Washington State Health Care Authority

Washington State Department of Social & Health Services

Transforming lives

Washington State's Statewide Transition Plan for New HCBS Rules

(Submitted to CMS March 11, 2015)

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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 (ALTSA) and Developmental Disabilities Administration (DDA) submit this proposed transition plan in accordance with the requirements set forth in the Centers for Medicare and Medicaid Services new requirements for Home and Community-based Services (HCBS Final Rule 42 CFR Parts 430, 431, 435, 436, 441 and 447) that became effective March 17, 2014. Washington State fully supports the intent of the HCBS setting rules. Washington State has long been an advocate for providing services to clients in the most integrated home and community-based settings, and is a leader in providing clients with choices regarding the settings in which long-term services and supports are provided and will continue its partnership with participants, advocacy groups, stakeholders, and Tribes.

Overview of Washington's HCBS System

Aging and Long-Term Support Administration--Overview

The DSHS Aging and Long-Term Support Administration (ALTSA) mission is to transform lives by promoting choice, independence and safety through innovative services. ALTSA's Medicaid HCBS waiver programs are:

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

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

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

ALTSA also administers the Roads to Community Living (Money Follows the Person) federally-funded program—serving over 1100 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 54,400 individuals living in their own homes, adult family homes and assisted living settings.
- Assistance with skilled nursing needs available in all settings.
- Assistance with movement from nursing homes to independent living and community residential settings.
- Information and assistance regarding services available in-home, in adult family homes, assisted living facilities, and nursing homes, including options counseling for individuals regardless of income.
- Locally-designed programs focused on the needs of adults who are older.
- The Stanford University Chronic Disease Self-Management Education Programs and other evidence-based health promotion programs.
- Care coordination for foster children to support improved health outcomes for children and their families.
- Protection of safety, rights, security and well-being of people in all settings, including licensed or certified care settings.
- Protection of vulnerable adults from abuse, neglect, abandonment, and exploitation.

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.

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 1979 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 1500 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 9500 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.
- Medicaid/Waiver personal care services provide in-home assistance with activities of daily living. Over 12,000 individuals receive Medicaid/Waiver personal care services through DDA.

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)

Stakeholder and Tribal Meetings/Presentations

- Provided statewide informational webinars on May 30, 2014 and November 5, 2014.
- Conducted five meetings with ALTSA 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 ALTSA 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.

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 ALTSA 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 on January 6, 2015 to extend the comment period through February 6, 2015.

Stakeholder and Tribal Comments

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

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. The review details are in the appendices.

Settings that fully comply with HCBS Characteristics:

- In-home
- Supported Living
- Adult Day Services
- Group Home
- Licensed Staffed Residential, Child Foster Care and Group Care Facilities
- Assisted Living Facility
- 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

With changes, settings that will fully comply with HCBS characteristics:

- Adult Family Home
- Adult Residential Care/Enhanced Adult Residential Care
- DDA Group Training Homes
- DDA Companion Homes

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

Settings that do not/cannot meet HCBS characteristics:

- 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

In-Home

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

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.	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
	National Core Indicator (NCI) Adult Consumer Survey State Outcomes for 2011-2012[1]: 86% of Washington respondents reported they have support needed to see friends when they want to. NCI: 60% of Washington respondents have integrated employment as a goal in their service plan (in contrast to the national average of 21%). NCI: 85% of Washington respondents reported they have friends other than staff and family. NCI: 93% of Washington respondents reported they like their job in the community. NCI: 91% of Washington respondents reported	

[1] The State Assessment column includes information from the National Core Indicator (NCI) survey results for Washington State (2011-2012). The NCI program is a voluntary effort by state developmental disability agencies to track and measure their own performance and to pool knowledge and resources to create a nationally validated set of performance measures. The effort is coordinated by the National Association of State Directors of Developmental Disability Services (NASDDDS) in collaboration with the Human Services Research Institute (HSRI). The NCI Adult Consumer Survey is an annual interview conducted with a person who is receiving services from the state (DDA). DDA's Performance Quality Improvement staff complete annual NCI surveys of waiver recipients.

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	they always have adequate transportation.	
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.	Services are provided in person's own private home or apartment. NCI: 89% of Washington respondents reported they like where they live. During the assessment process, it is the case manager's 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. 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.	CMs offer the individual choices of long-term care settings and provider types. 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.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	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;	Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition.

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	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 NCI: 93% of Washington respondents reported they can go on a date, or can date with some restrictions, if they want to. NCI: 95% of Washington respondents reported people never enter their home without asking permission. NCI: 88% of Washington respondents reported they can be alone at home with visitors. NCI: 95% of Washington respondents reported they have enough privacy at home. NCI: 96% of Washington respondents reported they could use the phone or internet without restrictions. NCI: 95% of Washington respondents reported staff at home are nice and polite.	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. CMs ensure that client rights are protected and make referrals to Adult Protective Services (APS) as required.
Individual initiative, autonomy, and independence in making life choices, including	Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the	Case Managers (CMs) complete face-to-face assessments annually and when

Characteristics/Requirements	In-Home State Assessment	Oversight Process
but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	administrative rules and laws for this setting. 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. NCI: 91% of Washington respondents reported they choose or have input in choosing their daily schedule. NCI: 97% of Washington respondents reported they choose or have input in choosing how to spend free time. NCI: 93% of Washington respondents reported they choose or have input in choosing how to spend their money.	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.
Individual choice regarding services and supports, and who provides them, is facilitated.	Chapters 388-71 WAC, 388-106, 388-825, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting. During the assessment and planning process, case	Documentation that participants received information regarding all available services and providers is reviewed in annual quality assurance monitoring activities.

Characteristics/Requirements	In-Home State Assessment	Oversight Process
	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. NCI: 90% of Washington respondents reported their case manager/service coordinator helps get what they need. NCI: 91% of Washington respondents reported their case manager/service coordinator asks what they want. NCI: 94% of Washington respondents reported they helped make their service plan. NCI: 87% of Washington respondents reported they get the services they need.	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.
Provider owned or controlled residential-setting requirements do not apply.	Services are provided in person's own home or apartment.	Not applicable.

