

Ohio's HCBS Transition Plan

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Initial Approval

Table of Contents

State Overview	3
Section I: ICF/IID Level of Care-Based Waivers	5
Introduction	5
I. Assessment Methodology	6
II. Assessment Process	7
III. Assessment Results	8
IV. Remediation Strategy	12
Section II: NF-LOC Waiver System	
Introduction.....	16
I. Assessment Methodology	17
II. Assessment Process	17
III. Assessment Results	21
IV. Remediation Strategy	24
Section III. Public Input	26
Section IV. Required Public Comment Process	29
Summary of Public Comments and Modifications Made Based upon Public Comments	32
Section V. Centers for Medicare and Medicaid Services (CMS) Initial Review.....	66
Appendix I: ICF/IID Level of Care Waivers System Remediation Grid	73
Appendix 2: ICF/IID Level of Care Waivers Settings Remediation Grid	90
Appendix 3: NF-LOC Waivers System Remediation Grid	105
Appendix 4: NF-LOC System Waivers Settings Remediation Grid	121

State Overview

Governor John Kasich created the Office of Health Transformation (OHT) to lead the Administration's efforts to modernize Medicaid and streamline health and human services programs. Using an innovative approach that involves collaboration among multiple state agency partners and a set of shared guiding principles, reform initiatives are improving services, thus enabling seniors and people with disabilities to live with dignity in the setting they prefer, especially their own home.

A recent study of states participating in the federal Money Follows the Person program reports Ohio is a national leader in transitioning residents who want to move out of institutions and into home and community based settings. Ohio's HOME Choice program ranks first among states in transitioning individuals with mental illness from long-term care facilities into alternative settings, and second overall in the number of residents moved from institutions into home and community-based settings.

Ohio has joined the federal Balancing Incentive Program (BIP) and achieved the goal of spending at least 50 percent of the state's Medicaid long-term care budget on home and community based services (HCBS) one year ahead of the September 2015 target date. In addition, this initiative will create "no wrong door" for accessing services and provide more individuals with new opportunities for HCBS care.

On January 16, 2014, the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) published 42 CFR 441.301(c) (4)-(6) in the Federal Register, which details new requirements that settings must meet in order to be eligible for reimbursement for Medicaid HCBS provided under sections 1915 (c), 1915 (i), and 1915 (k) of the Social Security Act.

The final rule requires the State to submit a transition plan describing the actions that will be taken to ensure initial and ongoing compliance with the regulations. The State must submit the final transition plan to CMS no later than March 17, 2015. Additional information is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>.

Ohio administers nine HCBS waiver programs that are impacted by the new regulations: Assisted Living, Individual Options, Level One, MyCare Ohio, Ohio Home Care, PASSPORT, Self-Empowered Life Funding (SELF), Transition Carve-Out (TCOW) and Transitions Developmental Disabilities (TDD).

Under the umbrella of the Office of Health Transformation (<http://www.healthtransformation.ohio.gov>), an interagency project team comprised of state staff from the Ohio Department of Aging (ODA), the Ohio Department of Developmental Disabilities (DODD), and the Ohio Department of Medicaid (ODM) developed a shared approach for crafting Ohio's draft statewide transition plan. Compliance with the CMS rule creates opportunities and challenges for both the Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID)-based level of care waiver system and the Nursing-Facility-based level of care (NF-LOC) waiver system.

As a result, the project team leveraged the existing resources and infrastructures of each waiver system to establish system-specific assessment methodologies. Although the assessment processes varied by system, the following components were evaluated in both the ICF/IID and NF-LOC waiver systems: a review of the applicable State statutes, administrative rules, approved waivers, provider requirements (licensing, qualifications and waiver certification), service specifications, case management, administrative and operational processes, monitoring and operational oversight activities, and quality improvement strategies.

During the statewide formal public comment period, described in detail in Section III, the State received input from many interested parties, including individuals receiving services, family members, providers, advocates and CMS. As a result of the feedback, the State made adjustments to the draft plan by adding clarity, adjusting the approach to specific settings, and providing for an increased contribution from individuals and families. The final plan is posted on the Office of Health Transformation website at <http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=qXFVktSs6Y%3d&tabid=125>.

Section I of this document summarizes the State's preliminary assessment activities and proposed remediation strategies for the ICF/IID system. The proposed action steps and timelines for the statewide transition plan for the ICF/IID system are outlined in the remediation grids found in Appendices 1-2. The proposed timelines are contingent upon CMS approval of the plan.

Section II of this document summarizes the State's preliminary assessment activities and proposed remediation strategies for the NF-LOC system. The proposed action steps and timelines for the statewide transition plan for the NF-LOC system are outlined in the remediation grids found in Appendices 3-4. The proposed timelines are contingent upon CMS approval of the plan.

Section III of this document describes the public process for both systems.

Section IV of this document contains the summary of the required public comment process held in December 2014 for the initial submission of the plan and the public comment process held in October 2015 for the revised plan.

Section V of this document contains a summary of the state's response to CMS' initial review of the proposed transition plan issued on July 23, 2015.

Section I: ICF/IID Level of Care-Based Waivers

Introduction

DODD operates four home and community-based waivers, each of which requires an ICF/IID level of care. Average monthly enrollment in these waivers is approximately 34,000. In accordance with Chapter 5160-3 of the Ohio Administrative Code (OAC), the ICF/IID level of care is mutually exclusive from both the intermediate and skilled levels of care, which are necessary for enrollment in the waivers administered by ODA and ODM.

- **Individual Options (IO)** - Approved in 1991, the Individual Options Waiver, commonly referred to as the IO Waiver, allows people with developmental disabilities who meet an ICF/IID LOC to receive the services and supports necessary to reside in their community rather than reside in an ICF/IID.
- **Level One** - Approved in 2002, the Level One Waiver serves individuals with developmental disabilities who meet an ICF/IID LOC, but do not require the same level of services as those who are on the IO Waiver. Level One participants generally have a network of family, friends, neighbors and professionals who can safely and effectively provide needed care.
- **Transitions Developmental Disabilities (TDD)** - Approved in 2002, the Transitions Developmental Disabilities (TDD) Waiver serves individuals with developmental disabilities whose needs require more medically oriented care than individuals on the other DODD-operated waivers. DODD began oversight of the TDD Waiver, formerly administered by ODM, on January 1, 2013.
- **Self-Empowered Life Funding (SELF)** - Approved in July 2012, the Self-Empowered Life Funding, or SELF, Waiver is Ohio's first participant-directed waiver for individuals with developmental disabilities. It allows participants to direct their budget and to hire/fire their direct support workers. It also enables the individual to develop an Individual Service Plan using services that focus on community inclusion and integrated employment.

I. Assessment Methodology

This section details how DODD assessed the main areas of focus for the transition plan (Systemic Review, Residential Settings, and Adult Day Waiver Services) by providing an overview of the assessment strategy, describing which processes were used, and the results of the assessments

DODD began its process for notifying stakeholders in April 2014 with its first Strategic Planning Leadership Forum. Nearly 200 stakeholders from all constituency groups attended these forums to hear national subject matter experts explain the new HCBS rule and learn how various states have implemented programs that are compliant with the HCBS rule.

DODD also utilized a stakeholder group charged with constructing the agency's long-term strategic plan to assist with the formation of the Transition Plan. That group, known as the Strategic Planning Leadership Group, reviewed the final draft created by the Transition Plan Committee before it was sent to the Office of Health Transformation.

In May 2014, DODD initiated a monthly stakeholder group, the Transition Plan Committee, whose responsibility was to determine the primary areas of focus for the Transition Plan and to recommend strategies for compliance. The group was comprised of stakeholders from across Ohio's Developmental Disabilities (DD) System, including the Ohio Association of County Boards of Developmental Disabilities, Ohio Provider Resource Association, The Arc of Ohio, Values and Faith Alliance, Ohio Association of Superintendents of County Boards of Developmental Disabilities, Ohio Self-Determination Association, Advocacy and Protective Services, Inc., People First of Ohio, Ohio Waiver Network, self-advocates, and ODM..

Several subcommittees were formed to conduct in-depth reviews of state systems, residential settings, and non-residential settings. The subcommittees reviewed current rules/regulations, policies and procedures, service definitions, and provider qualifications across Ohio's DD system to determine the level of compliance with the HCBS regulation. The information generated from these subcommittees informed the DODD's components of the Transition Plan, and are outlined below.

- **Systemic Review/State System Issues** - The task of this subcommittee was to review the current state system processes and regulations, identify areas where DODD's current system may not be in alignment with the CMS HCBS regulations, and develop a means by which the systems can align appropriately. Membership of the subcommittee included equal representation on behalf of county boards of developmental disabilities, providers of HCBS services, and advocates/self-advocates.

- **Residential Settings** - The task of this subcommittee was to devise a method to assess residential settings' incorporation of the HCBS settings criteria as established in the CMS regulation. This method will provide the data needed to determine a remediation strategy the State might need to implement for full compliance with CMS' requirements.
- **Non-Residential Adult Day Waiver Services** - The task of this subcommittee was to determine a method of assessing DODD's non-residential services. The service settings determined to have the greatest risk of being provided in settings with institutional qualities are those in which Adult Day Waiver Services are provided. These services include Adult Day Support, Vocational Habilitation, Supported Employment-Community, Supported Employment-Enclave, and Integrated Employment Services. Data from this subcommittee was used to inform a separate workgroup which was tasked with redesigning both the employment and day services available to working age adults. This workgroup is examining definitions, provider qualifications, and rate methodologies to promote opportunities for integrated work and day activities.

II. Assessment Process

The following is a summary of the activities conducted by the subcommittees mentioned above:

- **Systemic Review** - This subcommittee reviewed DODD's existing rules, waiver service definitions, provider qualifications, and rate structures to identify areas where changes were needed to ensure full compliance with the CMS HCBS regulation. This subcommittee looked at crosswalks of similar service definitions and rules across all four waivers to determine how revisions could best be made to enhance DODD's adherence to the new criteria.
- **Residential Settings** - The Residential Settings subcommittee chose to distribute a survey to the field that allowed providers to assess their locations to determine level of compliance with the CMS HCBS settings criteria. Providers were asked to identify the type of setting, such as a home within a neighborhood that includes individuals without disabilities or whether it was a disability-specific setting, such as a farm, apartment complex, or cul-de-sac where only people with disabilities reside. The questions used to assess compliance with the HCBS settings criteria were based largely upon the exploratory questions provided by CMS.

Additionally, county boards of developmental disabilities were given the ability to complete the survey based on their assessment of these same locations, as a means of

having a validity check for the self-assessments. As an additional means of verifying the self-assessments, DODD's Office of Provider Standards and Review (OPSR) Division also compared the survey responses with results of on-site reviews conducted as part of previous compliance reviews of these settings. The State intends to conduct additional on-site evaluations using a new component of DODD's compliance tool that specifically addresses HCBS characteristics to determine whether settings comport with the regulations.

- **Non-Residential Adult Day Waiver Services** - As a means of gathering input for purposes of restructuring the Adult Day Waiver Services, DODD conducted a series of 12 Adult Day Service/Employment First forums in July and August 2014, which were attended by more than 700 stakeholders. The information and suggestions obtained during the course of these forums were used to refine the Guiding Principles that are being used as the foundation for the revised Adult Day Waiver Service package. Work on this service package continued through February 2015, with a revamped set of services/service definitions, and a rate structure targeted for completion by spring 2016. Additionally, in order to assess DODD's Adult Day Waiver Service locations, DODD distributed a survey to providers of Adult Day Support and/or Vocational Habilitation to perform an assessment of their program(s) to determine compliance with the Medicaid HCBS criteria. As with the Residential Settings Survey, this assessment helped the State to identify which areas may need the most focus as the State transitions to the new CMS regulations.

III. Assessment Results

The results of the State's systemic review, such as applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications, are described below.

A. Systemic

Based on the results of their analysis of CMS' regulation in conjunction with DODD's current waiver services and administrative rules, the State Systems Issues/Systemic Review subcommittee determined that interpretations of "integration" vary. The consensus of the group, in alignment with the CMS definition for an HCBS setting, is that integration is about what the individual experiences, and must be understood as being individual-specific. This includes a recognition that the size or physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS setting.

To ensure clarity and consistency across the waiver programs, the subcommittee decided that the DODD should develop an overarching administrative rule that would apply to all four waivers that DODD operates. The subcommittee then developed a crosswalk of waiver

services, provider qualifications, and rates across the DODD-operated waivers and made recommendations about revisions that would allow for the waivers to promote the community inclusion aspects of the new CMS HCBS criteria. In addition to the overarching waiver administration rule, this subcommittee identified the following as areas that will be modified to incorporate the standards identified in the HCBS rule:

- The current Licensure, Provider Certification, and Free Choice of Provider rules will be revised;
- Waiver Service Definitions (Homemaker/Personal Care; Adult Day Waiver Services, including employment and non-work-related day services) will be revised to promote emphasis on providing supports in the community.

Existing committees will further explore how these revisions would occur and to determine feasible timeframes for implementation. Members of these committees represent county boards of developmental disabilities, providers of home and community-based services, and advocates/self-advocates.

