that the instructions or task is too hard for the individual; but it still seems attainable

The person still wants to reach the goal, but no longer agrees to the method to reach the goal (for

example, if they still want to lose weight, but don't want to exercise – change the method to diet / portion control; if they want to save money for a vacation but don't want to reduce spending money – change the method to increasing their work hours or pay)

2) The measurement

Progress is being made, but it is too slow / small to measure (look for a smaller measurement)
People are convinced that it is “working”, but measurements don't show it – look at how you are measuring, consider the accuracy of the tool (is the scale broken, is too much judgement involved?) and the ability of the tool to measure the desired outcome

3) The criteria for success

No progress in measured area is being made – but there is another positive outcome or progress being made (for example – the goal is to increase number of positive social interactions through instruction, modeling and community practice; social interactions haven't increased, however incidents of aggression have decreased)
Progress is being made, but it seems that the bar has been set too high or too low – the ultimate goal may need to be adjusted accordingly

4) The goal itself

If the person is “refusing to work on their goal” – the goal may need to be changed. Remember that the goals should be based on what is important **to** the person,

Activity (F-2): Materials – cards & categories for the 4 goal elements and scenarios

Cards & Categories:

1. break into small groups and have each group and determine which element of the goal would be the best area to focus change given the scenario.

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2. Give groups 3 minutes to put in categories, then compare all groups and discuss any differences.
3. Discuss the fact that it is ok to have differences – it is just a “working hypothesis” – the test will come when you see if the person makes measurable progress.

Talking Points:

- *Train staff after making changes*
- *Change & tweak frequently as needed – can delegate & make easy to tweak*

Once you have changed the goal, be sure to train staff on the revision and monitor your data to see if it is effective or further changes are needed.

Frequently changing, updating & tweaking goals is a measure of your own success, and a sign that you are adjusting to the needs and progress of the people you support! If you find this process to cumbersome; look for what control you can give to one or more direct support staff to make revisions to the goal without going through a big process.

Module F-3: Completing Goal Draft

Approximate time: 15 minutes

By the end of this section, you will be able to:

Complete the habilitative goal draft(s) for your client

Talking Points:

This should be the final step in the goal(s) you have been completing. Look at your goal and draft the criteria

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and timeline for revision.

Activity (F-3):

Give participants up to 5 minutes to complete this task, have them turn to the person next to them and share. Ask partners to give feedback. Give each pair 2 minutes for sharing & feedback, give 1 more minute to make any revisions to goal.

Talking Points:

An important part of the completed goal is, of course, buy-in from the person being supported. Since you have been drafting the goals in our classroom setting; be sure to take the final and necessary step of discussing the goal with the person being supported and making any necessary adjustments.

Module F: Closure 10 – 45 minutes

Our objectives for this section were:

- State when data indicates that you should revise a goal
- Describe 4 different changes that could be made to the goal
- Complete the habilitative goal draft(s) for your client

Ask what questions people have – anything on which they would like additional clarification on this or any of the material covered during the entire course before we have a game with healthy competition to end our day?

Activity – Final Wrap Up – Power Point Jeopardy game – Play as time allows; up to 35 minutes

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Divide the group into teams (or have individuals play independently for small groups)

Appoint someone to keep score for each team

Appoint someone (or one person from each team if you have a very competitive group) to determine who pushed their buzzer first and whether the answer was correct.

If incorrect / incomplete answers are given during the game – be sure to add explanation / clarification as needed to reinforce learning.

How to play:

To be correct, answers must be phrased in the form of a question.

Once a question is read, anyone can attempt to answer it. The person/team to press their buzzer first is called upon to give the answer.

If they answer correctly:

- They get the amount of points for that question added to their score
- Throw them a piece of candy
- They get to choose the next category/amount

If they answer incorrectly:

- The amount of points for that question is deducted from their score
- Choice of category/amount is passed to the other team

After all other questions have been asked, or when you need to end the game based on time:

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- Instruct teams that they are to determine how much of their score they will wager (to decide this, they will want to see the other team's score). If they answer correctly, this amount will be added to their score. If they answer incorrectly, this amount will be deducted from their score.
- Give teams specified amount of time to write their wager & final answer. You can use the timer on the power point – no more than 3 minutes.
- Read Final Jeopardy question, allow them to answer & determine winner.

There is a course evaluation that we would like to ensure that you complete so that we can continually improve the training.

