

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INTEGRATED SETTINGS: PROMOTING COMMUNITY POLICY 5.25
INTEGRATION THROUGH LONG-TERM SERVICES AND
SUPPORTS

Authority: [42 C.F.R. 441.301\(c\)\(4\)](#) Contents of Request for a Waiver
[42 C.F.R. 441.530](#) Home and Community-Based Setting
[Chapter 71A.26 RCW](#) Client Rights
[Chapter 388-845 WAC](#) DDA Home and Community Based Services
Waivers
[Chapter 388-101 WAC](#) Certified Community Residential Services
and Supports
[Chapter 388-101D WAC](#) Requirements for Providers of Residential
Services and Supports
[WAC 388-823-1095](#) What are a person’s rights as a DDA client or
eligible person?
[WAC 388-823-1096](#) What requirements must my home or
community-based service setting meet?

Reference: [DDA Policy 4.02](#) Community Residential Services: Referral,
Acceptance, and Change in Residential Provider
[DDA Policy 5.06](#) Client Rights

BACKGROUND

In 2014, the Centers for Medicare and Medicaid Services (CMS) implemented final home and community-based services (HCBS) regulations that issue new requirements to enhance the quality of HCBS and provide additional protections to people who receive services under some Medicaid authorities. The regulations require states to ensure that people receiving long-term services and supports through HCBS waivers, Community First Choice (CFC) State Plan programs, and Roads to Community Living (RCL) Project utilizing HCBS resources have full access to the benefits of community living.

These regulations also require the Developmental Disabilities Administration (DDA) and Aging and Long-Term Support Administration (AL TSA) to assess all HCBS settings and document the person-centered planning process in a CMS-approved [Statewide Transition Plan](#).

PURPOSE

This policy explains HCBS setting requirements – which includes updating a client’s person-centered service plan when modifying a setting requirement – and establishes procedures for reviewing settings for compliance.

SCOPE

This policy applies to DDA field staff supporting clients who receive home and community-based services and headquarters staff who monitor home and community-based programs.

DEFINITIONS

Client means a person who has a developmental disability as defined in RCW 71A.10.020(5) and who has been determined eligible to receive services by DDA under chapter 388-823 WAC.

Common area means any area of the client’s home excluding the private bedrooms of other clients and provider-owned or rented space within the home.

Heightened scrutiny means a review by the Centers for Medicare and Medicaid Services of a service setting that appears to be institutional, but the state believes has overcome the presumption of institutionalization.

Home and community-based services or **HCBS** means Medicaid-funded services received through a 1915c Waiver, 1915k Community First Choice State Plan Program, or Money Follows the Person grant (Roads to Community Living program).

Modification means changes that limit the choices of a client receiving residential services. Modifications must be documented in the client’s person-centered service plan and other existing behavioral health plan or medical treatment plan.

Person-centered service plan means a document that identifies the client’s goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will assist the client to achieve their goals and address their assessed needs.

Provider means a person or entity, including counties, contracted or certified by DSHS and authorized to deliver services and supports in the scope of this policy.

Room and board include a full nutritional regimen, daily living costs, and rent or mortgage paid through participation, private funding, or other resources.

POLICY

- A. HCBS settings must have all the following qualities, based on the needs of the client as indicated in their person-centered service plan.
1. The setting is integrated in and supports full access to the greater community, including opportunities to:
 - a. Seek employment and work in competitive integrated settings;
 - b. Engage in community life;
 - c. Control personal resources; and
 - d. Receive services in the community to the same degree of access as people who do not receive HCBS.
 2. The service setting:
 - a. Is selected by the client from options that include non-disability specific settings and an option for a private unit if the client is receiving residential services;

Note: A private room, if available, may require private pay and are limited to the client's personal resources.
 - b. Is identified and documented in the client's person-centered service plan and based on the client's needs, preferences, and, for residential settings, resources available for room and board;
 - c. Ensures the client's rights of privacy, dignity and respect, and freedom from coercion and restraint;
 - d. Supports, or does not limit, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact; and
 - e. Facilitates individual choice regarding services and supports, and who provides them.

- B. In a residential setting, in addition to the qualities above, the following conditions must also be met as applicable.
1. The unit or dwelling is owned, rented, or occupied by the client under a legally enforceable agreement.
 2. The client has, at a minimum, the same responsibilities and protections from eviction that tenants have under:
 - a. The Residential Landlord-Tenant Act under [Chapter 59.18 RCW](#); and
 - b. Other applicable laws for the county, city, or other designated entity wherein the client resides.
 3. Each client has privacy in their sleeping or living unit and:
 - a. Bedrooms have doors lockable by the client, with only appropriate staff having keys to doors.
 - b. Clients sharing a home or bedroom have a choice of roommates in that setting.
 - c. Clients have the freedom to furnish and decorate their home within the lease or other agreement.
 4. Clients must be able to:
 - a. Control their own schedules and activities;
 - b. Access food at all times;
 - c. Have visitors of their choosing at any time; and
 - d. Access their bedroom and all common areas of their home.

C. **Modifications to Settings Requirements**

If any condition required under subsection (B) above must be modified, the CRM must document in the client's person-centered service plan:

1. The assessed need requiring the setting modification.
2. The positive interventions and supports used before modifying the client's person-centered service plan.