An overview of the existing support for compliance with each component as well as areas that must be modified are outlined in the statewide **Remediation Plan, Appendix 1**.

B. Residential Settings

The results of the State's preliminary assessment of the residential settings are described below.

1. Settings that currently meet HCBS characteristics

The Residential Settings subcommittee reviewed the types of residential settings in which individuals are currently receiving HCBS. Those settings included individual/family homes, shared living, and congregate settings in which two or more individuals share services. Certain settings, including those in which individuals reside alone or with family, were presumed compliant with the regulation. In September 2014, DODD conducted a survey of residential settings for those individuals who live in congregate settings to determine the level of compliance with the CMS HCBS regulations.

Based on this criterion, the estimated target number of individuals included in the survey was 7,500 individuals residing in approximately 2,500 settings. The actual survey results yielded responses for 2,163 settings in which approximately 7,000 individuals reside.

When combining the presumed compliant locations with the settings that were surveyed, 90.9% are in compliance with the CMS HCBS regulations. The remaining settings will be addressed in the sections to follow.

2. Settings that currently do not meet HCBS characteristics but may with modifications.

Of the settings providing DODD waiver services, 5.9% (578 settings, housing 2,045 individuals) fall under the category of not currently meeting all of the HCBS characteristics, but recognize that they could become compliant with modifications. The providers completing the self-assessment were asked to identify barriers to compliance and potential timeframes for remediation. The majority identified changes to person-centered plans, improved linkage to the community, and staff development and training as their primary barriers. To help address these barriers, DODD has included, as part of its remediation strategy, continuation of its statewide person-centered planning training and development of web-based person-centered planning resources to be available to county boards, providers, individuals, and families.

DODD is also in the process of developing an overarching HCBS Waiver Administration rule that will align with the CMS HCBS regulations. This rule provides a resource to assist DODD in more effectively implementing the CMS HCBS criteria. Additional remediation strategies can be found in-Appendix 2.

3. Settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny review

CMS described settings “presumed to have the qualities of an institution” as those located in a public or private facility that provides inpatient treatment, settings located on the grounds of, or adjacent to a public institution, or other settings with the effect of isolating individuals. The assessment identified no settings that were located in a building that is also a public or private facility that provides inpatient treatment. Additionally, no settings were located in a building on the grounds of, or immediately adjacent to, a public institution. An additional 75 settings serving 335 individuals, approximately 1% of the DODD waiver population, were identified through a combination of the Residential Settings survey and previous on-site compliance reviews by DODD as potentially having the effect of isolating individuals receiving HCBS, and, therefore, would likely be subject to heightened scrutiny.

As part of the remediation strategy for this category, DODD will conduct on-site evaluations of these locations to determine their level of non-compliance. These site visits are anticipated to be completed throughout 2016. During these reviews, individuals receiving HCBS and their families will be interviewed about their experiences in an effort to determine if individuals are afforded full access to the benefits of community living. The providers’ policies and practices will also be examined to ensure they support individuals’ full access to the broader community.

The determination of level of compliance will be the primary deciding factor in choosing whether enough evidence can be presented to CMS to show that the setting is not institutional in nature, whether the setting may comply with some modifications, or if another, more integrated setting will need to be selected by the individuals receiving HCBS. Action steps relating to the remediation strategy for these locations are detailed in the Settings Remediation table (Appendix 2).

4. Settings that cannot meet the HCBS characteristics

Providers at four settings housing a total of 31 individuals indicated in the Residential Settings survey that the settings cannot meet the HCBS settings characteristics. This is equivalent to .1% of the DODD Waiver population. The first step for transition with these locations is for DODD to review each location, determine the validity of this response for that particular location through both interviews and reviews of the provider's policies and practices, and where applicable, inform the provider that HCBS cannot be provided in settings with the characteristics of an institution. When a determination has been made that a setting cannot meet the HCBS characteristics, DODD will ensure that each individual's service and support administrator (SSA) through the local county board of developmental disabilities assists the individual with choosing another setting in which to receive HCBS and, if applicable, with choosing a different provider. The SSA will coordinate the transition process to minimize disruption to those involved.

C. Non-Residential Adult Day Waiver Services

The results of the state's preliminary assessment of the adult day waiver service settings are described below.

1. Settings that currently meet HCBS characteristics

DODD also conducted a survey for its Adult Day Waiver Service (ADWS) settings to determine the level of compliance for those HCBS services. To ensure the data yielded as a result of the survey was as accurate as possible, settings in which integrated, community employment services are provided were not included. The survey was distributed to providers of facility-based work and non-work services. In the DODD system, those services are Adult Day Supports and Vocational Habilitation. In total, responses were received from 464 settings where services are provided to more than 25,000 individuals.

2. Settings that currently do not meet HCBS characteristics but may with modifications

The survey results show that 50 of the 464 settings, or 8.4%, believe that, while they do not have the qualities of an institution, some improvement could be made for how those services

are delivered to the individuals they serve. Although these self-assessment results from providers indicate a relatively low number of settings that have the qualities of an institution, DODD believes the self-reporting significantly underrepresents the number of Adult Day Waiver Services settings that possess these qualities.

As a means of incorporating the CMS HCBS requirements into the Adult Day Waiver Services, DODD is working with an outside consultant who is facilitating a stakeholder group charged with creating a new service package to maximize opportunities for integrated employment and integrated wrap-around supports. The work for this waiver service package redesign is slated to conclude in mid-2015.

3. Settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny review.

In terms of those settings that would be subject to heightened scrutiny, 19 settings (4.1%) identified that the location where they provide services would place them into this category.

4. Settings that cannot meet the HCBS characteristics

Thirteen settings (2.8%) stated they cannot meet the HCBS requirements. To determine the level of compliance for these settings, an on-site review will be conducted and, if the review aligns with the assessment, a carefully constructed plan will be developed for any individual receiving waiver services at that location to ensure as smooth a transition as possible.

IV. Remediation Strategy

The proposed remediation plan for the four ICF/IID waivers utilizes seven primary strategies: waiver amendments, administrative rule revisions, training resources, service redesign, provider-level remediation plans, on site assessments and as a last resort, relocation. Appendices 1 and 2 of the statewide transition plan describes in detail how the proposed remediation strategies will bring the pre-existing 1915(c) programs into compliance with the home and community-based settings requirements.

A. Rule Revisions, Waiver Amendments, and Resources

The Systemic Review subcommittee identified several existing rules that support the concepts incorporated in the CMS regulations, including the Service and Support Administration rule (OAC 5123: 2-1-11) adopted March 17, 2014, and the Employment First rule (OAC 5123: 2-2-05) adopted April 1, 2014.

Additional rule revisions are in progress, which will further enhance the infrastructure to support the new regulation.

- DODD’s Behavior Support rule (OAC 5123:2-2-06) identifies the assessment, approval, and oversight required when a person-centered plan includes the use of restrictive measures and aligns those requirements in all HCBS settings, whether licensed or unlicensed.
- DODD’s Free Choice of Provider rule (OAC 5123:2-9-11), is also being amended to require an explanation of individuals’ rights when choosing to receive HCBS in provider-owned or controlled settings.
- OAC Chapter 5123:2-3, DODD’s Licensure rules, are being amended to eliminate duplication with other HCBS rules located in OAC Chapter 5123:2-9.

A new overarching rule relating to the administration of all HCBS waivers for individuals with an ICF/IID level of care is also being developed. This rule will specify the settings in which HCBS may not be provided and will include a requirement that individuals be offered the opportunity to choose among services or a combination of services and settings that address the individual's assessed needs in the least restrictive manner, promote the individual's autonomy and full access to the broader community, and minimize the individual's dependency on paid support staff. This rule will also outline the elements required in written agreements for individuals choosing to receive services in provider-owned or controlled settings.

DODD also intends to revise service definitions based upon the assessment processes utilized to develop the Transition Plan. Amendments will be submitted to CMS to include the following:

- The Transition Plan Committee identified shared living models of service, including both the Adult Family Living and Adult Foster Care services in the Individual Options Waiver, to be among those that provide the greatest opportunities for individuals to have experiences similar to those not receiving HCBS. One of the identified obstacles to expanding this model is the current service title. Individuals and families have proposed changing the service title to “Shared Living” to reduce the stigma that was associated with receiving a foster care service for adults.
- A recommendation was also made to modify the existing Homemaker/Personal Care definition in both the Individual Options and Level One waivers to expand upon the ability for this service to be utilized to support individuals in integrated community settings.
- The existing Adult Day Waiver services, including Adult Day Support and Vocational Habilitation, were determined to have a significant bias toward facility-based supports.

As a result, a workgroup was formed to redesign the adult day array of services to promote integrated, community-based supports for individuals receiving HCBS. The workgroups are expected to finalize recommendations for new service definitions, provider qualifications, and rate methodologies by early 2016.

- DODD began operating the Transitions DD Waiver in January 2013. This waiver was originally operated by ODM and was modeled after the Ohio Home Care Waiver, which serves individuals with nursing facility levels of care. The Personal Care Aide service is limited in scope and is designed to provide hands-on assistance with activities of daily living and instrumental activities of daily living. In addition, the Adult Day Health Center service offered only facility-based options and no employment supports to the individuals enrolled in the waiver, who are now primarily young adults with an average age of 22. A phase-out plan will be submitted to CMS that will include plans to migrate all individuals enrolled in the Transitions DD Waiver to another waiver operated by DODD, which includes the new adult day array of services.

In addition to the rule revisions and waiver amendments described above, DODD will add a new component to the compliance tool used during both accreditation reviews of county boards of developmental disabilities and compliance reviews of providers of HCBS. The revision will include prompts related to the processes used to identify a person's place on the path to community employment, to present alternative settings to individuals receiving HCBS, and to ensure the existence of a lease or other written agreement for individuals choosing to receive services in provider-owned or controlled settings.

DODD has developed web-based resources related to the person-centered planning process for use by county boards, providers, individuals served and their families. Statewide training was also provided throughout 2014 and will be offered on an ongoing basis.

1. **Settings that currently do not meet HCBS characteristics but may with modifications**

Site-specific remediation strategies will be developed with providers who have identified the ability to come into full compliance with the regulation with modifications. Implementation of the remediation strategies will be verified by DODD through ongoing compliance reviews.

2. **Settings that are presumed to have the effect of isolating individuals and may be subject to the heightened scrutiny process**

Site visits of settings will be conducted by State personnel using the new HCBS settings evaluation tool. These visits will include interviews with individuals receiving HCBS and their families to assess whether individuals are afforded full access to the benefits of community

living, as well as a review of the provider's policies and practices to ensure they enable services to be provided in the most integrated setting. Upon determining the settings to be considered for heightened scrutiny, DODD will work with individuals served, their families, and providers to compile evidence for submission to CMS.

3. Settings that cannot meet the HCBS characteristics

For those residential settings that DODD determines have the qualities of an institution and cannot meet the HCBS characteristics, DODD will work with individuals served, providers, and the county boards to identify a new location in which the individuals may continue to receive HCBS from either their current providers or another provider of their choosing.

Site visits of facility-based adult day waiver settings will be conducted after implementation of the newly redesigned services. Just as with the residential settings, for those settings that DODD determines have the qualities of an institution and cannot meet the HCBS characteristics, DODD will work with the individuals served, the providers, and the county boards to either identify a new setting in which the providers may continue to serve individuals or assist individuals with obtaining a new provider.

Section II: NF-LOC Waiver System

Introduction

Ohio administers five 1915(c) waivers with a nursing facility (NF) level of care (intermediate and skilled), serving approximately 50,000 individuals per month in community settings. There are 21 distinct long-term services and supports furnished through these waivers utilizing two delivery systems: fee-for-service and managed care.

The Ohio Department of Medicaid (ODM) operates three waivers:

- **Ohio Home Care** - Approved in 1998, this waiver serves individuals age 59 or younger with a nursing facility level of care (NF-LOC) and furnishes services and supports that permit individuals to reside in their community rather than in a nursing facility.
- **Transition Carve-Out** - Approved in 2006, this waiver serves individuals age 60 or older who transfer in from the Ohio Home Care Waiver. It offers the same services that are available on the Ohio Home Waiver. The waiver is being phased out and will terminate June 30, 2015. Individuals will be transferring to the PASSPORT waiver administered by ODA.
- **MyCare Ohio** - Approved in 2014, this waiver is a component of the State's 1915(b)(c) managed care duals integration demonstration. The waiver is available in 29 of 88 Ohio counties, and serves individuals age 18 or older with a NF-LOC. All the services and supports furnished in the other four nursing facility-based waivers are available on this waiver.

The Ohio Department of Aging (ODA) operates two waivers:

- **Assisted Living** - Approved in 2006, this waiver serves individuals age 21 or older with a NF-LOC and furnishes services only to individuals who reside in licensed residential care facilities that are certified by ODA as a home and community-based waiver provider.
- **PASSPORT** - Approved in 1984, this waiver serves individuals age 60 or older with a NF-LOC and furnishes services and supports necessary to allow them to reside in their community rather than in a nursing facility. All the services and supports furnished in the My Care Waiver are available on this waiver.