Hopefully you have made a connection with at least one person in the training with whom you can problem-solve if you run into issues; and you can contact me / Sandi Miller if you have questions or issues regarding forms, policy or getting spreadsheets and reports to behave properly.

As I said at the beginning of the training – I honestly believe that quality IISPs can result in increased skill acquisition and quality of life for the people we support. I want to thank you all for taking time to increase *your* skills in order to better support others.

Have them complete & turn in course evaluation for the entire course

Resident Interview Questions

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview (Resident: 1 2)

RESIDENT'S NUMBER	RESIDENT'S NAME	
REPRESENTATIVE'S NAME		TELEPHONE NUMBER (AREA CODE)
Introductory Questions: First determine if the resident is interviewable. Indicate the question asked by checking the corresponding box.		
What is the best part about living here? How long have you lived here? Are you from around here? If you could change one thing about living here, what would it be?		Other question (write it out):
SELECT ONE <div> Resident Interview Representative Interview </div>		
INSTRUCTIONS: Your interview must address each category. Check the question asked or <u>write your own question</u> . If you are concerned about the answers, please investigate further. If resident is not interviewable, modify		
A. Care and Service Needs		
What kind of help do you get from the staff? How well does staff meet your needs? Can you make choices about the care and services you receive here at the home?		Other: No Concerns
B. Support of Personal Relationships (if the resident has family or significant others)		

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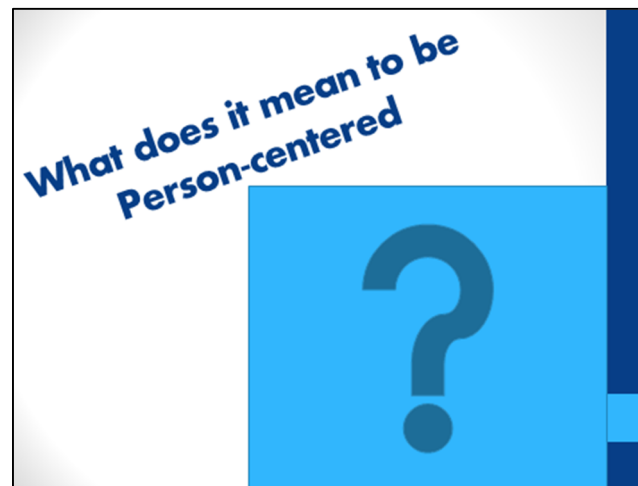
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Does staff give you time and space to meet / visit with friends and family who come to visit? Are you able to make personal phone calls without being overheard? If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	Other: No Concerns
C. Reasonable House Rules	
Tell me about the rules of the house. What have you been told about how long you can stay up at night or how early or late you can watch TV? Can you choose who visits you and when?	Other: No Concerns
D. Respect of Individuality, Independence, Personal Choice, Dignity	
Does the staff here know about your preferences? What kinds of things do you make choices about? Do they pay attention to what you have to say? How does the staff treat you? Speak to you? Do you have any concerns about how you are treated?	Other: No Concerns
E. Homelike Environment	
What is your room like? Are you comfortable there? What personal items were you allowed to bring when you came here? Is the temperature here comfortable to you?	Other: No Concerns
F. Response to Concerns	
Do you feel like you can tell someone if you don't like it here? Who would you talk to if you had concerns? What do you think they would do about it?	Other: No Concerns
G. Sense of Well-Being and Safety	

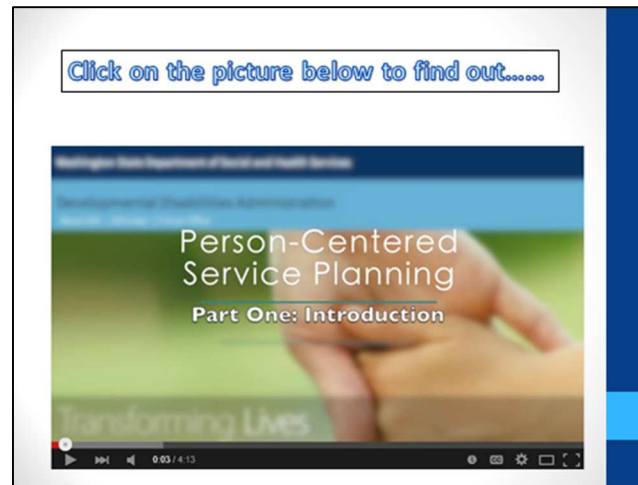
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Do you feel safe here? Does anything make you feel uncomfortable here? Can you choose to lock your door?	Other: No Concerns
H. Meals / Snacks / Preferences	
How is the food here? If you can't eat something or don't like something, what kind of replacement does the home offer you? How often do you get the foods you like to eat? Do you have access to food anytime?	Other: No Concerns
I. Activities	
What activities are offered to you by the home? What kinds of things did you do for fun and relaxation before you came here? Are there activities you would like to do that you are not offered? Is there anything you wanted to do and the home helped you do it? Are you engaged in activities outside the AFH?	Other: No Concerns
J. Notice	
Do you handle your own finances or does someone help you with that? What were you told about paying for your care here and the home's policy about admitting and keeping residents whose stay is paid for by the state (Medicaid)? When and how were you told about this?	Other: No Concerns