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3. Less intrusive methods of meeting the need that have been tried but did not work.
 4. A clear description of the condition that is directly proportionate to the assessed need.
 5. Regular collection and review of data to measure the ongoing effectiveness of the modification.
 6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 7. The informed consent of the individual.
 8. An assurance that interventions and supports will cause no harm to the individual.
- D. HCBS settings must not have qualities of an institutional setting. Examples of institutional settings include:
1. A nursing facility;
 2. An inpatient psychiatric facility;
 3. An intermediate care facility for individuals with intellectual disabilities;
 4. A hospital; or
 5. Any other setting with the qualities of an institutional setting as determined by an integrated settings heightened scrutiny review or similar.
- E. Compliance Concerns
1. Anyone with a concern about integrated settings may report them to DDA by visiting a DDA office, calling DDA, sending DDA an email, or submitting a [complaint online](#).
 2. Anyone with a concern about abandonment, abuse, neglect, exploitation, or financial exploitation, can call 1-866-END-HARM or 1-866-363-4276.

F. Headquarters Integrated Settings Committee

The Headquarters Integrated Settings Committee includes representatives from:

1. Children’s Residential and Crisis Services Unit;
2. Employment and Day Unit;
3. Residential Quality Assurance Unit;
4. Respite and Short-Term Services Unit;
5. State Plan Residential Services Unit;
6. Waiver Residential Unit;
7. Waiver Unit;
8. Other areas of DDA as necessary.

PROCEDURES

A. **Reviewing Service Delivery for Compliance with Integrated Setting Requirements**

DDA staff who visit client homes or service settings have a responsibility to be familiar with integrated setting requirements and apply them throughout their interactions with clients and providers, such as during an in-person visit or phone call.

B. **Requesting an integrated settings review**

1. If DDA field staff become aware that a setting may not be in compliance with HCBS integrated settings requirements, and there is no concern of abuse or neglect, within **3 business days** the employee must:
 - a. Discuss the setting concern with a supervisor;
 - b. Record in a service episode record if the concern is client-specific; and
 - c. Submit a [Settings Review Request form](#) if a formal review should be considered.
2. A headquarters integrated settings committee member must review all Settings Review Request forms no more than **3 business days** after receipt and either:
 - a. Assign to an associated program specialist (“specialist”) to conduct a formal review; or
 - b. Screen out the referral and assign to a DDA employee for follow-up when necessary.

C. Conducting a Formal Review

1. No more than **5 business days** after being assigned to a formal review, the specialist must initiate the formal review.
2. If a setting is identified as potentially out-of-compliance, the specialist must complete the formal review no more than **15 business days** after being assigned to the review.
3. To conduct a formal review of the setting in question, the specialist must use the appropriate review tool below:
 - a. [DSHS 16-264](#), *Integrated Settings Survey: Residential Settings*;
 - b. [DSHS 16-265](#), *Integrated Settings Survey: Other Settings*; or
 - c. [DSHS 16-266](#), *Integrated Settings Survey: Employment or Community Inclusion Settings*.
4. The specialist conducting the formal review must:
 - a. Gather background information;
 - b. Interview provider, site administrators or owners;
 - c. Interview clients and client legal representatives if appropriate; and
 - d. Conduct an on-site review.
5. For all settings, the specialist must:
 - a. Document review information in Integrated Settings Tracking Tool. Regardless of the outcome, all setting reviews must be documented.
 - b. Determine if the setting meets criteria for being integrated.
 - c. If the setting appears to be out of compliance:
 - i. Document whether a corrective action plan is being developed or is in place;
 - ii. Recommend further corrections, if needed; and
 - iii. Assign the case to a headquarters integrated settings committee member for further action.
 - d. Make a referral to APS, CPS, RCS, law enforcement, or [Equal Employment Opportunity Commission](#) as appropriate anytime there is an allegation of

abuse, neglect, exploitation, or abandonment identified during the process. To determine whether an incident report is required, refer to [DDA policy 5.13](#), *Protection from Abuse: Mandatory Reporting*, and [DDA policy 12.01](#), *Incident Reporting and Management for DDA Employees*.

D. Headquarters Review

1. If a setting is non-compliant with integrated setting rules, in collaboration with the region, provider, and county for employment and day, the applicable headquarters service team must meet **within 5 business days** to initiate an action plan, which might include:
 - a. A corrective action plan;
 - b. Providing technical assistance and training, if needed; and
 - c. Recommending actions, if necessary, to take against the provider's contract or certification.
2. If a provider is unable or unwilling to come into compliance, the Integrated Settings Committee must refer to the DDA assistant secretary to determine further action to discontinue federal financial participation of funds.

E. Heightened Scrutiny

1. Heightened scrutiny reviews may be necessary for HCBS settings that are:
 - a. In a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
 - b. In a building on the grounds of, or immediately adjacent to a public institution; or
 - c. Any other setting that has the effect of isolating the client from the broader community.
2. If the setting meets criteria for heightened scrutiny because the setting is presumed to be institutional and the state believes that the setting complies with integrated setting requirements, a headquarters designee must forward the assessment to CMS for a final determination if federal financial participation funds may be granted.

EXCEPTION

There are no exceptions to this policy.

SUPERSESSON

None.

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: June 1, 2023