I. Assessment Methodology

The State utilized four primary methods to conduct the preliminary analysis of the level of compliance with the new CMS regulations and to identify areas for remediation: data analysis, system review, on-site assessment, and stakeholder surveys.

II. Assessment Process

In the NF-LOC waiver system, settings in which the individuals reside alone or with family were presumed compliant with the regulations. Only one service (Assisted Living) is furnished in a provider-controlled residential setting; the remaining services are available to enrolled individuals residing in a private residence. Further, only one service (Adult Day Health) is furnished in a non-residential setting. As a result, the focus of the compliance analysis is directed at these two services and the characteristics of the settings in which these services are delivered.

- **Residential Setting: Assisted Living** - The purpose of the Assisted Living service is to provide a setting that offers more person-centered services and supervision than a traditional community residence and more independence, choice, and privacy than a traditional nursing facility. This setting has the capacity to provide response to the unscheduled/unplanned needs of the individuals.

The Assisted Living service is available to eligible individuals enrolled in the Assisted Living Waiver (fee-for-service) and the MyCare Ohio Waiver (duals demonstration managed care). Individuals who receive this service reside in single-occupancy living units with full bathrooms in a setting that provides supervision and staffing to meet both planned and unscheduled needs.

Only a residential care facility licensed by the Ohio Department of Health (ODH) and certified by ODA as an HCBS waiver provider may deliver the Assisted Living service to individuals enrolled on the Assisted Living Waiver or the MyCare Ohio Waiver.

Data Analysis - There are currently 625 residential care facilities licensed by ODH; however not all licensed facilities are eligible to be certified as an HCBS assisted living provider due to the inability to meet the additional criteria outlined (OAC 173-39-02.16), including the provision of a single-occupancy living unit with a full bathroom. The State conducted an analysis of data maintained by ODA and determined the following:

- Approximately 54% (335) of the State's licensed residential care facilities have met the additional criteria to become an ODA-certified provider of the Assisted Living service.

- ODA-certified settings are located in approximately 71 of 88 counties. There are 73% of Ohio counties with two or more certified Assisted Living providers.
- At the time of the analysis, there were approximately 4,512 individuals receiving Assisted Living services through the Assisted Living or the MyCare waivers.

System Review - The State conducted a systematic review of applicable State statutes, administrative rules, approved waivers, provider requirements (licensing, qualifications and waiver certification), service specifications, case management standards, administrative and operational processes, monitoring and operational oversight activities. To ensure clarity and consistency across the waiver programs regarding community integration and access, an overarching administrative rule addressing community characteristics is proposed. This rule will specify the characteristics in which HCBS services may not be provided and ensure full access to the broader community. In addition, establishing acceptable evidence of compliance to the settings rule, modifications to the Assisted Living service specifications, and modifying the State's HCBS ongoing provider oversight function.

An overview of the existing support for compliance with each component and the proposed remediation strategies, action steps, and timelines for the NF-LOC system is described in Appendix 3.

On-Site Assessment - The State contracts with 13 regional entities (PASSPORT Administrative Agencies or PAAs) to conduct initial and annual on-site compliance reviews of the certified assisted living providers. A survey of the 13 PAAs was conducted to obtain information about the setting characteristics for currently certified assisted living providers.

Following the public comment period, the State subsequently confirmed that independent living options were available for individuals not receiving HCBS services at all the currently certified assisted living providers that had been categorized as a privately operated continuing care retirement community.

Stakeholder Perspective - Using the CMS exploratory questions as the basis, in August 2014, the State conducted an on-line survey to gauge how the current Assisted Living Waiver provider community assessed their level of compliance with the new regulations. The survey was distributed to the 326 ODA-certified providers with a 30.7% response rate. 63.3% of the responses were from for-profit facilities and 36.7% of the responses were from non-profit facilities.

Survey findings include:

- 85% of respondents report individuals come and go at will;
- 63% of respondents provide accessible transportation to the broader community;
- 55% of respondents report the living units are equipped with a full kitchen.

The State Long Term Care Ombudsman (SLTCO) conducts an annual satisfaction survey of long-term care settings, including both nursing homes and residential care facilities (RCFs). Each year, the SLTCO surveys either the individuals or the family members of individuals on the quality of services received. The most recent satisfaction survey of residential care settings, including those furnishing the Assisted Living service, was conducted between August and November 2013. The average resident satisfaction score for the 335 Ohio RCFs certified to furnish the Assisted Living services was 92.8%. Going forward, the State will utilize the Resident Satisfaction survey to assess individuals' setting-specific experience with community inclusion.

- **Non-Residential: Adult Day Health** - The purpose of the Adult Day Health service is to furnish regularly scheduled services that support the individual's health and independence goals in a community setting. The service is available to individuals age 18 and older and includes recreational and educational activities of the individual's choice. A qualifying HCBS adult day health center must be a freestanding building or a space within another building not used for other purposes during the provision of the Adult Day Health service.

The Adult Day Health service is available to eligible individuals enrolled in the Ohio Home Care, PASSPORT and Transition Carve Out waivers (fee-for-service) and the MyCare Ohio Waiver (duals demonstration managed care). Individuals who receive the Adult Day Health service reside in traditional private residences in the community and receive the HCBS service for a portion of the day at an adult day health setting of their choice.

Data Analysis - There are currently 270 adult day health HCBS providers eligible to furnish the waiver service. The State conducted an analysis of data maintained by ODA and ODM to determine the following:

- Adult Day Health waiver settings are located in 50% (44) of 88 counties.
- At the time of the analysis, there were approximately 2,300 individuals enrolled on one of the five waivers receiving the service.

Systematic Review - The State conducted a systematic review of the applicable State statutes, administrative rules, approved waivers, provider requirements (licensing, qualifications and

waiver certification), service specifications, case management standards, administrative and operational processes, monitoring and operational oversight activities. To ensure clarity and consistency across the waiver programs regarding community integration and access, an overarching administrative rule addressing community characteristics is proposed. This rule will specify the characteristics of settings in which HCBS services may not be provided and ensure full access to the broader community. In addition, establishing acceptable evidence of compliance to the settings rule, modifications to the Adult Day Health service specification, and modifying the State's HCBS ongoing provider oversight function.

An overview of the existing support for compliance with each component and the proposed remediation strategies, action steps, and timelines for the NF-LOC system are described in the system remediation grid (Appendix 3).

On-Site Assessment - The State contracts with the 13 regional PASSPORT Administrative Agencies (PAAs) to conduct initial and annual on-site compliance reviews of the certified Adult Day Health Service providers. A survey was conducted to obtain information about the setting characteristics for HCBS providers of the Adult Day Health service.

Stakeholder Perspective - Using the CMS exploratory questions as the basis, in August 2014 the State conducted an on-line survey to gauge how the current adult day health HCBS provider network assessed its level of compliance with the new regulations. The survey was distributed to providers furnishing the adult day service in one or more of the following waivers: MyCare, Ohio Home Care, PASSPORT or Transition Carve-Out. Sixty-two percent of the responses were from non-profit organizations; 87% of the responses indicated the Adult Day service was not furnished in the same building as a nursing facility.

Survey findings include:

- 59% of the respondents provide accessible transportation to the broader community;
- 63% of the respondents serve individuals 18 and older;
- 93% of the respondents provide the same services/amenities to all participants.

III. Assessment Results

A. Residential Settings

The results of the State's preliminary assessment of the residential settings are described below.

1. Settings that currently meet the HCBS setting characteristics

In the preliminary analysis, the State has not identified any residential settings in which the Assisted Living service is furnished that are currently 100% compliant with the new regulation.

2. Settings that currently do not meet HCBS characteristics for provider-owned or controlled settings, but may with modifications

The current residential care facility (RCF) licensure standards combined with the HCBS waiver provider certification standards provide a basis for reducing the risk of isolating the individuals from the broader community. Proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system rather than relying on setting-specific policies and practices. In the preliminary analysis, the State determined 89 percent, or 298, of the currently certified HCBS assisted living waiver service providers are either free-standing communities or private continuing care retirement communities that offer independent living option for residents not receiving HCBS services. At the time of the analysis, these settings serve 4,142 approximately 92% of the individuals receiving the assisted living service available on the Assisted Living and the MyCare Ohio waivers.

3. Settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny process

CMS described settings "presumed to have the qualities of an institution" as those located in a public or private facility that provides inpatient treatment. The State's preliminary assessment identified one setting that may have the effect of isolating individuals and thus be subject to heightened scrutiny by virtue of location alone; assisted living settings that are located in the same building as a nursing home.

There are 11%, or 37, RCFs certified as an HCBS assisted living provider located in the same building as a nursing facility. At the time of the preliminary analysis, these settings served approximately 370 individuals, receiving the assisted living service available on the Assisted

Living and the MyCare Ohio waivers. As a result of public comment and accounting for increases in the assisted living waiver service utilization, the State conducted further analysis to obtain a more accurate estimate of the number of individuals residing in these settings. The results confirmed there was no change in the number of HCBS assisted living providers located in the same building as a nursing facility. However, the current estimate of individuals who are residing in these settings and receiving the assisted living service available through either the Assisted Living or the My Care waiver has increased to 494.

Recognizing that the size or physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS setting, the State will conduct on-site evaluations of these locations to determine their level of compliance. The on-site review will include a review of the providers' policies and procedures as well as the experience of individuals' residing in these settings. Regulatory changes, administrative and operational processes must be established prior to conducting the on-site evaluations. The results of the on-site evaluations will be the primary factor in choosing whether enough evidence can be presented to CMS to show that the setting is not institutional in nature. Action steps relating to the remediation strategy for these locations are detailed in the settings remediation grid (Appendix 4).

4. Settings that cannot meet the HCBS characteristics

In the preliminary analysis, the State has not identified any residential settings that cannot meet the HCBS characteristics.

Non-Residential Setting Adult Day Health Waiver Service. The results of the State's preliminary assessment of the non-residential adult day waiver service settings are described below.

1. Adult Day Health waiver service settings that currently meet the HCBS setting characteristics

In the preliminary analysis, the State has not identified any non-residential settings that are currently 100% compliant with the new regulation.

2. Adult Day Health service settings that currently do not meet HCBS characteristics for provided-owned or controlled setting, but may with modifications

The HCBS waiver provider certification standards provide a basis for reducing the risk of isolating individuals from the broader community. Proposed modifications will ensure

individuals are afforded full access to the benefits of community living across the system, rather than relying on setting specific policies and practices. In the preliminary analysis, the State has identified that 92% of the currently certified HCBS adult day health providers are free standing.

These settings are located in 44 counties and are serving approximately 91% of the individuals receiving the adult day health services available on the Ohio Home Care, PASSPORT, Transition Carve Out and the MyCare Ohio waivers.

3. Adult Day Health waiver service settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny process.

CMS described settings “presumed to have the qualities of an institution” as those located in a public or private facility that provides inpatient treatment. The State’s preliminary assessment identified one setting, which may have the effect of isolating individuals and be subject to heightened scrutiny by virtue of its location alone: adult day health settings that are located in the same building as a nursing facility.

There are 22, or 8%, Adult Day Health service waiver providers, located in the same building as a nursing facility. These settings are located in 15 counties and currently serve approximately 9% of all the individuals receiving the Adult Day Health service.

Recognizing that the size or physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS setting, the State will conduct on-site evaluations of these locations to determine their level of compliance. The on-site review will include a review of the providers’ policies and procedures as well as the experience of individuals’ served in these settings. Regulatory changes, administrative and operational processes must be established prior to conducting the on-site evaluations. The results of the on-site evaluations will be the primary factor in choosing whether enough evidence can be presented to CMS to show that the setting is not institutional in nature. Action steps relating to the remediation strategy for these locations are detailed in the settings remediation grid (Appendix 4).

4. Adult Day Health waiver service settings that cannot meet the HCBS characteristics

In the preliminary analysis, the State has not identified any non-residential settings which cannot meet the HCBS characteristics.

IV. Remediation Strategy

The proposed remediation plan for the five NF-LOC waivers utilizes five primary strategies: administrative rules; community education; provider level remediation plans to ensure the individual has greater control over the critical activities, such as access to meals, access to activities of his or her choosing in the broader community; on-site assessments and ongoing compliance monitoring, which includes the experience of individuals residing in the setting and, as a last resort, relocation.

Appendices 3 and 4 describe in detail how the proposed remediation strategies will bring the pre-existing NF-LOC 1915(c) waivers into compliance with the home and community-based settings requirements. The proposed timelines are contingent upon approval of this plan by CMS. The State's strategies for ensuring compliance with the regulations for both residential and non-residential settings are described below:

1. Settings that currently meet the HCBS setting characteristics

The State will ensure that existing settings continue to meet the HCBS characteristics by adopting a new Ohio Administrative Code rule and modifying the State's HCBS ongoing provider oversight function.

In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the State's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice which meets the HCBS characteristic.

2. Settings that currently do not meet HCBS characteristics for provider-owned or controlled setting, but may with modifications

The State will ensure that existing settings come into full compliance with the HCBS characteristics by adopting a new HCBS setting rule, modifying existing OAC rules, furnishing provider education, and modifying the State's HCBS ongoing provider oversight function.