IISP Training Module A Page 1



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Think about yourself.....

- What are the things that are important to you in your life? How do you make that happen for yourself? Do you rely on anyone else to make it happen?
- A time when you were told you were important, but others' actions told you otherwise
- A time when you had the experience of really being put "first" and having your needs and preferences considered

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Think about someone your agency supports.....

- What do you think is important in their life? How do they get that? What do you notice about it in comparison to your experience?
- What does your agency do to support people to have lives that are important to them?
- Where do you do a good job at ensuring the client is the focus and supports are built to meet their needs and preferences?
- What is one thing you can change to become more person-centered?

Let's take a look at the values in action [\(click below\)](#)



Key Points to making a Person-Centered Plan

1. Start with the person – help them figure out what they want in their life
2. What supports are needed to get what they want?
3. What capacities does the person already have to get some of these needs met without paid supports?
4. What supports can you provide to enhance the life they desire?

Consider.....

- Why is person-centered planning important?
- How do you know if a plan is truly person-centered?



Using a Person-Centered Approach

- A person-centered process is more than just putting the person's name at the beginning of each sentence
- There is the difference between a process and forms – a person centered approach is more than just completing certain forms or posters

Ask yourself....

- How do you ask people what they want in a way that invites them to share?
- How do you encourage and support the desired future for people you support?
- How do you help people to find their voice and share their thoughts?

Tools

- There are a variety of tools that you can use to help the person identify their strengths, capacities, and what they want in their life to be more meaningful.
- A plan is not useful unless it has action to it! The plan should result in goals and develop specific action plans that help the person reach their desired life
- Several of the tools are given as examples later in this training
- You don't have to use every tool, and you may find others that work better

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- The examples used in this training include some tools which you can use – it is not a complete list, nor do you need to use every tool when doing Person-Centered Planning
- This is not an all-inclusive list nor an endorsement of any particular products.
- The links below are provided to give you a starting point for some available information

For more information, please visit:

- <http://www.helensandersonassociates.co.uk>
- <http://sdaus.com/toolkit>
- <http://mylifeplan.guide>

Residential Service Guidelines

Washington has promoted the benefits of the “Residential Guidelines” since 1988. These benefits continue to support DDA’s mission and core values today.

Residential Service Guidelines

As you look at these benefits; think about how a person-centered approach would help a person to experience these benefits

You can use these guidelines as broad areas to explore with the person areas where they may want to expand their experiences

Residential Service Guidelines

- Health and Safety
- Personal Power & Choice
- Personal Value & Positive Recognition by Self and Others
- Good Relationships with friends and relatives
- A Range of Experiences Which Help People Participate in the Physical & Social Life of Their Communities
- Competence to manage daily activities and pursue personal goals

Involving Others in Person-Centered Planning

- The person being supported (the client) is the most important person to include in the planning process

- A good way to remember this is:

Nothing about me without me

- The more people involved who know and care about the client; the greater opportunity for a broad range of ideas and support
- Involve anyone the client identifies as wanting to be involved. Consider: guardian, family, friends, staff who work with them
- If it doesn't make sense for everyone to attend a meeting; gather information by phone, mail, email or surveys

“Important To” and “Important For”

- All of us strive for a balance between what is important to us and important for us.
- It is essential to learn what is important **to** a person – they may tell us this, or you may see this in their actions.
- What is important **for** a person includes things that help them become or stay safe and healthy; which may or may not be important **to** them.

Finding the balance means that our lives are not just about what we choose, but also what we know needs to happen for us to be safe and healthy.