Supported Living

Setting Description: Supported Living 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

Characteristics/Requirements Met

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.	The Supported Living WACs are in Chapter 388-101. Participants reside in private homes located in the community and access services in their homes and in typical public community settings. The State has completed a review of state statutes and regulations regarding supported living and determined that those laws are in alignment with the HCBS setting requirements. For further information on consumer satisfaction and HCBS compliance, see NCI survey results referenced in the in-home setting.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider, and staff interviews. RCS reviews clients' finances, and also conducts client record reviews. Supported living programs are inspected regularly to ensure quality of supports and services and that client rights are being protected. In addition to the RCS monitoring activities, DDA has taken the following steps: 1) Increasing DDA's QA system with the addition of a Residential Quality Assurance Unit which includes three

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
		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.
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.	Services are provided in person's own private home or apartment. WAC 388-823-1095 my rights as a DDA client 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.	As part of the inspection process described in the overview, Residential Care Services conducts client record reviews, and RCS ensures that the person-centered service plan is in place.

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	Residential Guidelines and supported living provider contracts inform and guide the provision of supported living 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. 388-101-3350(6) WAC requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
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. 388-101-3350(6) WAC requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
Individual choice regarding services and	Protection of rights is enforced through WAC	CMs offer the individual choices of long-

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
supports, and who provides them, is facilitated.	388-101-3320 through WAC 388-101-3360. 388-101-3350(6) WAC requires that the service provider must adhere to individual goals identified in the participant's person-centered service plan.	term care settings and provider types. 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, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
Individuals have a choice of roommates in the setting;	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 supported living provider contracts inform and guide the provision of supported living services.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
Individuals have the freedom to furnish and decorate their sleeping or living units	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.	As part of the inspection process described in the overview, Residential Care Services conducts client

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
	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 supported living provider contracts inform and guide the provision of supported living services.	observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. 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	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 supported living provider contracts inform and guide the provision of supported living services.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. 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 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 supported living provider contracts inform and guide the provision of supported living services.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
The setting is physically accessible to the individual	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 supported living provider contracts inform and guide the provision of supported living services.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
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.	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 supported living provider contracts inform and guide the provision of supported living services.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
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	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.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
law of the State, county, city or other designated entity.	Residential Guidelines and supported living provider contracts inform and guide the provision of supported living services.	The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6).
For the small number of provider-owned or controlled properties in this setting, safeguards are in place to protect participants.	DDA acknowledges that some Supported Living residences are provider-owned or controlled but do meet all HCBS standards.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews. The DDA Residential Quality Assurance Unit is monitoring to WAC 388-101-3350(6). Safeguards for provider owned or controlled housing already in place include: (1) A Provider-Owned Housing Memorandum of Understanding between the participant and provider which includes the following rights: • 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

Characteristics/Requirements	Supported Living State Assessment	Oversight Process
		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. (2) a written exception to policy (ETP) from the Deputy Assistant Secretary (DDA Policy 4.02 D1).

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.

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	Adult day service programs provide opportunities for community integration for people living alone. WAC 388-71-0742(1) Center policies must define …participant rights and responsibilities…	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

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	(3) A participant bill of rights describing the client's rights and responsibilities must be developed, posted, distributed to and explained to participants, families, staff and volunteers.	AAA, including compliance with this requirement.
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.	WAC 388-71-0768(1) and (5) (a) The facility must have sufficient space….The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy.	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	WAC 388-71-0718(4)(c). Also, in the revised WAC, the Department enhanced the	The Area Agency on Aging monitors the adult day center at least annually to

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	participant's right to participate per their preferences (new WAC 388-71-0702(L)). The rule mandates a negotiated service agreement that is client directed, and that clients must be offered alternatives when they do not want to participate.	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 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.	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.
The setting is physically accessible to the individual	WAC 388-71-0766(1)(4)(5)(6)(7) regarding facility location and facility hardware, and WAC 388-71-0768 regarding physical environment requirements. Also, the Department has proposed WAC 388-71-0766 effective late January 2015 requiring that the site have a ramp if there are stairs at the site.	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.	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 388-76-10510 (5) Is provided the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice WAC 388-76-10620 Resident rights – Quality of life – WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation. WAC 388-76-10555 Resident rights – Financial affairs.	As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	WAC 388-76-10520 refers to Chapter 70.129 RCW The State has completed a review of state statutes and regulations regarding DDA group homes and determined that those laws are in alignment with the HCBS setting requirements. For further information on consumer 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.	WAC 388-823-1095 my rights as a DDA client 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.	CMs offer the individual choices of long-term care settings and provider types. 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, 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 388-76-10620 (1), including not using restraints on any resident (RCW 70.129.120) Protection of rights is also enforced through	As part of the inspection process described in the overview, RCS conducts an environmental tour as part of the facility inspection process,

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	WAC 388-101-3320 through WAC 388-101-3360	conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with 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. 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, 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.
Individuals have a choice of roommates in the	WAC 388-76-10685 (5)	As part of the inspection process

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
setting;	WAC 388-110-140 (2) The contractor must ensure each resident has a private apartment-like unit. WAC 388-78A-3010	described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units	RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, 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.
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;	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	(c) Make choices about aspects of his or her life in the facility that are significant to the resident;	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 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 inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
The setting is physically accessible to the individual	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.	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.
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	This is not applicable. These are residential homes. None are attached to institutions.	Not applicable

Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.		
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.	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. Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements Will Meet with Changes

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

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 WAC 388-148-0120 through 0665. 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.

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
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.	DDA policy identifies that the referral process is a joint process and that the service options are discussed in person. WAC 388-823-1095 my rights as a DDA client 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.	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.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Licensed Staffed Residential (LSR) Contract and DDA policies 5.19 and 5.20 contain language that addresses this requirement. WAC 388-823-1095 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

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
		Quality Assurance Assessment tool and applying the same standards as utilized for supported living to ensure HCBS standards..
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 388-826-0040 communicates therapeutic supports. DDA policy 4.10 and contract referral process and setting types to look for settings that support the family cultural needs. WAC 388-823-1095 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.
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. WAC 388-823-1095 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

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
		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 designated entity;	Not applicable. Child settings Chapters 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.
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.

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	WAC 388-148-0370 – 0390 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 WAC 388-823-1095 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 choosing at any time	Supervised access- individuals can come over in reasonable time frames. Rules state background checks are required if individual over 18 years of age going into the licensed settings. WAC 388-823-1095 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

Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
		for supported living to ensure HCBS standards.
The setting is physically accessible to the individual	WAC 388-148-0155	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 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.	None are attached to institutions.	

Assisted Living Contract (AL)

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

Number of Facilities: 185

Characteristics/Requirements Met

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. RCW 70.129.040 (1) personal resources RCW 70.129.020 Exercise of rights.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
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	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

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
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.		Care Services conducts client observations, client and collateral interviews, 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, 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 regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
Individual choice regarding services and	During the assessment process, it is a CM	This is a component of the CARE

Characteristics/Requirements	Assisted Living 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.	assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.
Individuals have the freedom to furnish and decorate their sleeping or living units	RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews 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 and also with residents during a resident group meeting. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.

Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
Individuals are able to have visitors of their choosing at any time	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
Units have entrance doors that can be locked by the individual with only appropriate staff 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	WAC 388-78A-2910 Building Codes-Structural requirements Building Code 51-51-R325 has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.
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	Twelve AL-contracted facilities are attached to institutions.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements	Assisted Living 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.		
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.	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. Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

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, 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	RCW 71A.10.015 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, job coaching and job retention. DDA Policy 4.11 County Services for Working Age Adults County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution,	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-

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
	integration, competence and health and safety. The State has completed a review of state statutes and regulations regarding individual supported employment and determined that those laws are in alignment with the HCBS setting requirements. For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.	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: • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. 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.
The setting is selected by the individual from among setting options	WAC 388-823-1095 My rights as a DDA client.	By contract and by DDA Policy 4.11 embedded in the contract, each county

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
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.	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. 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.	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.
An individual's essential personal rights of	WAC 388-823-1095 My rights as a DDA client.	By contract and by DDA Policy 4.11

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
privacy, dignity and respect, and freedom from coercion and restraint are protected.	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.	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.

Characteristics/Requirements	DDA Individual Supported Employment 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.	WAC 388-823-1095 My rights as a DDA client. 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 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	DDA Individual Supported Employment 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. 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 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 -

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		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 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

Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		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 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.	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. Individual supported employment services are conducted in integrated business environments and include intake, discovery, job preparation, job marketing, job coaching and job retention.	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 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.

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.	RCW 71A.10.015 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. DDA Policy 4.11 County Services for Working Age Adults	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.

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	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. 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.	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: • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. 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.
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	WAC 388-823-1095 My rights as a DDA client. During the assessment process, it is the case manager's responsibility to inform individuals of their options regarding settings and	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

Characteristics/Requirements	DDA Group Supported Employment 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, resources available for room and board.	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. 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.	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.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	WAC 388-823-1095 My rights as a DDA client. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	choice, relationships, status/contribution, integration, competence and health and safety.	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.
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. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	choice, relationships, status/contribution, integration, competence and health and safety.	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. 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.
Individual choice regarding services and supports, and who provides them, is facilitated.	WAC 388-823-1095 My rights as a DDA client. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	choice, relationships, status/contribution, integration, competence and health and safety.	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 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	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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
	safety.	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 that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public	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	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

Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	safety. 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.	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.

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.	RCW 71A.10.015 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. DDA Policy 4.11 County Services for Working Age Adults County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration,	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 priorities for

	competence and health and safety. 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. For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.	site visits. Other considerations include: • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. 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 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.	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.

	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.	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.

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.

Characteristics/Requirements	Community Healthcare Providers 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.	The settings are integrated into the greater community and do not preclude access to the community. Washington's legislature has codified its intent that choice, participation, privacy, and the opportunity to engage in religious, political, recreational, and other social activities foster a sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. 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	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. 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)

Characteristics/Requirements	Community Healthcare Providers State Assessment	Oversight Process
	include reasonable accommodations, accessibility and service animals.	

Dental Providers

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

Characteristics/Requirements	Dental Providers State 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.

Characteristics/Requirements	Dental Providers State Assessment	Oversight Process
		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 life for long-term care participants. 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	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
	eliminate and prevent discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.	

DDA Behavioral Health Crisis Bed Diversion Services

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

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.	Behavioral health crisis bed diversion services WACs 388-101-4070-4140. Participants receive behavioral health crisis bed diversion services located in the community and access services in typical public community settings. 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	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider, and staff interviews. RCS reviews clients' finances, and also conducts client record reviews. DDA Behavioral Health Crisis Bed Diversion Services are inspected regularly to ensure quality of supports and services and that client rights are being protected. In addition to the RCS monitoring activities,

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
	requirements. For further information on consumer satisfaction and HCBS compliance, see NCI survey results referenced in the in-home setting.	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.
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	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.	As part of the inspection process described in the overview, Residential Care Services conducts client record reviews, and RCS ensures that the person-centered service plan is in place.

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
resources available for room and board.	WAC 388-823-1095 my rights as a DDA client 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 inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
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 inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
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 services.

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
		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, service provider and staff interviews. RCS conducts client record reviews.
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).	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
Individuals have the freedom to furnish and decorate their sleeping or living units	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.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
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 Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. Residential Guidelines and behavioral health	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
	crisis bed diversion services provider contracts inform and guide the provision of services.	reviews.
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 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.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
The setting is physically accessible to the individual	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.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.
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	Not applicable as all service providers are located in single family homes and apartments.	As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.

Characteristics/Requirements	DDA Behavioral Health Crisis Bed Diversion Services State Assessment	Oversight Process
Medicaid HCBS from the broader community of individuals not receiving HCBS.		
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 inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.

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.	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. The State has completed a review of state statutes and regulations regarding	Monitoring is conducted during the annual Quality Assurance monitoring cycle. Department of Health provides oversight of specialized psychiatric services provider credentials.

Characteristics/Requirements	DDA Specialized Psychiatric Services Providers State Assessment	Oversight Process
	specialized psychiatric services and determined that those laws are in alignment with the HCBS setting requirements.	
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. 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	At the time of initial contracting and at contract renewal, the contracts specialist ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services. 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)

Characteristics/Requirements	DDA Specialized Psychiatric Services Providers State Assessment	Oversight Process
	discrimination. Chapter 162-26 WAC identifies unfair practices to include reasonable accommodations, accessibility and service animals.	

DDA Behavior Support and Consultation

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

Characteristics/Requirements	DDA Behavior Support and Consultation Providers State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is the case manager's responsibility to inform individuals of their options regarding settings and providers. Participants report via the Assessment Meeting Wrap–up and the Assessment Meeting Survey that they are informed of their options regarding services and providers. The State has completed a review of state statutes and regulations regarding behavior	Monitoring is conducted during the annual Quality Assurance monitoring cycle. Department of Health provides oversight of behavior health and consultation provider credentials.

Characteristics/Requirements	DDA Behavior Support and Consultation Providers State Assessment	Oversight Process
	support and consultation and determined that those laws are in alignment with the HCBS setting requirements.	
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. Washington State Law provides clear protections of rights. Chapter 49.60RCWis 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)	At the time of initial contracting and at contract renewal, the contracts specialist ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services. 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)

Characteristics/Requirements	DDA Behavior Support and Consultation Providers State Assessment	Oversight Process
	identifies unfair practices to include reasonable accommodations, accessibility and service animals.	