In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the State's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice, which meets the HCBS characteristics.

3. Settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny process

The State will ensure that existing settings that are subject to heightened scrutiny come into full compliance with the HCBS characteristics by adopting a new HCBS settings rule, modifying existing OAC rules, establishing standards and defining acceptable evidence of compliance, provider remediation plans, on-site assessments which includes the individual's experience residing in the setting, and modifying the State's HCBS ongoing provider oversight function.

In the event the setting cannot or does not produce acceptable evidence of compliance, the State's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice, which meets the HCBS characteristics.

4. Settings that cannot meet the HCBS characteristics

By adopting a new HCBS settings rule and modifying the State's initial HCBS provider certification rules, the State will ensure no new settings that cannot meet the HCBS characteristics are permitted to furnish the HCBS Assisted Living service.

In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the State's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals to transition them to a setting of their choice, which meets the HCBS characteristics.

Section III: Public Input

ODM, ODA and DODD have made meaningful engagement with individuals and other stakeholders about Ohio's Transition Plan a priority since the CMS regulations were first issued in 2014. We are committed to keeping the public informed as the State continues to roll out specific areas of implementation. This is evidenced by the activities described below.

DODD hosted a forum with National Association of State Directors of Developmental Disabilities' Director of Technical Assistance, Robin Cooper, to present to more than 200 stakeholders in Ohio's DD system about the CMS HCBS Rule. Subsequent to that forum, DODD hosted other forums in which subject matter experts from various states described best practices that align with the HCBS settings requirements.

ODA and ODM invited consultants from Mercer Government Human Services Consulting to conduct an open forum for individuals and stakeholders of NF-LOC based waivers. The meeting was an all-day event at which details on the CMS HCBS Rule were presented to roughly 140 stakeholders. The event mirrored the outreach effort that DODD conducted with its stakeholders, utilizing an identical meeting format, location, and program.

In addition, DODD, in conjunction with stakeholders from Ohio's DD system, is considering the creation of a public service announcement to promote the integration of individuals with developmental disabilities in community activities and settings. This announcement will serve to address some of the concerns expressed in the survey comments about a lack of public awareness to support inclusion.

DODD plans to conduct regional sessions to share information related to the new regulation and the content of the Transition Plan. All stakeholders will receive information about where to review Ohio's Transition Plan and how to submit feedback.

DODD invited representatives from the Ohio Association of County Boards of Developmental Disabilities, Ohio Provider Resource Association, The Arc of Ohio, Values and Faith Alliance, Ohio Association of Superintendents of County Boards of Developmental Disabilities, Ohio Self-Determination Association, Advocacy and Protective Services, Inc., to gather input on the assessment process for the Transition Plan. Multiple stakeholder subcommittees conducted a thorough analysis of each of the focus areas to determine which areas of Ohio's DD system needed revision/strengthening to be in full compliance with the CMS regulation.

These committees included people with developmental disabilities, family members, advocacy organizations, providers, county boards of developmental disabilities, and DODD personnel.

Ongoing communication and engagement is maintained through multiple avenues. DODD convened the Strategic Planning Leadership Group (SPLG) in 2013 to review current influences on the system, including the CMS regulation, and to establish 10-year benchmarks for achieving the vision of developmental disabilities services in Ohio. The SPLG is comprised of nine advocacy organizations, including The Arc of Ohio, People First, The Ohio League, Advocacy and Protective Services, Inc., Ohio Self Determination Association, The Autism Society, Down Syndrome Association, Ohio Developmental Disability Council, Ohio SIBS; four provider associations, including the Ohio Waiver Network, Values and Faith Alliance, Ohio Provider Resource Association, the Ohio Health Care Association; and two associations representing county boards, including the Ohio Association of County Boards of DD and the Ohio Superintendents of County Boards of DD. DODD periodically shares updates with and seeks input from the SPLG on the implementation of the Transition Plan. Similarly, DODD presents information and seeks input from the Family Advisory Council and will begin meeting regularly with Advocacy United, a newly-formed organization of self-advocates, to do the same.

People with developmental disabilities, family members, advocates, providers and county boards are also represented on workgroups formed by DODD to develop and implement home and community based services. These groups contribute to both the creation of new or modified waiver services, as well as to the corresponding rules, policies, or guidance that govern their implementation. DODD also contracts with people with disabilities to design Easy Read materials that are posted to the website to explain waiver-related concepts in a manner that is easily understood.

In addition, as a component of the ongoing communication strategy with the stakeholders throughout the implementation phase, a NF-LOC -based waiver advisory group was formed in November 2014. The advisory group is comprised of persons representing the following organizations: Ohio Olmstead Task Force, Ohio Council for Centers for Independent Living, Office of the State Long-Term Care Ombudsman, AARP, Ohio Association of Area Agencies on Aging, Ohio Association of Senior Centers, Ohio Assisted Living Association, Leading Age Ohio, Ohio Health Care Association, Ohio Academy of Nursing Homes, National Church Residences, Ohio Council for Home Care and Hospice, and Midwest Care Alliance. In addition to contributing to the State's draft Transition Plan, the advisory group was afforded the opportunity to comment on the State's draft HCBS Settings Evaluation Tool prior to its release for public clearance.

During the public comment periods for both drafts of the Transition Plan, ODM and ODA sent the HCBS State Transition Plan to PASSPORT administrative agencies (PAA), case management agencies, provider oversight contractors and the county departments of job and family services

for them to post and distribute. PAAs and ODM case managers were instructed that conversations between case managers, individuals served on Medicaid waivers, their family members, or any individuals who may be interested, include the opportunity to provide public comment on the Transition Plan. Following the public comment period, a summary of the comments were reviewed by the CMS HCBS Advisory Workgroup for the NF-LOC based waivers prior to the submission of the final draft of the Transition Plan to the Governor's Office of Health Transformation. Comments included communications from individuals and caregivers.

From June 2015-January 2016, ODM's HCBS Rules Workgroup, was tasked with drafting the new NF Level of Care HCBS settings and person-centered planning rules that codify CMS' HCBS settings and person-centered planning requirements per the Transition Plan. OAC rules 5160-44-01 and 5160-44-02 will become effective July 1, 2016. The workgroup has been in operation for many years, actively advises ODM in the drafting of its HCBS rules and is an important venue for information sharing about activities related to the Transition Plan. It consists of individuals, caregivers, advocacy organizations including, but not limited to the Ohio Olmstead Task Force, Disability Rights Ohio, statewide independent living councils, the Ohio Long Term Care Ombudsman, AARP, Ohio Association of Assisted Living Association and Ohio Association of Senior Centers, as well as many other provider stakeholders, PAAs, case management and provider oversight contractors and managed care organizations. It also includes our partnering state agencies including ODA, DODD and the Ohio Department of Mental Health and Addiction Services. This broad representation of stakeholders facilitates meaningful engagement and a balance of perspectives. The ODM HCBS Rules Workgroup meets monthly and affords participation both in-person and by phone, thereby extending greater opportunities for input by individuals and stakeholders whose ability to travel may be limited. Similarly, ODM also operates a State Plan Home Health/Private Duty Nursing/Hospice Workgroup that is structured and functions in a similar capacity, and includes regular updates about the Transition Plan.

The State's relationship with the Ohio Olmstead Task Force is longstanding and supportive of individual involvement. As evidence of this commitment, the State provides funding to the Task Force to support participants' travel to meetings. The State has presented to the Ohio Olmstead Task Force about the HCBS State Transition Plan and beginning in July will offer regular Transition Plan updates at their monthly meetings in order to keep them engaged and apprised of related activities.

Section IV: Required Public Comment Process

Summary of Public Comment Process

Ohio's formal public comment period on its Home and Community-Based (HCBS) draft transition plan was held from December 15, 2014, through January 23, 2015, exceeding by 10 the required 30 days. During this period, the State received 306 submissions from a variety of sources including individuals receiving services, providers, stakeholders and advocates.

The summary of the comments received regarding the draft transition plan are organized by the topic areas brought forth by the respondents in the **Summary of Public Comments and Modifications Made Based Upon Public Comments section**, which follows this section.

The State used the following methods to provide notice to the public about the opportunity for public comment:

- **Web postings – On 12/15/2014**, Ohio posted a public notice, summary of the draft plan, the draft plan itself, and questions and answers on the Ohio Office of Health Transformation (OHT) website at <http://www.healthtransformation.ohio.gov/CurrentInitiatives/ExpandandStreamlineHCBS.aspx>, which has more than 4600 subscribers. In addition, on 12/15/2014, the Ohio Department of Medicaid (ODM), the Ohio Department of Aging (ODA) and the Ohio Department of Developmental Disabilities (DODD) posted announcements on their websites, which linked to the OHT site.
- **E-mails.** On 12/15/2014, all three agencies issued public notices, which included the link to the draft plan and the questions and answers on the Ohio Office of Health Transformation website, to their respective stakeholders through established e-mail distribution groups. These distribution groups included individuals receiving services, stakeholders, providers, advocates and professional associations. The combined distribution list of the three agencies was approximately 6000 subscribers. In the distribution of the e-mails, each agency asked recipients to disseminate the information to their respective colleagues and distribution lists.
- **Remittance advice.** To reach the provider community, ODM placed a notice on provider "remittance advices" during the weeks of January 14 and 21, 2015, advising providers of the draft transition plan and offering them the website at which they could read the plan and submit comments. Home health agencies, personal care aides, home care attendants, and waiver services organizations were among the provider types notified.

- **Announcements at meetings** - From as early as October 2014 each agency took the opportunity to inform attendees of various Medicaid-related meetings about the opportunity to review and comment on the HCBS draft transition plan, including instructions on how to access either an electronic or non-electronic copy of the draft plan and the options for submitting comments. This occurred as both pre-announcements and actual announcements made during the official comment period. Combined, these announcements were made at a minimum of 29 meetings.
- **Stakeholder meetings** - In March and July 2014, both DODD and ODM/ODA, held stakeholder education meetings at which they brought in national subject matter experts to educate stakeholders and to provide attendees an opportunity to discuss the new CMS HCBS regulations prior to the State's writing and posting of its HCBS draft transition plan.

To maintain consistency, both stakeholder meetings followed the same format, wherein the first part began with an educational session conducted by subject matter experts and followed by a "world café" format where attendees gathered in groups to discuss questions, concerns and opportunities, and then reported out on them. The public input received at these forums informed the subsequent information gathering activities and was considered when drafting the transition plan.

Robin Cooper of the National Association of State Directors of Developmental Disabilities Services spoke at the DODD stakeholder meeting held on March 11, 2014, with nearly 200 stakeholders in attendance. Deidra Abbott and Michelle Puccinelli of Mercer Government Human Services Consulting spoke at the ODM/ODA stakeholder meeting on July 30, 2014, with approximately 140 in attendance.

- **Stakeholder advisory groups** - Announcements were issued to both DODD and ODM/ODA Stakeholder Advisory Groups regarding the formal public comment period with a request to disseminate the information to their respective colleagues and distribution lists.
- **DODD stakeholder forums** - Information about the formal public comment period and the methods for submitting comments on the draft plans were distributed at five forums hosted by DODD.

Ohio provided six methods for the public to provide input on the draft transition plan and/or request a non-electronic copy of the plan; all but one of which was utilized. They included:

- **E-mail** - Ohio established a dedicated e-mail box named MCD-HCBSfeedback, which received a total of 252 e-mails, 235 of which were received by the January 23, 2015, deadline.
- **Written comments** - Ohio also provided a U.S. Postal Service address, which was Ohio Department of Medicaid, ATTN: HCBS Transition Plan, P.O. Box 182709, 5th Floor, Columbus, OH 43218. It received a total of 27 mailed items, 17 of which were received by the January 23, 2015, deadline.
- **Fax** - Ohio provided a fax number, which was (614) 466-6945, but did not receive any faxes regarding the draft transition plan.
- **Toll-free phone number** - Ohio provided a toll-free number, 1 (800) 364-3153, with a recorded message advising callers they had reached the CMS HCBS draft transition plan phone message box and offering five minutes in which to leave a message. One individual utilized this option. Her message was transcribed and shared with all three agencies.
- **Testimony at public hearings** - Ohio held two public hearings on January 7 and January 15, 2015, in the State Office Tower's Lobby Hearing Room in Columbus. Copies of the CMS HCBS regulations were available at the hearing and each hearing was digitally recorded. The directors and/or key staff of all three agencies, were positioned in the front of the room facing attendees to hear testimony. Speakers read their testimony into a microphone in the order in which they signed in and at least two individuals receiving services were in attendance, one of whom offered testimony. Copies of all testimony were shared with the directors and staff and later scanned and distributed to key staff at the three agencies.

A total of 22 individuals attended the January 7 hearing, at which four testified. A total of 54 individuals attended the January 15 hearing, at which 20 testified. Some attendees submitted written rather than oral testimony at the second hearing. A total of 34 testimonials were received at both hearings. An autism-specific farm community provided three copies of a DVD to people in attendance titled, "A Thousand Words – Art and Autism."