Putting it in Practice

On a piece of paper, write down:

- Things that are **Important To** you:

(Hint: think of those things you really enjoy, have prioritized in your life or budget, or you would be really upset without)

- Things that are **Important For** you:

(Hint: think of those things that you know are good for you, but you have to push yourself to do or maybe aren't doing as much or as well as you should)

In order to really understand who the person is and to build a useful tool, you should know:

- Daily Routine – what is important to the person about their routine (eg. – drinking coffee before showering)
- Capacities, gift & interests (so that these can be built upon)
- What works for the person (so you can do more of it)
- What doesn't work (so you don't include in the plan or list as something to avoid)

One-Page Profile

One really useful tool is a one-page profile that documents some of the most important information for a person such as their likes (preferences), dislikes, skills & abilities, communication style and goals.

The process to get information and know what is important to put on a one-page profile may take some work to discover who the person is and what is important to them / to know when working with them.

The person should develop it, or be as involved as they can in developing it whenever possible.

One-Page Profile

This profile can be a part of the IISP, and if using the suggested template; it is the first page of the IISP.

It should, of course, include accurate information unique to the person.

It is a great starting point for determining areas of focus, matching and teaching staff to work with the person, and developing plans.

This tool should be revised and updated as you learn more with the person and as they change!

The following slides are a few examples of One-Page Plans

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My One Page profile

Your Age
Name Occupation

What people appreciate about me

What is important to me

How to support me

Michael's One Page Trainer Profile

What People Like and Admire about me as a trainer

- Shares freely
- Makes it easy to understand
- Makes you think
- Makes it real, tells it like it is
- Good story teller
- His dry sense of humor
- Engaging
- Knowledgeable

How to best support me as a trainer

- Someone other than me takes care of the logistics and does it well!
- Make sure I have a patient timekeeper who reminds me –
 - About breaks and
 - Where we are supposed to be on the agenda
- Remind me of what I am doing next week and next month so that I will prepare
- Give me honest feedback about the training and how I did so that both the training and I can improve
- Partner with me in improving the training or developing the next generation of training
- If you are helping me with travel, a hotel with OK exercise equipment is important to me
- Keep in mind that I need downtime from being with people from time to time – it isn't personal!

What is Important to me as a trainer

- That the training makes a difference
 - That I hear stories (later) of how they applied what they learned and the difference it made
- People learn during the training – that I can see "light bulbs" going on
- People ask when they have questions
- To have fun, see people laugh, and for all of us to enjoy the training
- I give people my best
- I am able to keep people engaged, having fun, and learning
- I contribute to the next generation of learning
- A balance between home and work
- Some down time – away from people
- Exercise while on the road

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What's unique about Me!

I am very energetic! ☺
I love to read books.
I love my Granny.
I love to watch Barney.
I love to swim.
I love to watch Elmo.
I am an Up Syndrome Kid!



What's important for me.

- I like to explore and learn new things independently.
- I like to spend time with my Granny playing and cooking.
- I like to use my voice loud and proud.
- I like to be heard and get attention.
- I don't like the way some things or foods feel at first.
- I watch Barney every day!
- I love my sisters, but they bug me ☹
- I help feed the cat every day.
- I like to have choices.
- I like being happy ☺



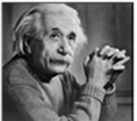
What's important for me.

- I need to wear my brace on my foot as much as possible.
- I need to develop my speech and language skills.
- I need to gain structure in my attentiveness to activities.
- I need to increase my ROM in my right ankle.
- I need to continue working on my manners and patience.
- I need to learn to count.
- I need to vocalize more of my communication.
- I need independent exploration vs. others doing for me. I can do it!

Likes :

- I like my dog my cat
- I like to take my dog to the dog park
- I like to be with someone I am
- I like to be in the bathroom or my
- I like to eat food, but my
- I like to eat spaghetti, chicken
- Things I like to do
- I like to be with people - even
- those I don't know
- Shopping at the mall and
- going to the movies
- All kinds of dancing
- Playing board games
- Going out to dinner on
- Wednesday nights

Albert Johnson



Dislikes :

- Being teased
- People making my sentences
- getting in the way of the
- what I do
- Being teased about my if I
- Go to the gym (I have to be
- a walk outside)
- Being upset or being sad on
- the weekends

RISKS!

Continually eating too quickly, read all labels carefully, and monitor for signs of allergic reaction. Use Q-tip and call 911 in case of allergic reaction.
History of issues with fire, must not smoke (cigarettes, matches, candles, gas for lawn mower). Strictly secured and staff should ensure any lights or matches they bring into my home are secured at all times.