DDA Community Crisis Stabilization Services

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

Characteristics/Requirements	Community Crisis Stabilization Services State 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.	Chapter 71A.16 RCW Proposed Chapter 388-833 WAC DDA Policy 4.07, Community Crisis Stabilization Services DDA Policy 5.14, Positive Behavior Support DDA Policy 5.18, Cross System Crisis Plan DDA Policy 5.19, Positive Behavior Support for Children and Youth DDA Policy 5.20, Restrictive Procedures for Children and Youth The participant receives community crisis stabilization services in a typical residential community setting in a single family home. The State has completed a review of state	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: • 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

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
	statutes and regulations regarding community crisis stabilization services and determined that those laws are in alignment with the HCBS setting requirements.	program enhancement.
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.	WAC 388-823-1095 my rights as a DDA client 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. The individual or legal representative has provided voluntary consent to participate in CCSS per WAC 388-833-0015. 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.	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: • 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.

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	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: • 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.
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	Children's Protection Services (CPS) investigates complaints of abuse and neglect. DDA's Crisis Services Program Manager oversees program operations and monitors

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		for compliance with all statutes, rules and DDA policies. Community Crisis Stabilization Services (CCSS) has a quality assurance system to: • 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.
Individual choice regarding services and supports, and who provides them, is facilitated.	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: • Assess the effectiveness of the participant's individualized treatment plan;

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		• 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 a choice of roommates in the setting;	Not applicable. All participants have single occupancy bedrooms.	
Individuals have the freedom to furnish and decorate their sleeping or living units	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: • 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

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		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: • 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 choosing at any time	WAC 388-823-1095 my rights as a DDA client	Children's Protection Services (CPS) investigates complaints of abuse and neglect.

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		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: • 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.
The setting is physically accessible to the individual	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: • Assess the effectiveness of the

Characteristics/Requirements	Community Crisis Stabilization Services State Assessment	Oversight Process
		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.
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. Community Crisis Stabilization Services is located in a single-family home in a typical residential neighborhood.	
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. 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.	

Vehicle Modification Providers

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

Characteristics/Requirements	Vehicle Modification Providers State 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	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	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

Characteristics/Requirements	Vehicle Modification Providers State Assessment	Oversight Process
Medicaid HCBS.	opportunity to engage in religious, political, recreational, and other social activities foster a sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. Chapter 49.60RCWis 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.	Dept. of Revenue.

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	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	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
degree of access as individuals not receiving Medicaid HCBS.	opportunity to engage in religious, political, recreational, and other social activities foster a sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. 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.

Characteristics/Requirements	Transportation Providers 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.	The settings do not preclude access to the community. Washington's legislature has codified its intent that choice, participation, privacy, and the opportunity to engage in religious, political, recreational, and other social activities foster a sense of self-worth and enhance the quality of life for long-term care participants. Washington State Law provides clear protections of rights. 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.	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.

Adult Family Home

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

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.	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 388-76-10620 Resident rights – Quality of life – General. WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation. WAC 388-76-10555 Resident rights – Financial affairs. WAC 388-76-10520 refers to Chapter 70.129 RCW. WAC 388-823-1095 My rights as a DDA client. The State has completed a review of state statutes and regulations regarding adult family	As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement. DDA Performance Quality Improvement staff (PQI) host and schedule DD Specialty Trainings in Regions. PQIs visit every newly licensed AFH with a DD specialty.

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	homes and determined that those laws are in alignment with the HCBS setting requirements. For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.	The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
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 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.	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. 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. DDA Performance Quality Improvement staff assist DDA Case/Resource Managers to develop and offer choices among DD Specialty AFHs.
An individual's essential personal rights of	Rights are protected in RCW 70.129.005 and	As part of the inspection process

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
privacy, dignity and respect, and freedom from coercion and restraint are protected.	WAC, including not using restraints on any resident. (RCW 70.129.120)	described in the overview, RCS conducts an environmental tour, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement. 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 inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The 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 and planning process, case managers inform participants of all options regarding services and providers, and ensure that this is documented either by client	This is documented as part of the preliminary/negotiated care plan. Verification of provision of choices is also part of ALTSA's annual QA

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	signature or in the client's service episode record.	monitoring process.
Individuals have a choice of roommates in the setting.	WAC 388-76-10685 (5)	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts tours of the home, comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. 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	As part of the inspection process described in the overview, RCS conducts comprehensive resident

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	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;	interviews, 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.
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 inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement. The Long-Term Care Ombuds Program also monitors implementation of Chapter 70.129 RCW.
The setting is physically accessible to the individual.	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	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.

Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	related to ramps, bathrooms, grade of walkway, etc.	
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.	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. Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements Will Meet with Changes

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

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

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

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
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. RCW 70.129.040 (1) personal resources RCW 70.129.020 Exercise of rights. WAC 388-823-1095 My rights as a DDA client. 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.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
	For further information on consumer 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, resources available for room and board.	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.	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. As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.
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, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services 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.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews 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.
Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews as well as conducts a facility tour with observations regarding this requirement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	RCW 70.129.140 (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;	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.

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
	(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.	
Individuals are able to have visitors of their choosing at any time.	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
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.
Individuals have a choice of roommates in the setting.	WAC 388-78A-3010 (1)(v) Both residents mutually agree to share the resident sleeping room.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.
The setting is located in a building that is also a publicly or privately operated facility that	Five EARCs are attached to an institution See the analysis in the appendix for further	As part of the facility inspection process described in the overview, RCS conducts

Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
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.	information.	facility tours, comprehensive resident interviews as well as 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.	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. Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements Will Meet with Changes

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

keys to doors.	

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).

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	RCW 71A.22.020(2) and 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. WAC 388-101-3170	As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
community, to the same degree of access as individuals not receiving Medicaid HCBS.	If dually certified and licensed as an AFH: RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. WAC 388-76-10620 Resident rights – Quality of life – General. WAC 388-76-10640 Resident rights – Quality of life – Reasonable accommodation. WAC 388-76-10555 Resident rights – Financial affairs. WAC 388-76-10520 refers to Chapter 70.129 RCW 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. For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.	determine compliance with this requirement.
The setting is selected by the individual from among setting options	During the assessment process, it is a CM responsibility to inform individuals of their	CMs offer the individual choices of settings and provider types. This is a

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
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.	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. 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.	component of the CARE assessment process.
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	As part of the inspection process described in the overview, RCS conducts an environmental tour, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.
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 inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. 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.
Individuals have a choice of roommates in the setting.	WAC 388-76-10685 (5) requires that the AFH make reasonable efforts to accommodate residents wanting to share the room. 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.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units.	RCW 70.129.100--(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff 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	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	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.	managers, and interviews staff regarding this requirement.
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 inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
The setting is physically accessible to the individual.	Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360. If dually certified and licensed as an AFH: 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	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.

Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	related to ramps, bathrooms, grade of walkway, etc.	
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.	If dually certified and licensed as an AFH: 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. Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in Chapter 59.16 RCW, including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

Characteristics/Requirements Will Meet with Changes

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

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.	WAC 388-829C-020: 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. WAC 388-829C-090 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.	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
	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. For further information on consumer 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.	WAC 388-823-1095 My rights as a DDA client. 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.	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.	WAC 388-829C-090 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	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
	relationships; and integration in the physical and social life of the community. 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 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	

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	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.	
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 388-829C-090 and 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.
Individual choice regarding services and supports, and who provides them, is facilitated.	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 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

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
		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 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	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
	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.	WAC 388-829C-020 describes companion homes requirements.	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.
Units have lockable entrance doors, with appropriate staff having keys to doors.		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 a choice of roommates in the setting.	WAC 388-829C-020 A companion home is a DDA residential service offered in the provider's home to no more than one client.	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 Will Meet with Changes

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

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: 348 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.	RCW 71A.10.015 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.	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

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	DDA Policy 4.11 County Services for Working Age Adults 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. 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.	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 priorities for site visits. Other considerations include: • If county is provider; • If DDA regional or HQ staff identifies county as needing additional site monitoring; • Every three years, all counties are reviewed. 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.
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	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	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

Characteristics/Requirements	DDA Pre-Vocational Services 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, resources available for room and board.	Assessment Meeting Survey that they are informed of their options regarding services and providers. 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.	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.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	WAC 388-823-1095 My rights as a DDA client. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	choice, relationships, status/contribution, integration, competence and health and safety.	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.
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. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	choice, relationships, status/contribution, integration, competence and health and safety.	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.
Individual choice regarding services and supports, and who provides them, is facilitated.	WAC 388-823-1095 My rights as a DDA client. County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and	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

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

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	safety.	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 that provides inpatient institutional treatment, or in a building on the grounds of,	County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution,	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

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
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.	integration, competence and health and safety.	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 proposes to eliminate new admissions to Pre-vocational Services. All people receiving pre-vocational employment supports will be supported to transition into integrated service options within four years.

APPENDIX B: State Assessment of Presumptively Non-HCBS Settings

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

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 are provided to CMS as an attachment to the statewide transition plan.

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

1. When you moved into this place, did you choose to live here?
2. Can you come and go from this facility when you would like?
3. Are you able to do fun things in the community when you would like to?
4. Do you share your room with anyone? If so, were you given a choice on who you would share a room with?
5. Are you able to set your own schedule?
6. Are you able to eat when you want to?
7. Can you request an alternative meal if you want one?
8. Are you able to choose who you eat your meals with?
9. Are you able to have visitors at any time?

A list of the interview questions asked of administrators follows:

1. Is the setting in the community?
2. Are schedules regimented?

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

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

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

- Buena Vista in Colville (an assisted living setting)
- Garden Oasis (an assisted living setting)
- Josephine Sunset (an assisted living setting)
- Judson Park (an adult residential care and enhanced adult resident care (ARC/EARC) setting)
- Klondike Hills (an assisted living setting)
- Prestige Care at Richland (an assisted living setting)
- Providence Mount St. Vincent (an assisted living setting)
- Rockwood at Hawthorne (an assisted living setting)
- Sharon Care Center (an ARC/EARC setting)
- Summit Place Assisted Living (an assisted living setting)
- Sunrise View Retirement Villa (an ARC/EARC setting)
- Tacoma Lutheran Home (an assisted living setting)
- Vashon Community Care (an assisted living setting)
- Washington Odd Fellows (an assisted living setting)
- Woodland Care Center (an ARC/EARC setting)

The state believes the following facility does not fully meet HCBS expectations and must strengthen opportunities for residents to be more fully integrated into their community. Once these changes are fully implemented, this provider will fully meet the HCBS expectations.

- Good Samaritan Spokane Valley (an assisted living setting). See below for the transition plan for this facility.

The state has determined that the following facilities 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.

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.

Activity	Description	Milestones	Start Date	Final Completion Date
WAC Changes				
Revise Adult Family Home Chapter 388-76 WAC and ARC/EARC Chapter 388-110 WAC.	Change WAC to mandate resident choice regarding locking bedroom door.	RCS will follow rulemaking timeframe established in WAC	November 1, 2014	November 30, 2017
Revise rules related to group supported employment Chapter 388-845 WAC	Add definition of an "integrated business setting" as "a setting that enables participants to work alongside and/or interact with individuals who do not have disabilities."	DDA will follow rulemaking timeframe established in WAC	July 1, 2015	July 1, 2017
Contract changes				
Review DDA Group Training Homes and DDA Companion Homes contracts	Change contract to require lockable doors.	Contracts for 2015-2017 biennium will have language requiring homes to have lockable doors	July 1, 2015	June 30, 2017
Revise DDA Companion Homes and DDA Group Training home contracts	Change contract to require protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.	Contracts for 2015-2017 biennium will have language requiring individuals to have protection from eviction at least equal to that as provided under landlord tenant law of the State, county, city or other designated entity.	July 1, 2015	June 30, 2017

Activity	Description	Milestones	Start Date	Final Completion Date
Licensing Survey Changes				
Revise Facility Inspection Working Papers for Adult Family Homes, Assisted Living Facilities, and Supported Living	Modify the "working papers" to contain a series of questions that help the surveyors assessment of the residents needs are met	Additional questions related to HCBS will be added to the surveyor "working papers"	November 1, 2014	November 30, 2017
Information Technology (IT) Changes				
Update WACs in tools/databases	Include all AFH and AL WAC changes in the survey and complaint investigation tools/databases	IT will update/insert WAC changes/additions into the database systems	November 1, 2014	November 30, 2017
Provider Training				
Provide Adult Family Home, Assisted Living, and Supported Living (SL) provider training on the new expectations incorporated into the survey tools	Distribute "Dear Provider" (DP) letters to providers	RCS expects providers to read and follow the DP letter, and comply with the requirements—compliance will be determined as part of the RCS facility inspection process	November 1, 2014	December 30, 2015
Provide Potential and Newly Licensed AFH, AL, and SL providers training on the new expectations incorporated into the survey tools	Distribute information to potential and newly licensed providers during AFH orientation, AL administrator orientation, and SL orientation	RCS expects providers to read and comply with the requirements—compliance will be determined as part of the RCS facility inspection process	November 1, 2014	March 1, 2019
Program Transition				
DDA Pre-Vocational Services (PVS) providers-- Washington defines Pre-Vocational services as part of	DDA proposes to eliminate new admissions to pre-vocational services as currently defined. All people	DDA will provide: • Individual notice to all pre-vocational service participants	July 1, 2015	July 31, 2016