Each hearing was covered by a major media outlet; the first by Hannah News Service and the second by *The Columbus Dispatch*. Copies of the subsequent articles are available upon request.

- **Video** - In response to a stakeholder request, Ohio also accepted e-mailed .mov video submissions. The State received four, each of which were transcribed, shared and included in the comment table.

All input from all methodologies was shared among the three agencies for quantification, analysis and potential modification of the draft plan.

Ohio ensured accessibility to the HCBS draft transition plan by posting it on an American with Disabilities Act-compliant website. The State shared the draft plan broadly and also requested key stakeholder organizations share and discuss with their members. Throughout this process, individuals could access the draft transition plan both electronically and in hard copy upon request.

Summary of Public Comments and Modifications Made Based Upon Public Comments

The table below illustrates a summary of the unduplicated 258 comments received during the December 15, 2014, through January 23, 2015, comment period. It is categorized by topics and details modifications, if any, to be made to the draft transition plan prior to submitting to CMS and re-posting for public review.

Approximately 10% of the submissions were related to intermediate care facilities. The State provided clarification that the CMS regulation pertains only to home and community-based services and does not impact the benefits available through the institutional component of Medicaid, including ICF/IIDs. In addition, 5% of the submissions addressed conflict-free case management. The State clarified that conflict-free case management is not a component of the transition plan and the State is actively involved in discussions with CMS related to this issue.

Additionally, the State received feedback outside the formal comment period in the form of letters, emails, and postcards to State agency directors. More than 144 post cards and form letters expressing opposition to the movement from facility-based day and employment settings to more integrated work and non-work settings have been received. Similarly, more than 900 stakeholders, including individuals receiving HCBS, families, providers of HCBS and county board personnel, attended five regional forums held by DODD. The recurring themes at each of these forums were concerns over the State’s elimination of existing settings options, such as sheltered workshops, specialized day programs, and residential settings serving individuals with disabilities, as well as the pace at which those changes would be implemented.

Adult Day Health: 1.5% of the comments received were on this topic. (4)

Themes	State’s Response	Modification to the Plan	Rationale if No Changes
Should not differentiate between adult day services housed in a nursing home vs. an ADS program in a	The physical location of a setting is not the only factor which determines if the	No	The plan currently outlines strategies for assessing specific settings that may have the

Themes	State's Response	Modification to the Plan	Rationale if No Changes
separate building but connected by a corridor.	<p>setting has the effect of isolating individuals from the broader community.</p> <p>The State has determined any HCBS furnished in the same building as a nursing facility may have the effect of isolating individuals and may be subject to a heightened scrutiny process.</p>		<p>effect of isolating individuals.</p> <p>Further proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system, rather than relying on setting specific policies and practices.</p>
Use the CMS HCBS settings toolkit as a guide to determine whether a setting has the effect of isolating individuals.	The State agrees the toolkit is a useful guide.	N/A	N/A
The provision of HCBS in a nursing facility are not in a community-based setting and should not be permitted.	The physical location of a setting is not the only factor which determines if the setting has the effect of isolating individuals from the broader community.	No	<p>The plan currently outlines strategies for assessing specific settings that may have the effect of isolating individuals.</p> <p>Proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system,</p>

Themes	State's Response	Modification to the Plan	Rationale if No Changes
			rather than relying on setting-specific policies and practices.
The draft plan could blur the line between HCBS and institutional settings and make waiver funding available in the latter.	The State does not agree. The physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS settings.	No	The plan currently outlines strategies for assessing specific settings that may have the effect of isolating individuals. Further, proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system, rather than relying on setting-specific policies and practices.
The center provides for everything I need.	Thank you for your comment.	N/A	N/A

Assisted Living: 3.5% of the comments received were on this topic. (9)

Themes	State's Response	Modifications to the Plan	Rational for Not Modifying the plan
Any freestanding Residential Care Facilities (RCF) that is licensed/certified should be viewed as fully compliant with the HCBS regulations and as a result:	Although the State agrees the Ohio licensure for RCFs and the current Assisted Living waiver	Yes. Appendix 4, II (A) has been modified.	N/A

Themes	State’s Response	Modifications to the Plan	Rational for Not Modifying the plan
<p>Move from meets with modification to meets category; and eliminate the self-assessment for these settings.</p>	<p>provider requirements create a solid foundation for complying with the HCBS settings rule, the State does not agree the physical location of a setting is the primary factor that determines if the setting has the effect of isolating individuals from the broader community.</p>	<p>The initial provider assessment of full compliance strategy has been eliminated.</p>	
<p>View those settings on the campus of a continuing care retirement community from the quoted CMS perspective.</p>	<p>The State agrees.</p>	<p>Assisted living and/or adult day health settings located on the campus of a private continuing care community will be included in the “meets with modifications” category.</p>	
<p>Onsite evaluations of settings located in the same building as a nursing facility could provide evidence of compliance</p>	<p>The State agrees the physical location of a setting is not the only factor that determines if the setting has the effect of isolating individuals from the broader community.</p>	<p>No</p>	<p>Onsite evaluations of settings that may have the effect of isolating individuals is currently proposed in the plan.</p>

Themes	State’s Response	Modifications to the Plan	Rational for Not Modifying the plan
Stand-alone assisted living facilities can’t be assumed to be integrated.	The State agrees the physical location of a setting is not the only factor that determines if the setting has the effect of isolating individuals from the broader community.	No	<p>The plan currently outlines strategies for assessing specific settings that may have the effect of isolating individuals.</p> <p>Further proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system, rather than relying on setting-specific policies and practices.</p>
Inquiry regarding whether “memory care units” meet the intent of the rule.	On an individual basis, the use of the person-centered assessment and planning process will determine when this intervention is an appropriate modification.	No.	Person-centered planning is not within the scope of the transition plan.
Age-restricted admission policies create segregated settings.	Individuals have the choice of setting in which to receive services.	No.	All settings where HCBS are provided, and the State receives Medicaid funding from the federal government, must comply with the

Themes	State's Response	Modifications to the Plan	Rational for Not Modifying the plan
			federal regulation. The plan currently outlines strategies for assessing specific settings that may have the effect of isolating individuals from the broader community.
Upcoming inspections should elicit feedback from individuals in the settings.	The State agrees the experience of the individual in the setting is an essential element to determining the experience of community integration.	The plan was modified to include the experience of individuals as a component of the on-site assessment for settings that may have the effect of isolating.	
The importance of educating providers on how to come into compliance is vital for willing providers to succeed in order to maintain choice.	The State agrees shared expectations between individuals, providers, and the State is necessary to determine when a setting is compliant with HCBS community characteristics is essential.	No.	The plan currently includes an education strategy for both provider compliance and individual/family education.

Themes	State's Response	Modifications to the Plan	Rational for Not Modifying the plan
Requested re-categorizing privately operated continuing care retirement communities on the grounds or adjacent to a private institution from the heightened scrutiny category.	The State agrees the physical location of a setting is not the only factor which determines if the setting has the effect of isolating individuals from the broader community.	Assisted living and/or adult day health settings located on the campus of a private continuing care community will be included in the "meets with modifications" category.	N/A
Recommends the use of the HCBS settings tool kit as a guide to determine if the setting isolates.	The State agrees the toolkit is useful.	N/A	N/A
Assisted living offers privacy, independence, promotes remaining active, and is an important option.	Thank you.	N/A	N/A
Support for a collaborative communication plan for individuals and families.	The State appreciates ongoing support for involving individuals and families.	No	The plan currently includes a collaborative communication strategy.
Remediation is completely provider focused and lacks waiver participant involvement.	The State agrees the experience of the individual in the setting is an essential element to determining the experience of community integration	The plan was modified to include the experience of individuals as a component of the on-site assessment for settings that may have the effect of isolating.	

Themes	State's Response	Modifications to the Plan	Rational for Not Modifying the plan

Farmsteads: 15% of comments received were related to disability-specific farming communities. (39)

Themes	State's Response	Modifications to the Plan	Rationale for no change to the plan
These communities offer safety, acceptance and opportunities that many of the individuals residing there have not experienced in other community-based settings.	The transition plan supports individuals having full access to the broader community. The person-centered planning process is used to identify the supports necessary for individuals to be safe and to achieve desired outcomes in community-based settings. Each person-centered plan must reflect the setting chosen by the individual. All settings in which HCBS are provided must comply with the regulation.	No.	No setting has been determined to be unable to meet the HCBS characteristics at this time.
Individuals choosing to reside in a rural, intentional community are not necessarily segregated.	Physical location alone will not be the determining factor in whether a particular	The plan was modified to reflect that a determination of whether a setting	

Themes	State’s Response	Modifications to the Plan	Rationale for no change to the plan
	<p>setting possesses the HCBS characteristics outlined by CMS. This determination will be based on onsite evaluations which include interviews with individuals/families and reviews of policies and practices to ensure individuals have full access to the benefits of community living.</p>	<p>possesses the HCBS characteristics will be made based upon the on-site evaluation. The plan acknowledges that “integration” is a product of individual experiences, rather than a physical location.</p>	
<p>Eliminating these communities is eliminating choice, which is not consistent with Olmstead and the CMS regulation.</p>	<p>No setting has been determined to be unable to meet the HCBS characteristics at this time. Determinations shall be made based upon the onsite evaluations described above.</p>	<p>The plan was modified to reflect that a determination of whether or not a setting possesses the HCBS characteristics will be made based upon the on-site evaluation. The plan acknowledges that “integration” is a product of individual experiences, rather than a physical location.</p>	

Non-residential integrated day and employment services: 24% of the comments received were on this topic. (61)

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
<p>Not all individuals are able to work.</p>	<p>For a small percentage of individuals who are medically fragile or have complex needs, community employment may not be a possibility. Every person should be provided with the opportunity to make an informed choice to decide if community employment is a good fit. Some individuals will need more supports, or more time to find the right job match.</p>	<p>No.</p>	<p>There is nothing in the plan that requires an individual to work.</p>
<p>Eliminating sheltered workshops is a violation of individual’s rights. These settings should remain a choice for individuals receiving HCBS.</p>	<p>Sheltered workshops began in a time when few vocational options existed for individuals with developmental disabilities. As our system has evolved over time, providers have continued to enhance their skills to better support people in community</p>	<p>No</p>	<p>Prevocational services will still be available for individuals who need them, but the settings for this service will be integrated in and support full access to the greater community, which is in compliance with the HCBS settings rule.</p>

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	<p>employment. Access to better strategies for person-centered planning, customized and self-employment, development of natural workplace supports and assistive technology are all tools providers use to help individuals achieve and maintain community employment.</p> <p>Prevocational services provide learning and work experiences, where the individual can develop strengths and skills that contribute to employability in paid employment in integrated community settings.</p> <p>Individuals who need this service will still be able to access it, but the setting will be integrated in and support full access to the broader community.</p>		

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	<p>Community-based services provide richer opportunities for authentic work experiences, which lead to better outcomes.</p>		
<p>Existing workshops and day programs provide a sense of safety, value, and acceptance.</p>	<p>Integrated day and employment services will continue to offer a sense of safety, value and acceptance for individuals served. A 2012 study conducted by Dr. Bryan Dague, University of Vermont, focused on the concerns and fears of families/caregivers related to service conversion when Vermont closed its last workshop, and four years after. The parents who opposed the conversion have found their adult children to be increasing their skills and finding satisfaction in their community-based lives. The fears of being ridiculed and unsafe in the</p>		

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	<p>community have not become reality. Overall, families preferred their loved ones have the risks and rewards of life in the community. (Dague, 2012).</p>		
<p>Individuals should be allowed to spend their days with people who are similar to them and have similar needs.</p>	<p>Individuals will still have an opportunity to spend days with other individuals with similar needs. However, by ensuring that settings are integrated in and support full access to the greater community, individuals will also have an opportunity to interact with all people, enriching their own lives and the lives of people without disabilities.</p>	<p>No.</p>	<p>Nothing in the plan isolates individuals with disabilities from other individuals with disabilities.</p>
<p>In order for a move to integrated day supports to be successful, there must be a sufficient rate structure, staff training, and transportation in place.</p>	<p>A stakeholder workgroup is currently evaluating all adult services, including staff qualifications, costs pertaining to service delivery, rate structure and transportation.</p>	<p>No.</p>	<p>This process and timelines are already reflected in the plan.</p>

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
	When the group concludes its work, a waiver amendment will be submitted to CMS and new integrated services will be implemented.		
Individuals with intensive medical and/or behavioral needs will require the availability of adequate supports.	Individuals will have access to appropriate supports in order to maintain health and safety, as determined through a person-centered planning process.	No.	Nothing in the transition plan eliminates access to appropriate supports.
Individuals who do not have a facility-based day program option may be forced to remain at home all day.	Most individuals can receive integrated day and employment services outside of a facility with appropriate person-centered planning and support. It is not the intention of the transition to integrated, community-based supports to eliminate services for anyone. For individuals with medical fragility, options will be available that are appropriate and	No.	Nothing in the transition plan eliminates access to services.