Skills & Abilities:

- I am a good dancer and have a good sense of rhythm.
- I get along with most people.
- I am not mean to anyone.
- I like to be in my neighborhood.
- I am always for myself and for people who I want or
- need.
- I like to assist and follow a daily routine.
- I get up and make for work on my own most every day.
- I can do all kinds of things and follow a routine with help.
- I take care of my own personal hygiene and make
- household things.
- I pride myself on being outgoing!

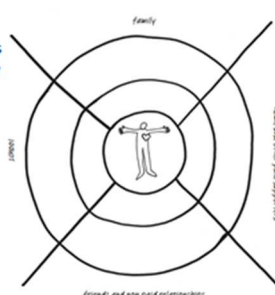
Communication Style:

- I like to tell people and have no problem
- communicating my needs.
- I do use a hearing aid in my left ear and prefer for
- people to stand on my right side when we are talking.
- Sometimes, I don't understand my hearing aid battery
- drains so if you notice I am having trouble hearing, I will
- should call me if I have a problem with my battery.
- I like others to tell me how I am doing because I am not
- the most confident when it comes to, and about telling me
- what to do.

Circles of Support / Relationship Circle

This tool can be helpful to see who is important in a person's life, determine if there are issues around relationships, or identify relationships to strengthen or support

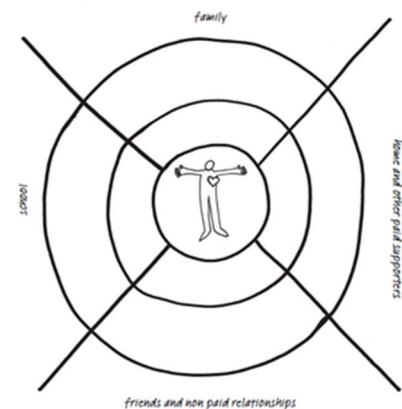
To complete the diagram:
Write names of people who are closest in each category closest to the person. Those not as close go in outer rings / outside of circle



Putting it into Practice....

Draw the diagram for yourself listing the people in your life

Now complete this diagram for someone you support



Look at the diagrams you completed:

- How do the relationship maps look different?
- Do you have as many paid people in your life? Family? Close relationships?
- Are there opportunities to expand on relationships?

What's Working

Another approach to use is to make a chart to look at what is working and is not working from different people's perspectives. This can serve as a bridge between what was learned in looking at important to / important for and developing an action plan. It can look something like this:

What's Working	What's not working
Person's Perspective	
Family's Perspective	
Staff's Perspective	
What needs to happen next to build on what's working & change what's not working?	

Putting the Plan into Action

- The purpose for making a plan is to create action!
- Through this plan, you have helped the person to:
 - identify what they want more of in their life
 - Identify skills, capacities & interests
 - Identify potential barriers to getting what they want
 - Identify where / how they can contribute to family, friends and community

NOW – the action steps should be around what to do with this information – how to build on these interests & capacities, which will lead to a more meaningful life.

From this, goals will be set.

The Person's GOALS

- The term "goals" gets used often with different meanings
- In relation to person-centered planning; we are talking about those things the person wants – other frequently used term is "Desired Outcomes"

A good goal / outcome:

- Is personal – not expressed from a service perspective
- Is something that person has influence or control over
- Is measurable and specific

✦ Note: there may be an obstacle to overcome to reach goal / desired outcome – when that is the case, focus may be on removing the obstacle or barrier

Getting to the heart of the Goal

Ask these questions about each stated goal to clarify what the person wants & why they want it

If you got your goal –

- What would it give you?
- What would it do for you?
- What would it make possible for you?
- Where, when & with whom do you want it?

This helps clarify the focus to be on what is most important to the person, and may help to write the goal in a way that is specific and measurable

What to focus on to achieve GOAL

- Once goals are clear – look at what it will take to reach it
- Ask –
 - What do I need to learn to accomplish this goal?
 - What resource do I need to accomplish this goal?
 - What item or activity do I need / would I do to accomplish this goal?
- Designate who will be responsible to support the resources, activities, or learning activities
- NOTE: Not all goals will necessarily be supported by a residential agency (some may be the person's, family's, other supports)

Examples

Bob wants to get a job working at a nice restaurant

- Resources needed:
 - Food Handler's card
 - Transportation
- He needs to learn:
 - Interview skills
 - Basic food handling facts (to get permit)
 - Etiquette skills
 - Transportation routes to job