Activity	Description	Milestones	Start Date	Final Completion Date
an individual's pathway to integrated jobs in typical community employment. These services and supports are intended to be short term and designed to further habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage.	receiving pre-vocational supports will be supported to transition into integrated service options within four years through person-centered service planning. Until the transition is completed, all individuals will continue to receive their current services. Current options include group supported employment, individual supported employment (both include pre-vocational components) and community access. In addition, DDA will assist individuals to explore and access other community options.	upon CMS approval of this Transition Plan. • 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. • 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. DDA will require counties to work with pre-vocational service providers to: • Develop agency transformation plans; • Assure each person has a solid person-centered employment plan;	July 1, 2015 July 1, 2015 Ongoing Ongoing	March 1, 2019 March 1, 2019 June 30, 2018 March 1, 2019

Activity	Description	Milestones	Start Date	Final Completion Date
		• Utilize Individualized Technical Assistance (ITA) as necessary; and • Assure accurate outcome data, on the individualized support provided to people to help them move towards their employment goal, is documented and provided. DDA will assist Counties with: • Agency transformation plans; and • Person-centered Plans	Ongoing On going Ongoing Ongoing	March 1, 2019 March 1, 2019 June 30, 2018 March 1, 2019
Stakeholder and Tribal Involvement				
Incorporate stakeholder and Tribal involvement throughout implementation of the statewide transition plan	Solicit stakeholder and Tribal feedback regarding transition plan implementation activities. Establish a DDA HCBS Quality Assurance Advisory Committee to formally provide input to DDA during	Initial and ongoing stakeholder and Tribal education, consultation, and updates occur through various methods including meetings, conferences and webinars DDA HCBS Waiver Quality Assurance Advisory Committee has accepted additional role as stakeholder	December 2014 February 17, 2015	March 1, 2019 March 1, 2019

Activity	Description	Milestones	Start Date	Final Completion Date
	the implementation of the Transition Plan. Committee meets quarterly.	advisory committee to DDA for implementation of Transition Plan.		
Staff Training				
Provide training to staff who survey/inspect residential settings	Distribute Management Bulletin (MB) to ALTSA and DDA staff about the new HCBS requirements as well as ALTSA's and DDA's expectations for provider compliance with the expectations.	ALTSA and DDA expect staff to read and follow the MB and understand the requirements	November 1, 2014	November 30, 2017
Provide basic staff training	Provide training to ALTSA and DDA staff on the new HCBS requirements as well as ALTSA's and DDA's expectations for provider compliance with the expectations.	ALTSA and DDA expect staff to know and understand the requirements	November 1, 2014	March 1, 2019
Participant, Stakeholder, Tribal and Family Communication				
Provide information to participants, stakeholders, Tribes, and families	Provide information to participants, stakeholders, Tribes, and families about the new requirements, the transition plan, and remedial strategies for bringing settings into compliance, through person-centered planning and through notices posted in local field offices	ALTSA and DDA expect participants, stakeholders, Tribes, and families to know and understand the requirements, the status of the transition plan, and the remedial strategies. Publish notices regarding changes to Washington Administrative Code as part of the rulemaking process. Publish flyers in local offices.	September 3, 2014	March 1, 2019

Activity	Description	Milestones	Start Date	Final Completion Date
		Publish notices in Federal Register. Hold public meetings and/or webinars.		

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.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
Recommendations on segregated settings	Advocate	Does not see these settings as inclusive: • 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: 1) serves more than 4 individuals in a home or living unit and/or 2) The people living together do not have an employment or day service to go to most days. For this reason, • Some supported living alternatives would also be included.	The state agrees that sheltered or pre-vocational service settings are not inclusive and do not meet HCBS standards. Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), ALTSA and DDA reviewed whether setting requirements are consistent with the HCBS characteristics. The findings of our assessments are found in Appendix A of the transition plan. RCS will continue to monitor facilities for compliance with	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	Believes AFHs do not meet definition of HCBS as: • Rates calculated as per diem payments that are inclusive of room and board. • The inability of AFHs to meet the federal regulations' list of required resident experiences.	Based on the qualities defined by CMS (Centers for Medicare and Medicaid Services), 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.	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	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
			failed practice citation is written requiring the specific program to provide a plan of correction. 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	