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
	account for health and safety needs.		
One commenter noted that keeping segregated options perpetuates current thinking about individuals with disabilities.	The State agrees. When we isolate people in the general community from people with disabilities, we deny the opportunity for all citizens to learn from and to be exposed to people who may have different experiences and challenges.	No	The transition plan addresses how we will ensure individuals receive services in settings that support full access to the greater community.

Miscellaneous – 21% of comments received were related to a wide range of topics and not specific to any type of setting or system. (55)

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
Additional detail is needed about the State’s approach to implementing the transition plan.	Detail will be provided through a variety of mechanisms as the plan is implemented. Status updates will be posted on State agency websites. All draft rules will be made available through the State’s routine	The plan was modified to reflect the involvement of stakeholders in the development of the HCBS settings evaluation tool and to describe the elements that will be considered during the on-site evaluations.	

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	<p>processes of posting the rules for clearance and public hearings. In addition, a broad cross-section of stakeholders, including individuals, advocates, and providers, will be involved in the work of developing tools necessary for the implementation of the plan. Once developed, these tools will be accessible to the public for review.</p>		
<p>Concern was expressed about the apparent over-reliance on information from providers of HCBS.</p>	<p>The self-assessment survey process was merely one aspect of the initial phase of determining whether settings possessed HCBS characteristics. Preliminary validation was conducted through a comparison of</p>	<p>The plan was modified to reflect the initial validation through comparison of self-assessments with local/State reviews. In addition, information was added to reflect the elements included in the on-site evaluations yet to be conducted.</p>	

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	<p>self-assessments to information received through both local and State reviews of various settings. Further validation will occur through on-site evaluations of settings, including the experience of individuals residing in the setting.</p>		
<p>Adequate funding and training is needed to implement these changes.</p>	<p>The budget proposed for this biennium includes several initiatives related to funding and training for the HCBS system.</p>	<p>No.</p>	<p>These issues are typically addressed through the State's budget process.</p>
<p>Any setting should be permissible if it is determined to meet the HCBS characteristics, even those on the grounds of an ICF.</p>	<p>No setting has been determined to be unable to meet the HCBS characteristics at this time. Determinations will be made based upon the on-site evaluations described previously.</p>	<p>The plan was modified to reflect that a determination of whether or not a setting possesses the HCBS characteristics will be made based upon the on-site evaluation. The plan acknowledges that "integration" is a product of</p>	

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
		individual experiences, rather than a physical location.	
The shortage and turnover of direct care staff needs to be addressed.	The budget proposed for this biennium includes several initiatives related to funding and training for the HCBS system that are intended to improve the stability of the direct support workforce.	No.	These issues are typically addressed through the State budget process.
Need better definitions of "integration" and "community."	"Integration" is the incorporation or inclusion of individuals receiving HCBS, as equals, into society. It affords individuals receiving HCBS the same opportunities as individuals without disabilities. "Community" refers to society at large where individuals with and without	No	The transition plan indicates that "integration" is determined through the experiences of individuals, rather than by a setting location.

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
	Disabilities have the opportunity to interact.		
The State should ensure flexibility and choice of settings options, based on individuals’ person-centered plans.	In accordance with the CMS regulation, the HCBS Administration Rule will require that individuals be offered alternative settings in which to receive HCBS and that the chosen setting be identified in their person-centered plans. However, any setting in which individuals receive HCBS must comport with the CMS regulation.	No	All settings where HCBS are provided, and the State receives Medicaid funding from the federal government, must comply with the federal regulation, including those in which individuals choose to share a residence and/or services.
“Specialized” settings are not necessarily “segregated.”	The CMS regulation and Ohio’s transition plan do not inhibit an individual’s ability to receive specialized services and supports, nor do they prohibit individuals with similar needs from being served in the same location.	The plan was modified to reflect that a determination of whether or not a setting possesses the HCBS characteristics will be made based upon the on-site evaluation. The plan acknowledges that “integration” is a product of individual	

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	However, all settings in which HCBS are provided must not have the effect of isolating individuals.	experiences, rather than a physical location.	
Ongoing education and Information Sharing	The State agrees ongoing education and information sharing with a variety of stakeholders, including individuals, families, advocates and providers is a key component to the development and implementation of the plan.	The plan has been modified to State a broad cross-section of stakeholders will be involved with development of the HCBS settings evaluation tools, including individuals served, families, and providers.	The plan currently includes an education strategy for both provider compliance and individual/family education.

The draft transition plan received the following 10 recommendations (35% of the comments received) for consideration (90).

	10 Recommendations	State's Response	Modifications to the Plan	Rationale for No change to the Plan
1	New language to address our concerns while giving DODD the flexibility to ensure that disabled individuals are not isolated wherever located.	Physical location alone will not be the determining factor in whether a particular setting possesses the HCBS characteristics	The plan was modified to reflect that a determination of whether a setting possesses the HCBS characteristics will	

	10 Recommendations	State’s Response	Modifications to the Plan	Rationale for No change to the Plan
		outlined by CMS. This determination will be based on on-site evaluations which include interviews with individuals/families and reviews of policies and practices to ensure individuals have full access to the benefits of community living.	be made based upon the on-site evaluation. The plan acknowledges that “integration” is a product of individual experiences, rather than a physical location.	
2	Disabled adults’ best interests will be better served if the focus is changed from the residential settings’ construction type to what they do, and from their specific geographical location to how well they are integrated into the type of community in which they reside.	Physical location alone will not be the determining factor in whether a particular setting possesses the HCBS characteristics outlined by CMS. This determination will be based on onsite evaluations which include interviews with individuals/families and reviews of policies and practices to ensure individuals have full access to the benefits of community living.	The plan was modified to reflect that a determination of whether a setting possesses the HCBS characteristics will be made based upon the on-site evaluation. The plan acknowledges that “integration” is a product of individual experiences, rather than a physical location.	
3	The entire approach to the category of settings “presumed to have qualities of an institution” should be	Physical location alone will not be the determining factor in whether a particular setting	The plan was modified to eliminate the reference to settings “presumed	

	10 Recommendations	State’s Response	Modifications to the Plan	Rationale for No change to the Plan
	shifted from a focus on the type of housing at issue to the actual policies and practices that go on there in light of each resident’s person-centered assessments and planning.	possesses the HCBS characteristics outlined by CMS. This determination will be based on onsite evaluations which include interviews with individuals/families and reviews of policies and practices to ensure individuals have full access to the benefits of community living.	to have the qualities of an institution” to those presumed to have the “effect of isolating” individuals.	
4	Revise “III. Settings that are Presumed to have the Qualities of an Institution and may be Subject to Heightened Scrutiny Process.” Appendix 2. Page 3 with “III. Settings that, by policies and practices, are Presumed to have the Qualities of an Institution and may be Subject to Heightened Scrutiny Process.”	The title of Section III of the Settings Remediation Grid for ICF/IID Waivers has been modified.	The plan has been modified to eliminate the reference to settings “presumed to have the qualities of an institution” to those presumed to have the “effect of isolating” individuals.	
5	Replace the categories of housing listed in Column, subsections A1. through A4., in their entirety and replace with a new category described as “A1. Residential settings that, by policies and practices, tend to deny	The settings types listed in Section III under Residential Settings for ICF/IID Waivers have been modified.	The settings types now refer to “settings specifically designed for people with disabilities” and “settings designed to provide people	

	10 Recommendations	State’s Response	Modifications to the Plan	Rationale for No change to the Plan
	the residents’ access to the type of broader communities in which they reside.”		with disabilities multiple types of services on-site.”	
6	New language that maintains congregate settings as viable, creative “solutions of choice” for private and public development.	All settings where HCBS are provided must comport with the regulation, including those in which individuals choose to share a residence and/or services.	No	All settings where HCBS are provided, and the State receives Medicaid funding from the federal government, must comply with the federal regulation, including those in which individuals choose to share a residence and/or services.
7	New language that insists appropriate community-based residential, employment, and day placement for each individual shall be developed through person-centered assessments and planning to determine the most integrated, least restrictive setting appropriate to that person's unique needs and desires.	The HCBS Administration Rule will require that individuals be afforded the opportunity to choose among various services and settings to address assessed needs in the least-restrictive environment, promoting autonomy and full access to the broader	The plan was modified to reference the elements of the HCBS Administration Rule.	

	10 Recommendations	State's Response	Modifications to the Plan	Rationale for No change to the Plan
		community, and minimizing dependency on paid support staff.		
8	Formal recognition of the legal rights of parents/legal guardians in the entire process.	All settings in which individuals receive HCBS must comport with the regulation, whether selected by the individual or another legally responsible party on the individual's behalf.	No.	All settings where HCBS are provided, and the State receives Medicaid funding from the federal government, must comply with the federal regulation, including those in which individuals choose to share a residence and/or services.
9	Eliminating DODD's pre-assigned lists based on surveys that failed to clearly disclose its purpose when disseminated (and before the draft transition plan was released for comment).	Both the surveys and the instruction sheets distributed to providers were vetted by the Transition Plan Committee, which involved a broad cross-section of stakeholders.	The settings types now refer to "settings specifically designed for people with disabilities" and "settings designed to provide people with disabilities multiple types of services on-site."	
10	Recognize the accumulated experience, insight, and inherent authority of the State	The State acknowledges the contribution from a variety of	No	The Transition Plan was developed based upon initial

	10 Recommendations	State’s Response	Modifications to the Plan	Rationale for No change to the Plan
	Legislature in the process.	stakeholders is a key component to the development and implementation of the plan.		analysis of HCBS settings with the input of a broad cross-section of stakeholders, including State legislators who submitted comments.

Summary of Public Comment Process for the Revised Draft Plan

Ohio’s formal public comment period on the reposting of its Home and Community-Based Services (HCBS) draft transition plan was held from October 15, 2015, through November 15, 2015. During this period, the state received seven submissions from an individual, the parent of an individual receiving services, providers, and advocates.

Ohio used the following electronic and non-electronic methods to announce the opportunity to review the HCBS draft transition plan.

- **Web postings.** Ohio posted the revised draft plan, a public notice, summary, and stakeholder feedback on the original draft plan on the Ohio Office of Health Transformation (OHT) website at <http://www.healthtransformation.ohio.gov/CurrentInitiatives/ExpandandStreamlineHCBS.aspx> , which has more than 4600 subscribers. In addition, the Ohio Department of Medicaid (ODM), the Ohio Department of Aging (ODA) and the Ohio Department of Developmental Disabilities (DODD) posted public notices on their websites, which linked to the OHT site.
- **Community postings.** The local County Department of Job and Family Services offices posted a copy of the Public Notice and Request for Comment announcement, which included information about how to obtain a non-electronic copy of the waiver and the proposed amendments. The Area Agencies on Aging, as the lead agency for the state’s Aging and Disability Network, posted a copy of the Public Notice and Request for Comment announcement, which included information about how to obtain a non-electronic copy of the waiver and the proposed amendments.

- **Announcements at meetings, e-mails and conference calls.** Each agency took the opportunity to inform attendees of various Medicaid-related meetings and conference calls and stakeholder e-mail groups about the opportunity to review and comment on the HCBS draft transition plan. Combined, announcements were made at least 16 times through the various methodologies reaching almost 13,000 people, which included individuals receiving services, stakeholders, providers, advocates and professional associations. In the distribution of the e-mails, each agency asked recipients to further spread the opportunity to comment to their respective colleagues and distribution lists.
- **Remittance advice.** To reach the provider community, ODM placed a notice on provider “remittance advices” during the weeks of October 22 and 29, 2015, advising providers of the draft transition plan and listing website at which they could read the plan and submit comments. Home health agencies, personal care aides and home care attendants, and waiver services organizations were among the provider types notified.
- **Stakeholder advisory groups.** Announcements were issued to both DODD and ODM/ODA Stakeholder Advisory Groups regarding the formal public comment period with a request to disseminate the information to their respective colleagues and distribution lists.

Ohio provided five methods for the public to provide input on the draft transition plan, which included:

1. **E-mail.** Ohio established a dedicated e-mail box named MCD-HCBSfeedback, which received seven e-mails, all of which were received by the November 15, 2015, deadline.
2. **Written comments.** Ohio also provided a U.S. Postal Service address, which was Ohio Department of Medicaid, ATTN: HCBS Transition Plan, P.O. Box 182709, 5th Floor, Columbus, OH 43218. It received one mailed item, which was postmarked by the November 15, 2015, deadline, and was a hard copy of an e-mail attachment sent earlier.
3. **Fax.** Ohio provided a fax number, which was (614) 466-6945, but did not receive any faxes regarding the draft transition plan.
4. **Toll-free phone number.** Ohio provided a toll-free number 1 (800) 364-3153 with a recorded message advising callers they had reached the CMS HCBS draft transition plan phone message box and offering five minutes in which to leave a message. This option was not used.

5. **Video.** In response to a stakeholder request during the posting of the first draft transition plan, Ohio also accepted e-mailed .mov video submissions. However, it did not receive any submissions for the second posting.

All input from all methodologies were shared among the three agencies for quantification, analysis and potential modification of the draft plan.

Ohio ensured accessibility to the HCBS draft transition plan by posting it on an Americans with Disabilities Act-compliant website. The state shared the draft plan broadly and also requested key stakeholder organizations share and discuss with their members. Throughout this process, individuals could access the draft transition plan both electronically and hard copy upon request. Ohio did not receive a request for a hard copy.