To achieve this goal, Bob's team can support him by first learning some of the skills needed to get and keep a job and obtain needed resources

Examples

Maria would like to take the train by herself to visit her family

- Resources needed:
 - \$350.00
 - Cell phone to call in case she needs help
- She needs to learn:
 - How to find & schedule a train ride and purchase the tickets
 - What she can pack
 - How to find her seat on the train
 - Personal safety skills—what to do if a stranger approaches her

To achieve this goal, Maria's team can support her to learn skills needed, assist to plan & save money for the trip and obtain resources

IISP Goals

- Residential providers are required to develop an IISP which has a certain number of goals that will be supported by the residential staff
- Goals identified through PCP planning process get recorded on the ISP
- Goals in the person's ISP for which the residential provider is responsible must be included in the IISP
- Goals should be dynamic – changing as the person achieves the goal, as needed to facilitate goal achievement, and as requested
- If you find the person is frequently “refusing to work on their goals” – that means that it is a good time to re-visit the person-centered planning process

Time for self-evaluation...

- Think about how you / your agency gets this information
- What is working that you want to keep doing?
- What do you need to change?
- What should you start doing?

Using what you have learned

Whether you and your agency have done person-centered planning for a long time, or if this concept was new to you – hopefully you gained some ideas on how to find out more about the person you work with and help them find what is important to them, how they want to be supported, and how they want to live.

However you document this information; the most important thing is that you **USE** the information when developing plans and supporting the person

The Next Steps....

- After completing this training, you can register for the IISP training modules.
- When you attend this training; you should bring the following things for one client that you will use throughout the remainder of the courses in developing their IISP and measured goals:
 1. A copy of the current ISP
 2. Person-Centered information that you have gathered
 3. Current IISP (if any)
- Be sure you have their consent to bring this information, which will be treated confidentially. Alternatively, you can redact the information before the class

Washington State

Revised Transition Plan for New HCBS Rules

To be Submitted to CMS in March 2016—Posted for Public Comment on January 15, 2016

Questions / Contact Info

- If you have questions about the IISP training modules, please email Sandi Miller, Residential Quality Assurance Coordinator:

millesj@dshs.wa.gov

Washington State
Revised Transition Plan for New HCBS Rules
To be Submitted to CMS in March 2016—Posted for Public Comment on January 15, 2016

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 March 2016—Posted for Public Comment on January 15, 2016

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

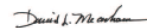
6. The factor D' values are the same as the previously approved waiver. Please provide an explanation for the apparent disconnect between the description and the actual factors shown in the amendment.

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.

Sincerely,



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

Digitally signed by David L. Meacham -S
DN: cn=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 12:29:48 -0700

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 March 2016—Posted for Public Comment on January 15, 2016

WA.0410

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.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 March 2016—Posted for Public Comment on January 15, 2016

Dorothy Frost Teeter and MaryAnne Lindeblad, Page 2

Appendix J-2c.i: Factor D Derivation

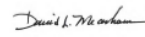
3. Please clarify if the increase in the number of users for years 3 and beyond is primarily due to the removal of pre-vocational services.
 - If not, please describe why the number of users for the various services is expected to increase for the years 3 and beyond.
 - If so, please describe why the 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.

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.

Sincerely,



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

Digitally signed by David L. Meacham, S
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ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2015.07.21 12:25:10 -0700

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 March 2016—Posted for Public Comment on January 15, 2016

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 March 2016—Posted for Public Comment on January 15, 2016

Dorothy Frost Teeter and MaryAnne Lindeblad, Page 2

Appendix C-5: Home and Community-Based Settings

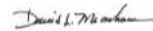
3. Please ensure that this section contains verbiage identical to Appendix C-5 in WA.0409.R02.03 and WA.0410.R02.03.

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.bhs.gov.