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
			is receiving the ISS hours identified in their ISP and that client funds are expended correctly.	
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.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
Lockable doors	Provider	Requiring every living unit to have a locked door is unsafe for a person unable to move independently or speak. New rule forces them to request permission from the bureaucracy for their choices and needs.	The person-centered planning process requires an individualized assessment of health and safety needs and that the service plan addresses these needs.	No change was made to the transition plan.
AFH visitors at any time	Provider	AFHs are required to ensure everyone's rights are protected. "Having friends over anytime" has to respect the rules of the house, as well as the rights of the other residents. Visitation rules have to be generous and reasonable.	The state agrees that all clients' rights must be protected. RCS will continue to monitor facilities for compliance with these requirements.	No change was made to the transition plan.
Choice of roommates	Provider	Supports "Choosing roommates" if this means who they share a bedroom with. If it means choosing other residents in a home, this could be a problem. Residents should be included in the selection process of who lives in the home, but the provider should have the final say on who can compatibly live together.	The state agrees that the rule applies to sharing rooms.	No change was made to the transition plan.
Adult Family Homes	2 Advocates	Community access is limited. Per diem rates make it financially impossible to hire enough qualified staff to overcome community access 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	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
			support provided by the residential service provider, residents can engage in the community using a variety of supports including family and friends, volunteers and other natural supports.	
Adult Family Homes	Advocate	Very few of the AFHs are monitored by its volunteer Ombuds program. This should be addressed in the transition plan.	The Department agrees the volunteer Ombuds program has an important partnership role.	Under the section titled "Oversight of 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	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	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
			make their own choices during the inspection process. RCS will continue to monitor facilities for compliance with these requirements.	
Adult Family Homes	Advocate	The choice of roommates in AFH are limited to the individuals selected by the AFH owner	Case managers assist participants to review and select among all available living options including options where a participant may share a room. In settings where rooms are shared, participants have a choice of roommates in that setting. RCS ensures this requirement is being monitored during the inspection process.	No change was made to the transition plan.
Adult Family Homes	Advocate	Limited space in AFHs effectively limits the ability to furnish and decorate the AFH room	All AFHs have a minimum floor space in order to be licensed. Chapter 70.129 RCW specifies requirements regarding resident personal property. In resident interviews, residents are asked if they were allowed to bring their own belongings	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
			during the licensing/inspection process. RCS will continue to monitor facilities for compliance with these requirements.	
Adult Family Homes	Advocate	Very little support is provided in AFHs to pursue individual schedules	Supports for individualized schedules and other preferences are reflected in the Negotiated Care Plan between the resident and the provider.	No change was made to the transition plan.
Adult Family Homes	Advocate	We are aware of no norm in the marketplace or under law that allows half of one bedroom to be owned, rented or occupied	Though residents may share rooms, RCW 70.129.110 and Chapter 59.16 RCW provide protections from eviction.	No change was made to the transition plan.
Adult Family Homes	Advocacy organization	The lack of transportation support is an especially significant barrier to community integration, especially in rural areas.	The State has completed a review of state statutes and regulations determined that 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	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
			community using a variety of supports including family and friends, volunteers and other natural supports.	
Adult Family Homes	Advocacy organization	Recommend review of homes, including consultation with residents and LTC Ombuds.	Based on the qualities defined by CMS, ALTSA and DDA reviewed each setting to determine whether setting requirements are 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.
Adult Day Care	Advocate	Require adult day care to be provided in the community	ALTSA analyzed all adult day services and found them to be community-based programs located within community settings. The AAAs will continue to monitor facilities for	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
			compliance with these requirements.	
Adult Day Services	Advocate	There is a lack of Adult Day Services for DDA clients.	All people receiving DDA pre-vocational supports will be supported to transition into integrated service options within four years through person-centered service planning. Current options include group supported employment, individual supported employment (both include pre-vocational components) and community access. In addition, DDA will assist individuals to explore and access other community options. Adult day health and Adult day care services are available through the COPES waiver to individuals with intellectual disabilities who meet COPES waiver eligibility.	No change was made to the transition plan.
Adult Day Services	Advocate organization	There should be an additional onsite review to include interviews with clients, providers, AAA	All adult day service programs were visited. Clients and	Added language to the transition plan to make

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		case managers to determine if they meet the requirements.	providers were interviewed.	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.
Supported Living	Advocate and advocacy organization (8 comments)	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. • Legal advocate believes Supported Living, Adult Family Homes and Group Supported Employment programs have isolating effects that make these settings have institutional	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-	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
		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 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. • 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	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. 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	

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		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 Term Care Ombuds to determine whether rights contained in statute are implemented. Recommend more review & client interviews.	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.	
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	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
			supported living rules and policies.	
Supported Living	Advocate & Legal Advocacy organization (2 comments)	Identified a few provider owned supported living situations that were not identified in the transition plan and asked that they be addressed. Supported living is a provider-controlled setting that should also meet the requirements of 42 CFR 441.301(c)(4)(vi).	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: (1) A Provider Owned Housing Memorandum of Understanding between the participant and provider which includes the following rights: • 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	Additional clarifying information is added in Appendix A Supported Living.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
			owned home • Client has the right, at any time, to request to move to another home within the service area. (2) a written exception to policy (ETP) from the Deputy Assistant Secretary (DDA Policy 4.02 D1).	
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 characteristics.	No change was made to the transition plan.
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	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.

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		comply. Recommend request legislation authorizing certification fees and intermediate sanctions.		
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 recertification process. DDA Residential QA staff also monitors compliance with supported living rules and policies.	No change was made to the transition plan.
Supported Living	Advocacy organization (2 comments)	Policies facilitate a system where supported living providers are chosen for rather than by the clients. Many supported living provides exert a significant amount of control over each individual's home.	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	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
			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.	
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 partner	(DDA) Behavioral Health Stabilization Diversion Bed Services or Crisis Prevention, Intervention and Stabilization are not mentioned in the plan. These services should be included.	State agrees. DDA 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.	Additional 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,	Based on the qualities defined by CMS (Centers for Medicare	Added language to the transition plan to make

Topic	From	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment
		including the two DDA group homes, as well as Adult Day Services, be assessed for heightened scrutiny.	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. The two DDA group homes and all adult day service programs were visited and interviews were conducted.	it clear that onsite visits were conducted.
Integration/Inclusion	Advocate	Supports inclusion and the rights of individuals with disabilities and person-centered service planning.	The state agrees with this comment.	No change was 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.

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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, ALTSA and DDA reviewed this setting requirements and found it in alignment with the HCBS characteristics. RCS will continue to monitor facilities for compliance with these requirements.	No change was made to the transition plan.
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	No change was made to the transition plan.

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			plan should support a participant's engagement in community activities of participant's choice.	
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 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	No change was made to the transition plan.

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			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. 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.	No change was made to the transition plan
DDA Community	Advocate	Have DD resource managers review all DD	DDA quality assurance staff,	No change was made

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residential alternatives		community residential alternatives to see which need to be more integrated and implement plans to make them more integrated.	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.	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, ALTSA & 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 based strictly on the resources that are available for a private room.	DDA Group Homes do not have shared bedrooms except where individuals request roommates.	No change was 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	No change was made to the transition plan.

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			"integration in the physical and social life of the community."	
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 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?	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 Homes	Advocacy organization	Agree with the proposed change for units to have lockable entrance doors. Recommends that WAC for all settings should establish the	This activity is addressed in person-centered planning.	No change was made to the transition plan.

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		exception criteria that allow modifications.		
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 settings.	No change was made to the transition plan. This is addressed as part of Appendix C.
Assisted Living Contracts	Advocacy organization	There should be some analysis of Chapter 18.20 RCW, the statute governing assisted living facilities.	The state considered Chapter 18.20 RCW in its analysis. Chapter 18.20 RCW refers back to the Residents rights RCW in Title 70.	No change was made to the transition plan.
Assisted Living Contracts	Advocacy organization	For many residents, the opportunities to leave the facility were infrequent.	The State has completed a review of state statutes and regulations determined that they are in alignment with	No change was made to the transition plan.

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			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.	
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.
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	Advocate	Support budget increases for community	This comment is unrelated to	No change was made

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community residential providers		residential provider wages to reduce staff turnover and stop the trend of people being placed in a state institution for crisis respite	contents of the transition plan.	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 individuals with intellectual disabilities who meet COPES waiver eligibility.	No change was made to the transition plan.
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	Clarifying language added to Appendix A & C, Companion Homes and Group Training

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			except companion home and group training home providers. These two settings will have contract changes to reflect HCBS settings rules.	Homes.
Advisory committee	Advocate	Create transition advisory committees to work with the Department to implement plans	ALTSA 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 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.	Added language to reflect that partnership with participants, advocacy groups, stakeholders and Tribes will continue. Additional information added to Appendix C Stakeholder Involvement.
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	No change was made to the transition plan.