Summary of Public Comments and Modifications Made on the Revised Plan Based Upon Public Comments

The table below illustrates a summary of the seven unduplicated comments received during the October 15, 2015, through November 15, 2015, comment period. It is categorized by topics and details modifications, if any, to be made to the draft transition plan prior to submitting to CMS and re-posting for public review.

Assisted Living: 14% of the comments received were on this topic. (1)

Themes	State’s Response	Modifications to the Plan	Rational for Not Modifying the plan
Personal needs allowance for individuals enrolled on the waiver is inadequate to promote community inclusion	The state acknowledges the value of the personal needs allowance in supporting community integration.	No	The state will consider the personal needs allowance policy in future waiver design.

Miscellaneous –86% of comments received were not specific to any type of setting and some submissions addressed a variety of themes. One submission was specific to both systems, one submission was relevant only to the NF-based LOC system and four submissions were directed to the ICF-IID system. (6)

Themes	State’s Response	Modifications to the Plan	Rationale for No Change to the Plan
The principle that individuals and families determine what integration means must permeate the plan.	The State agrees this is a basic principle of the transition plan.	No	The plan provides opportunities for the experience of individuals to inform the implementation and ongoing assessment of compliance.
The on-site evaluations should include a broader sample of settings, not just those based on provider self-assessments.	The State agrees the on-site evaluations should not be limited to those based on provider self-assessments.	No	The ongoing provider oversight process does incorporate a review of the settings beyond those identified proposed plan, as appropriate.
Benchmarks and timelines are needed to make sure sufficient progress is made and process is transparent.	The State acknowledges the importance of identified benchmarks and timelines to track implementation progress.	No	The plan outlines the proposed timelines for each component. The State will use existing stakeholder communication avenues to report on implementation progress.
Enforcement mechanism for individuals to challenge any setting not compliant.	The State acknowledges the value of individuals’ assessment of initial and ongoing setting compliance.	No	Using the existing complaint processes, individuals have the right to file a complaint regarding a specific setting and/or to report directly to the State any concerns with a setting’s ability to comply. Upon receiving a report by

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
			an individual or another entity, the State will initiate a formal review, as appropriate.
Clarify the individual has a right to due process upon proposed modifications.	The State acknowledges the individual's right to participate in and approve the person-centered service plan.	No	Due process is currently afforded if individuals have concerns with the scope, duration, or frequency of services authorized in the person-centered service plan, including any modifications proposed to the plan.
Ongoing education is needed about the new rule and subsequent changes.	The State acknowledges the value of ongoing education.	No	The state will continue to share information about changes and status updates through the established stakeholder groups, routine publications, and websites. The design of the communication strategy included in the plan is underway as well as the development of "easy read" documents for individuals served by the ICF-IID system.

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
<p>The Office of the State Ombudsman is supportive of the ombudsman's role in the education and relocation process. The Ombudsman recommends flexibility with timeframes for relocation, depending on the number of settings, to ensure smooth transition for individuals.</p>	<p>The involvement of the State Ombudsman Office is essential to promote person-centered principles in education and relocation processes.</p>	<p>No</p>	<p>The existing relocation team protocols will be used to ensure smooth transitions for individuals, including determining appropriate time frames for relocations.</p>
<p>The transition plan committee, which advised the development of the ICF-IID remediation plan, should be reassembled.</p>	<p>The State acknowledges the importance of ongoing communication and opportunities to provide feedback on the implementation of the remediation plan for both systems.</p>	<p>No</p>	<p>Ongoing communication will be provided and feedback will be solicited through existing stakeholder workgroups and publications, as well as through future public comment periods related to updates to the statewide transition plan and resulting waiver or rule amendments.</p>
<p>Additional training and technical assistance is required to assist providers with complying with the regulation.</p>	<p>The State acknowledges the value of ongoing education and technical assistance with plan implementation.</p>	<p>No</p>	<p>Information regarding the requirements for all HCBS settings has been provided via regional forums, conferences, webinar presentations, and written publications. Because the characteristics of HCBS settings are determined through the experiences of</p>

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
			<p>individuals receiving supports, training efforts have been focused on the person-centered planning process. DODD has contracted with national experts to provide training and technical assistance to county board personnel and providers. In addition, local training sessions have been made available to individuals and families. Resources to support team members with person-centered planning are also available on DODD's website. To support providers who are transitioning from facility-based day services to integrated community supports, DODD has awarded project transformation grants and has fostered communities of practices for providers to share their experiences</p>

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
			with transformation with one another.
Revised service definitions for adult day waiver services and new rate methodologies should be adopted prior to plan implementation.	The State does not agree. Individuals should be afforded opportunities for access to the broader community in accordance with their person-centered plans.	No	DODD continues to meet with stakeholders and respond to feedback regarding proposed service definitions and rates. The planned implementation date remains October 2016. Nothing in the current rules prevents or prohibits compliance. Many providers have already made, or are in the process of making, necessary changes to increase individuals' access to the broader community.
County board personnel should be permitted to accompany DODD personnel during on-site visits.	The State does not agree that it is necessary to include county board personnel in onsite reviews conducted by the State.	No	County board personnel will receive training on the HCBS settings evaluation tool for use during the ongoing compliance process.
Empower SSAs in evaluating service setting compliance with integration mandate.	The State agrees that additional training is required on the process to be used to evaluate	No	County board personnel will receive training on the HCBS settings evaluation tool for use during the

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	settings' compliance with the regulation.		ongoing compliance process.
A question was raised about whether a formal strategic plan is required by providers of HCBS.	No formal strategic plan is required.	No	A provider's strategic plan, if available, is one possible indicator of the provider's commitment to supporting individuals with access to the broader community.
A question was raised about the role of protection and advocacy entities in the ongoing monitoring of site-specific settings	Involvement in ongoing compliance efforts by protection and advocacy entities is not duplicative of other compliance efforts by the State.	No	Protection and advocacy entities are key partners in ongoing compliance by informing individuals of their right to file a complaint regarding a specific setting and/or to report directly to the State any concerns with a setting's ability to comply. Upon receiving a report by an individual or another entity, the State will initiate a formal review, as appropriate.
The State should conduct on-site reviews until county boards have resolved the conflict of interest.	The State agrees that county boards should not conduct reviews of existing adult day waiver settings until they are no	No	All initial onsite reviews will be conducted by the State. County board personnel will receive training on the HCBS settings evaluation tool for use in the ongoing

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	longer providers of service.		compliance process. Reviews by county board personnel will focus on residential settings, as long as boards continue to provide adult day waiver (non-residential) services.
Concern was expressed that the HCBS settings evaluation tool was developed by a group of stakeholders chosen by DODD.	The State does not agree.	No	DODD invited individuals, advocates, providers, and county board personnel who provided public input on the initial posting of the statewide transition plan. Representatives included those who submitted comments in support and in opposition to the plan.
A question was asked about how the public will be able to comment on the results of the onsite evaluations.	The statewide transition plan will be updated to reflect the results of the on-site evaluations.	No	Future public comment periods related to updates to the statewide transition plan and resulting waiver or rule amendments will be available.
State provider compliance reviews need to occur more often than once every three years.	Routine reviews are conducted at least once every three years. However, special reviews	No	In addition to the formal provider compliance reviews conducted by DODD and county boards, service and support

Themes	State's Response	Modifications to the Plan	Rationale for No Change to the Plan
	may be conducted whenever concerns are reported.		administrators conduct ongoing monitoring of service plan implementation.
The HCBS settings evaluation tool should be posted to the website.	The State agrees.	No	A copy of the final HCBS evaluation tool will be posted to DODD's website.
Full inclusion requires enhanced literacy	The State acknowledges the importance of literacy.	No	Case managers are responsible for linking individuals with supports necessary to support their desired outcomes. This may include referrals to literacy organizations, as appropriate.

Section V: CMS's Initial Review of Ohio's Statewide Transition Plan (STP)

The Centers for Medicare and Medicaid Services (CMS) completed its initial review of Ohio's Statewide Transition Plan (STP) and issued the findings to the State on July 23, 2015. A copy of the CMS review is available at: <http://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/oh/oh-cmia.pdf>. Based upon its initial review of the statewide transition plan CMS said the STP needed to be revised and posted for public comment.

Ohio Response to the CMS Initial Review of the Statewide Transition Plan

Assessments

Site-specific assessment process. CMS would like additional information regarding the methods used to validate the results of the provider self-assessment surveys.

- What percent of residential settings serving individuals with an ICF/IID Level of Care (LOC) were actually assessed by the county boards of developmental disabilities?

Ohio Response: 13% of all self-assessments of residential settings received were from county boards of developmental disabilities.

- How will the state validate the survey results of existing non-residential settings providing adult day services serving individuals with an ICF/IID LOC?

Ohio Response: An HCBS Setting Evaluation Tool was developed with stakeholders representing county boards of developmental disabilities, providers of residential and non-residential services, individuals receiving services, and advocates. DODD personnel will use the tool during on-site reviews. It includes reviews of documentation including the provider's strategic plan, policies and procedures, and staff training. The review also takes into consideration the location of the setting and whether it appears to be integrated into the broader community. Interviews will be conducted with individuals receiving services, direct support professionals, and family members to gather information about the types of opportunities for access to the community that are available. On-site visits will occur by July 2017.

- How will the state ensure that new providers will also be in compliance?

Ohio Response:

- An initial on-site assessment is conducted for all new settings that provide residential and non-residential HCBS.
- For settings that serve individuals with a NF-based level of care, the assessment is conducted prior to the entity being issued a Medicaid provider agreement to furnish HCBS waiver services.
- For individuals with an ICF-IID level of care, local service and support administrators will ensure that new settings comply with the HCBS settings standards prior to adding the service to Individual Service Plans. If a setting's non-compliance prevents a service from being added to an individual's plan, the individual will be afforded due process in accordance with Ohio Revised Code 5101:6-1 through 5101:6-9.
- DODD's Office of Provider Standards and Review conducts provider compliance reviews for all new providers within the first year of service provision. DODD's routine regulatory review will include an evaluation of the setting's compliance with the standard as outlined in OAC 5123:2-2-04- Compliance reviews of certified providers.
- Appendix 2 and 4 have been updated.

Outcomes of site-specific assessments. Additional information is needed with regard to the outcomes of the completed assessments, including the provider self-assessments and participant experience assessments.

- The STP should include information on the outcomes of site-specific assessments by setting type. CMS would also like to understand the information the state used from the provider self-assessments (e.g., variables used to assess compliance and aggregated results) to determine the status of settings.

Ohio Response:

- A summary statement was added to the self-assessment surveys distributed to providers of both residential and non-residential services. Providers were asked to categorize each setting as one of the following: compliant, able to comply with modifications, having the effect of isolating and possibly requiring a heightened scrutiny review, or cannot comply. Representatives from DODD's Office of Provider Standards and Review and the Division of Medicaid Development and Administration compared providers' responses to survey questions with providers' selected summary statements. If discrepancies were noted between the responses and the summaries, DODD personnel modified the setting's classification based upon the results of the actual survey responses. Through the self-assessment process, the state also identified common trends of areas in which providers identified the need for improvement. They included the need to provide additional training for staff to assist individuals with community access/participation, the need to learn more about the types of activities/opportunities within individuals' communities, and making changes in person-centered plans to reflect interests and supports needed for individuals to access the community.
 - For residential and non-residential settings that serve individuals with a NF-based level of care, the State used existing state regulations, rules, and standards, to categorize each setting as one of the following: compliant, able to comply with modifications, having the effect of isolating and possibly requiring a heightened scrutiny review, or cannot comply.
 - Site-specific assessments will be conducted for 100 percent of both the residential and non-residential settings, which have been identified as having the effect of isolating individuals and may be subject to heightened scrutiny. The site-specific assessments process includes a participant experience component.
- Once the State has completed the site-specific assessments (including on-site assessments), the state must update the STP with a description of the results by setting type so the public can comment on the state's determinations.

Ohio Response: Upon completion of the site-specific assessments, the STP will be updated to include a description of the results by setting type. The State will make the revised STP available for public comment, in accordance with the regulation.

Ongoing Monitoring:

For all setting types, CMS would like more detail regarding ongoing monitoring and provider compliance reviews such as:

- The components of the monitoring process, including how the community surveys can be tied to specific settings and what action will be taken based on the findings.
- Whether the state intends to use state licensure entities to ensure settings remain in compliance after the end of the transition period.

Ohio Response:

- Continued compliance with the HCBS settings rule for all setting types is a component of the current ongoing monitoring and provider compliance reviews. The components of the monitoring process, including the entities responsible for conducting, prescribed time frames, event-based compliance reviews and consequences for non-compliance, are outlined in the approved waiver and in accordance with the following Ohio Administrative Code rules: OAC 5160-45-06, 5160-45-09, 173-39-04, 173-39-05, 173-39-06 and 5123:2-2-04.
- Separate from the ongoing monitoring processed outlined above, additional mechanisms that contribute to the ongoing monitoring of the site-specific settings include but are not limited to case management oversight as outlined in the approved waivers, involvement of protection and advocacy entities, a complaint process, and participant experience surveys.
- Appendices 2 and 4 have been updated to provide more detail on the ongoing monitoring process.