Sincerely,

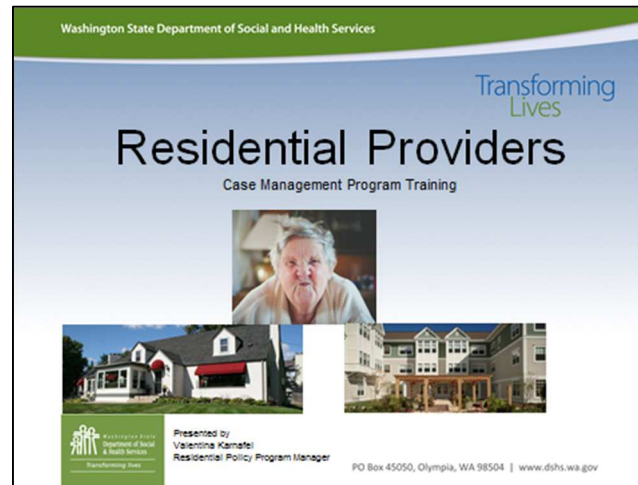


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ou=CMS, ou=People,
c=US, email=David.L.Meacham@cms.bhs.gov,
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cn=David L. Meacham, S
Date: 2015.07.21 12:21:58 -0700

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

Excerpt from Residential Programs Case Manager Training



Washington State Department of Social and Health Services

Client Rights

All DSHS employees are Mandatory Reporters

All residents living in licensed ALF and AFH are protected by the rights granted in Chapter 70.129 RCW

As SW/CM you are responsible for reporting any resident rights violations to RCS Complaint Resolution Unit (CRU)

The 24 hour HOTLINE FOR CRU IS 1-800-562-6078

For single incidents, not classified as abuse, neglect, abandonment or financial exploitation may be handled by Long Term Care Ombuds Program at 1-800-422-1384.

Washington State Department of Social and Health Services

Home and Community Based Settings

All residential settings have to meet the HCBS setting requirements established at 42CFR 441.530

- Licensed Assisted Living Facilities that hold an:
 - ✓ Assisted Living contract
 - ✓ Adult Residential Care contract
 - ✓ Enhanced Adult Residential Care contract
- Adult Family Homes (AFH)

Washington State Department of Social and Health Services

Client Basic Rights in an HCBS Setting

- Lockable entry door
- Choice of roommate
- Control schedules
- Access to food at any time
- Visitors of their choosing at any time
- Access to the community

Washington State Department of Social and Health Services

Documenting Modifications to Client Rights

- Identify specific need
- Positive interventions and supports tried prior to the modification
- Less intrusive methods of meeting the need
- Clear description of the modification
- Informed consent of client

Washington State Department of Social and Health Services

Documenting Modifications to Client Rights

- In the intervention screen for the behavior, if it is relevant to any of the behaviors
- In the comment screen if it pertains to one of the ADL or IADL screens
- In the pertinent medical history screen
- In the psych/social screen if there is no other applicable location
- For SDC clients document in a Treatment screen under the Alzheimer's/ Specialized Dementia Care

ALF-AL Training PPT



Washington State Department of Social and Health Services

The Intent Of The Rule

To ensure that individuals receiving long-term services and support have:

- Their rights protected
- The opportunity to receive services in the most integrated setting appropriate and
- Full access to the benefits of community living



Washington State Department of Social and Health Services

Home and Community Based Setting Requirements

- Apply to all community based settings, including:
 - Assisted Living Facilities
 - Adult Family Homes



Washington State Department of Social and Health Services

Qualities of All HCBS Settings

- Setting is integrated in and supports full access to the greater community...opportunities to engage in community life, control personal resources, receive services in the community to same degree of access as individuals not receiving Medicaid HCBS
- Setting is selected by the individual from among setting options. Setting options are identified and documented in person-centered service plan and based on individual's needs, preferences, and for residential settings, resources available for room and board



Washington State Department of Social and Health Services

Qualities of All HCBS Settings

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact
- Facilitates individual choice regarding services and supports, and who provide them



Washington State Department of Social and Health Services

Additional Qualities Required for Licensed Residential Settings

- Protection from eviction and appeals process comparable to those provided under the landlord tenant law
- Privacy in their sleeping or living unit
- Entrance doors lockable by the individual with appropriate staff having keys to doors
- Individuals sharing units have choice of roommates



Washington State Department of Social and Health Services

Additional Qualities Required for Residential Settings



- Freedom to furnish and decorate sleeping or living unit within the lease or other agreement
- Freedom and support to control own schedules and activities and have access to food at any time
- Have visitors of their choosing at any time
- Setting is physically accessible to the individual
- Any modification of client rights must be supported by a specific assessed need and justified in the person-centered plan

Washington State Department of Social and Health Services

Person Centered Service Planning

Includes both:

- The **process** for developing the resident's CARE plan and negotiated care plan or service agreement and
- The **content** of the resident's CARE plan and negotiated care plan or service agreement



Washington State Department of Social and Health Services

Person Centered Service Planning

- The Case Manager:
 - Must discuss and document options for home and community based settings that were offered to the individual
 - Document that the setting was chosen by the individual