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			state's plans were developed, as part of the development of Washington state's 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)	• 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 on person-centered planning process	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.
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	No change was made to the transition plan.

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			qualities defined by CMS may be included as HCB settings. ALTSA and DDA reviewed each setting to determine whether setting requirements are consistent with the HCBS characteristics.	
"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	ALTSA 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 including participant rights and will continue to do so. In addition, DDA has established an HCBS QA Advisory Committee to formally	Added language to reflect that partnership with participants, advocacy groups, stakeholders and Tribes will continue.

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			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: • 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 need to be more integrated and implement plans to find employment alternatives that are more integrated	Counties currently review each supported employment provider at least once per biennium to ensure compliance with all HCBS & state rules &	No change was made to the transition plan.

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			policies.	
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)	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. Amend WAC to specifically define "integrated business setting" as a setting that enables participants to work alongside and/or interact with nondisabled individuals.	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.
DDA Group Supported	Advocacy organization	State law does not adequately protect against noncompliance with wage and hour practices	It is not clear to which aspects of the state law the comment is	State will add clarifying language in Appendix A

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Employment	(3 comments)	that happen across the state. There are likely dozens of group supported employment vendors who are violating wage and hour rights. 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. 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.	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 language 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.	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.
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	DDA agrees with and appreciates this comment	No change was made to the transition plan.

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		services. Community inclusion services are not delivered in groups and are not facility based.	supporting moving away from pre-vocational services to individual employment.	
Closing of PVS	Multiple advocates, participants, family members, providers, community partners, self-advocates and legislators (58 comments)	Concerns regarding the closure of pre-vocational services (PVS) and requests to reconsider the decision to close PVS. Some of the concerns include: • 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; • 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	The state appreciates the many comments received concerning the phasing out of pre-vocational services. • 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, county partners, pre-vocational vendors and others to plan and	DDA will add clarifying language to Appendix C Program Transition.

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		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 valuable to disabled individuals. It helps individuals be producing members of the community in an environment that is sensitive to their particular needs. Please	implement the transition for participants currently receiving pre-vocational services over the next four years. • Appendix C of this Transition Plan outlines the steps of the transition plan DDA will follow.	

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		do not shut it down. • 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 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.		

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		• 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 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		

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		elimination of this program. • 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 they will lose progress and become more isolated and less involved in their community. • Concerned that DDA has already stopped funding referrals for pre-vocational services.		

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		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 progress is made for affected individuals. Additional funds for technical assistance may be needed. • Supports—This is a great step forward in bringing people with intellectual disabilities		

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		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 people with intellectual disabilities and phase out sheltered workshops in the state. • 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		

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		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)	Group employment is an important part of the community and should be kept available at all costs. 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. There is no federal mandate to eliminate group employment so why is our state taking this action? Closing group employment will have a negative impact on clients and cause direct harm to all for whom there are very limited options.	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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		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.		
Overview section of Transition Plan	Advocacy organization	Page 4 Are these a general description of services?	The state acknowledges the lack of clarity.	Added "Across all programs" in the overview.
Overview section of Transition Plan	Advocacy organization	Page 6 Seeking clarification on description of services.	The state acknowledges the lack of clarity.	Added "Across all programs" in the overview.
Setting analysis	Advocacy organization	State's review did not include any consultation to specifically engage DRW, the LTC Ombuds, or individuals receiving care.	The State provided information to stakeholders and Tribes during the development of the transition plan and held webinars to engage stakeholders, including DRW and the LTC Ombuds, and clients. Feedback was received from DRW and the Ombuds during the development of the draft plan. DRW was invited to an in-person stakeholder meeting with DDA.	Language added to the Results of the State Assessment of HCBS Settings to reflect this engagement.
Setting analysis	Advocacy organization	NCI data includes only clients with a developmental disability. There should be additional assessment methods to gather	ALTSA uses a number of assessment methods to gather participant feedback, including	No change was made to the transition plan.

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		feedback from clients not receiving services through DDA.	participant surveys and interviews.	
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 any issues in the home. In addition all clients receive and review the Rights	No change was made to the transition plan.

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			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 toolkit.	State disagrees with this assessment of State's review methodology. The Transition Plan documents the use of the CMS approved process.	No change was made to the transition plan.
Yearly face-to-face contact with client	Advocacy organization	Ensuring yearly face-to-face contact with clients is critically important to any oversight process. We are pleased that this practice will continue.	The State appreciates this comment.	No change was made to the transition plan.

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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" 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,	WAC 388-101-3360 requires: "Service providers must provide each client instructions and or support to the degree the individual support plan identifies the service provider	No change was made to the transition plan.

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		health and safety and social activities.	as responsible." This requirement is driven by the participant and documented in the person-center service 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 and providers. DDA Policy 4.02 addresses the issues of provider selection by a participant and documenting personal	No change was made to the transition plan.

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			preferences of potential housemates.	
DDA Group Home	Advocacy organization (2 comments)	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. 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.	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 individuals." We recommend information be gathered and assessed for heightened scrutiny for all group homes that serve higher numbers of individuals.	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.
Licensed Staffed	Advocacy	Staffed residential and group care facilities	DDA's annual quality assurance	Additional clarifying

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Residential, Child Foster Home & Group Care	organization	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.	reviews for licensed staffed residential and group care apply the same standards as utilized for supported living to ensure HCBS standards.	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: • 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 caused by the delivery of this service. Instead, isolation should be addressed through changes to supported living & other residential settings.	By definition, individual supported employment and supported living are conducted in integrated settings and are compliant with HCBS settings requirement. Issues of individuals experiencing isolation are addressed in their annual person-centered service plan.	No change was made to the transition plan.
DDA Group	Advocacy	The report, "Hours that Count", detailed	County monitoring process	Additional clarifying

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Supported Employment	organization	numerous concerns about the failure of many group supported employment vendors to provide for integration.	includes review and assurance of HCBS settings compliance. DDA will continue to review any settings of concern brought to our attention.	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	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. 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.	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 supported employment	Advocacy organization	Establish performance based contracts with counties to incentivize and reward job placements in individual employment.	DDA appreciates the comment about performance based contracts. All current county contracts are performance	No change was made to the transition plan.

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			based contracts.	
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 certification under Chapter 388-101 WAC.	No change was made to the transition plan.