Washington State Department of Social and Health Services

Person Centered Service Planning

- Planning process for CARE and NSA/NCP:
 - Includes people chosen by the individual
 - Provides information and support to ensure the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions



Washington State Department of Social and Health Services

Person Centered Service Planning

- Planning process (cont.):
 - Is timely and occurs at a time and place that is convenient to the individual
 - Reflects cultural considerations of the individual
 - Includes strategies for solving conflicts or disagreement within the process



Washington State Department of Social and Health Services

Person Centered Service Planning

- Planning process (cont.):
 - Offers choice of services and supports received and from whom
 - Includes a way for residents to request an update to their plan



Washington State Department of Social and Health Services

Person Centered Service Plan

- The Service plan must:
 - Reflect client strengths and preferences
 - Reflect clinical and support needs through the functional assessment
 - Include client identified goals and desired outcomes



Washington State Department of Social and Health Services

Person Centered Service Planning

- The service plan must:
 - Be finalized and agreed to in writing and signed by the resident and provider
 - Be distributed to the individual and other people involved in the plan
 - Prevent the provision of unnecessary or inappropriate services and supports

Washington State Department of Social and Health Services

Person Centered Service Planning


- Plan review
 - Service plans, Negotiated Service Agreements, and Negotiated Care Plans must be updated:
 - At least every 12 months
 - When client circumstances or needs change
 - At the client's request



Washington State Department of Social and Health Services

Person Centered Service Planning


- Admissions Agreements
 - Must not contradict any of the federal rules on resident rights
 - Must not ask resident's to give up any of their rights
 - Discharge rules must provide protections as described in RCW 70.129.110 and Chapter 59.12 RCW



Washington State Department of Social and Health Services

Person Centered Service Planning

- Admissions Agreements
 - Must not contradict any of the federal rules on resident rights
 - Must not ask resident's to give up any of their rights
 - Discharge rules must provide protections as described in RCW 70.129.110 and Chapter 59.12 RCW



Washington State Department of Social and Health Services

Person Centered Service Planning

- Negotiated Care Plans/Service Agreements
 - Should follow a person centered planning process, as described in previous slides
 - Must document, as specified on the next slide, any modifications to the resident rights



Washington State Department of Social and Health Services

Modification of Client Rights

Any modification of a client's rights must be justified:

- Identify the specific and individualized assessed need
- Document all positive interventions and supports used prior to any modification to the person-centered service plan
- Document less intrusive methods that have been tried but did not work to meet the need
- Provide a clear description of the modification
- Requires informed consent of the client

Washington State Department of Social and Health Services

Modification of Client Rights

All modifications must include:

- Regular reviews to measure the ongoing effectiveness and
- Established time limits to determine if the modification is still necessary or can be terminated

Washington State Department of Social and Health Services

Community Integration



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Community Integration

- **Residents must be assured full access to:**
 - Seek employment and work in competitive integrated settings
 - Engage in community life
 - Control personal resources
 - Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS



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Community Integration

- **Facilities must:**
 - Identify residents' preferences and interests
 - Provide resources on activities and transportation
 - Assist residents to access the community

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What RCS Will Look For



- During routine inspections RCS will be asking residents and their family members about their freedom to make choices and to be involved in their care planning
- RCS licensors will also be noting if residents have a lock on their bedroom door and asking them if they have requested one

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Resident Questions

During an inspection RCS licensors will ask all residents about their experience in the home and if they feel they are able to make choices about their daily lives such as:

- what they eat,
- what they wear,
- the activities they engage in, etc.

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Resident Questions

- If any residents express concern, the licensor will look more closely at the issue to determine:
- If it is an isolated incident that may be justified, such as the resident is unsafe
 - Which must be documented as a modification in the NSA or NCP
- If the provider is restricting a residents freedom to make choices.

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What WACs Or RCWs Might Be Cited?



- Since HCBS is focused on person-centered planning and freedom of choice, RCW 70.129
- Resident Rights will be a primary source of citations for both AFH and ALF facilities

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What WACs or RCWs Might Be Cited?

- Other HCBS requirements may be cited in the following chapters:
 - WAC 388-76 Adult Family Homes
 - WAC 388-78A Assisted Living
 - WAC 388-110 Assisted Living Contracts

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Questions?



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

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**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

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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 March 2016—Posted for Public Comment on January 15, 2016

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