Remedial Actions

Systemic remediation. The State's systemic remediation strategies are presented in a Systems Remediation Grid for the ICF/IID Level of Care (LOC) waiver settings and for the nursing facility (NF) LOC waiver settings. The grids "describe the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies" and identify the regulation, remediation required, action steps, and timeline.

Ohio Response: No response required.

Setting remediation. Setting remediation strategies are presented in a Settings Remediation Grid for the ICF/IID LOC settings and for the NF-LOC settings. The grids

identify the regulation, remediation required, action steps, and timeline. Providers will develop remediation strategies to come into compliance. However, at this point there is little detail as to what these remediation strategies will entail.

Ohio Response: Appendices 2 and 4 have been updated to provide more detail on remediation strategies

Please provide additional detail under the ICF/IID LOC Adult Day Waivers Service Settings for two remediation and relocation activities listed to be completed "By March 2024". These dates appear to indicate the state's plan for zero conflict of interest for this service. This information should not be included in the STP but should be reflected in the appropriate waiver(s). Please remove this reference. If this is an incorrect understanding by CMS, please provide information to clarify. CMS notes that the transition activities for settings should not exceed March 17, 2019.

Ohio Response: Currently 20,149 individuals with an ICF/IID level of care receive adult day waiver services, including Adult Day Support, Vocational Habilitation, and Adult Day Health Center services. There are currently 865 providers certified to deliver these services. In Ohio, these services are typically offered in traditional day program settings that offer varying levels of opportunities for community access and participation. Over the past two years, DODD has worked closely with providers of adult day waiver services, county boards of developmental disabilities, and advocates to redesign these services to promote enhanced employment opportunities and greater community participation. In addition to new service definitions, the group identified key changes to provider qualifications and rate methodologies needed to achieve these desired outcomes. The State will present the proposed amendments to CMS for consideration in 2016.

Due to the number of individuals receiving Adult Day waiver services, as well as the number and variety of providers delivering the services, Ohio has requested an additional five years to comply with the standard. This time is needed to implement the newly redesigned services, develop sufficient capacity of providers that meet the new qualifications, and transition individuals to new service models. During this period, Ohio will continue to conduct reviews of existing adult day waiver settings and ensure remediation, where needed, to comply with the standard.

As evidenced through public comment submitted in response to Ohio's proposed transition plan, as well as through legislative feedback provided to CMS, stakeholders have raised significant concerns about potential disruption in services that may result from abrupt changes to the service delivery system. A successful transition requires sufficient time to ensure the appropriate infrastructure exists to support greater community access in order to minimize disruption to services for 20,149 individuals.

The state indicates they will be using data from Quality Reviews such as the National Core Indicators. The state must demonstrate how these Reviews can be cross-walked to specific setting locations.

Ohio Response: For the NF-based LOC system, the state will use data from Quality Reviews, such as the National Core Indicators survey, to assess system-wide trends with individuals' experiences with community integration and access. The Resident Satisfaction Survey results will be used to assess the individuals' experience with community integration and access with specific setting locations. Appendix 4 has been updated.

Relocation

The remediation strategies reference relocation in Appendices 2 and 4 at a high level as part of the processes for both residential and non-residential settings in the ICF/IID and NF-LOC waivers for settings that cannot comply with the HCBS characteristics, even with modifications. Please provide more detail regarding the relocation processes to include reasonable notice, assuring critical services are in place, and timeframes for planning these activities to ensure the effective transition by March 2019.

Ohio Response: Appendices 2 and 4 have been updated to add more detail regarding the relocation process.

Heightened Scrutiny

The state should clearly lay out its process for identifying settings that are presumed to have institutional characteristics. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information on these settings, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved to either compliant settings or to non-Medicaid funding streams.

These settings include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Ohio Response: Appendices 2 and 4 have been updated to provide more detail regarding the heightened scrutiny process.

CMS is concerned that the state's assessment plan will not be completed until sometime in 2017. We would urge the state to consider any timeline efficiencies that will provide them and the stakeholders with information regarding the status of settings more expeditiously.

Ohio Response: The state is committed to timelines that which prepare individuals and providers to participate in a comprehensive assessment process and affords individuals ample opportunities to make informed decisions regarding choice of compliant settings in which to reside and/or receive services.

Appendices: Remediation Plans

Appendix 1: ICF/IID System Remediation Grid

Appendix 2: ICF/IID Settings Remediation Grid

Appendix 3: NF-LOC System Remediation Grid

Appendix 4: NF-LOC Settings Remediation Grid

**APPENDIX 1: ICF/IID Level of Care Waivers
System Remediation Grid
Initial Approval: June 2, 2016**

The system grid describes the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid Services (CMS)

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
<p>Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Prior to the implementation of Ohio Administrative Code 5123:2-9-02, state regulations required that person-centered plans support community connections, but did not directly address the requirement for settings to be integrated and support full access to the greater community. With the implementation of the new regulation, the state is now fully compliant.</p> <p>Ohio Administrative Code 5123:2-1-11 requires all person-centered plans to support community connections. http://codes.ohio.gov/oac/5123%3A2-1-11</p>	<p>Implement new Home and Community-Based Services Administration rule that describes the characteristics required of all settings in which HCBS is provided and recognizes the individual’s opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid supports. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Formal clearance for draft rule • Final file • Implementation. 	<p>January 1, 2016</p>
		<p>Revise service definition of Homemaker/Personal Care under the Individual Options and Level One waivers to include language that supports the use of this service to promote individuals’</p>	<ul style="list-style-type: none"> • Submit waiver amendments to CMS • Formal clearance for draft rule • Final file • Implementation. 	<p>October 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
		<p>integration in and access to the greater community.</p> <p>http://dodd.ohio.gov/PipelineWeekly/Lists/Posts/Post.aspx?ID=115</p>		
		<p>Implement a new HCBS settings evaluation tool utilized to conduct compliance reviews of providers of HCBS to include prompts for ensuring HCBS are provided in settings that comport with the regulation.</p> <p>http://dodd.ohio.gov/OurFuture/Documents/HCBS%20Settings%20Evaluation.pdf</p>	<ul style="list-style-type: none"> • Convene workgroup with broad cross-section of individuals/families, providers of HCBS, and county board personnel • Develop draft tool • Share draft with stakeholders for feedback • Provide training on new tool • Begin implementation. 	<p>January 1, 2016</p>
<p>The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The State regulation, policy or other standards are fully compliant. The sections of Ohio Administrative Code and Ohio Revised Code listed below require each individual have opportunities to seek employment and work in competitive integrated settings and are fully compliant with the regulation.</p> <p>Section 5123.022 of the Revised Code requires that employment services for individuals with developmental disabilities be directed at community employment and that individuals with developmental disabilities are</p>	<p>Create new service definitions, provider qualifications, and rate methodologies for integrated community supports and integrated employment services.</p> <p>http://dodd.ohio.gov/PipelineWeekly/Lists/Posts/Post.aspx?ID=115</p>	<ul style="list-style-type: none"> • Convened workgroup that includes advocates/self-advocates, as well as representatives from providers of HCBS and county boards • Submit waiver amendments to CMS • Formal clearance for draft rule • Final file • Implementation. 	<p>October 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>presumed capable of community employment.</p> <p>http://codes.ohio.gov/orc/5123.022</p>			
	<p>SSA and Employment First rules require path to community employment to be identified in each person-centered plan.</p> <p>http://codes.ohio.gov/oac/5123%3A2-1-11 (Service and Supports Administration rule)</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-05%20Effective%202014-04-01.pdf (Employment First rule)</p>	<p>The Transitions DD Waiver does not include a service that supports individuals in seeking and working in competitive, integrated settings. The State intends to submit a phase-out plan for this waiver which will include offering individuals the opportunity to enroll in the Level One (LV1), Individual Options (IO) or SELF waivers.</p>	<ul style="list-style-type: none"> • Convened stakeholder group that includes family members of individuals served, providers of TDD services, and county boards • Develop phase-out plan • Secure public input on phase-out • Submit amendment to CMS • Initiate phase-out plan, if approved • Phase-out complete. 	<p>Initiate phase-out July 1, 2015 to be concluded by June 30 2017</p>
	<p>LV1, IO, SELF include services that support individuals on their path to employment, such as supportive employment and integrated employment.</p>			
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The State regulation, policy or other standards are fully compliant.</p> <p>Prior to the implementation of Ohio Administrative Code 5123:2-9-02, state regulations required that person-centered plans support community connections, but did not directly address the requirement for settings to be integrated and support full access to the greater community. With the implementation of the new</p>	<p>Revise service definition of Homemaker/Personal Care under the IO and LV1 waivers to include language that supports the use of this service to promote individuals' integration in and access to the greater community.</p> <p>http://dodd.ohio.gov/PipelineWeekly/Lists/Posts/Post.aspx?ID=115</p>	<ul style="list-style-type: none"> • Formal clearance for draft rule • Final file • Implementation 	<p>October 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>regulation, the state is now fully compliant.</p> <p>Ohio Administrative Code 5123:2-1-11 requires all person-centered plans to support community connections. http://codes.ohio.gov/oac/5123%3A2-1-11</p>			
		<p>Create new service definitions, provider qualifications, and rate methodologies for integrated community supports and integrated employment services. http://dodd.ohio.gov/PipelineWeekly/Lists/Posts/Post.aspx?ID=115</p>	<ul style="list-style-type: none"> • Convened workgroup that includes advocates/self-advocates, as well as representatives from providers of HCBS and county boards • Submit waiver amendments to CMS • Formal clearance for draft rule • Final file • Implementation. 	<p>October 1, 2016</p>
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The State regulation, policy or other standards are fully compliant. Section 5123.62 of the Ohio Revised Code requires that individuals have the right to control personal financial affairs, based on individual ability to do so. http://codes.ohio.gov/orc/5123.62</p>	<p>Develop a new rule addressing personal funds of individuals. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-07%20Effective%202016-10-01.pdf</p>	<ul style="list-style-type: none"> • Convened workgroup • Formal clearance for draft rule • Final file • Implementation. 	<p>June 1, 2016</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</p>	<p>Prior to the implementation of Ohio Administrative Code 5123:2-9-02, the state standards were silent. The new regulation requires that individuals have the</p>	<p>Amend Ohio Administrative Code 5123:2-9-11, Free Choice of Provider, to clarify the requirement to explain how choosing a licensed setting may</p>	<ul style="list-style-type: none"> • Convened workgroup that includes advocates, as well as representatives of providers of HCBS and county boards 	<p>4/1/15</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
<p>The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>opportunity to pursue activities with persons of his or her choosing and in settings not created exclusively for individuals with disabilities. The regulation also requires service and support administrators to provide a description of all services and settings options available through the waiver.</p>	<p>impact an individual's free choice of Homemaker/Personal Care provider. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-11%20Effective%202015-05-01.pdf</p>	<ul style="list-style-type: none"> • Formal clearance for draft rule • Final file • Implementation 	
		<p>Implement a new HCBS settings evaluation tool utilized to conduct compliance reviews of providers of HCBS to ensure services are provided in settings that comport with the regulation. http://dodd.ohio.gov/OurFuture/Documents/HCBS%20Settings%20Evaluation.pdf</p>	<ul style="list-style-type: none"> • Convene workgroup with broad cross-section of individuals/families, providers of HCBS, and county board personnel • Develop draft tool • Share draft with stakeholders for feedback • Provide training on new tool • Implementation. 	6/1/15
<p>An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>The State regulation, policy or other standards are fully compliant. Section 5123.62 of the Ohio Revised Code specifies rights for individuals with developmental disabilities. http://codes.ohio.gov/orc/5123.62</p>			
	<p>Annual review of the rights of individuals with developmental disabilities is required for all providers of HCBS and is provided to all individuals receiving HCBS. http://codes.ohio.gov/orc/5123.63 (Ohio Revised Code Distributing copies of rights)</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-01%20Effective%202015-10-01.pdf (Provider certification – includes requirements for initial and annual training on the rights of people with developmental disabilities)			
	<p>Existing county board accreditation and provider compliance review processes ensure compliance with requirements for initial and annual training for providers of HCBS and for review of rights with individuals served.</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-1-02%20Effective%202015-01-01.pdf (See paragraph P for county board accreditation)</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf (Compliance reviews of certified providers)</p>			
Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.	<p>The State regulation, policy or other standards are fully compliant. With the implementation of Ohio Administrative Code 5123:2-9-02, however, this requirement is additionally reinforced.</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Ohio Administrative Code 5123:2-1-11 outlines the decision-making responsibility of individuals receiving services and a requirement for person-centered plans to assist the individual with self-advocacy, if desired.</p> <p>http://codes.ohio.gov/oac/5123%3A2-1-11</p>			
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>Prior to the implementation of Ohio Administrative Code 5123:2-9-02 and the revision of 5123:2-9-11, the state was partially compliant. Previously, OAC 5123:2-9-11 required service and support administrators to assist individuals, as needed with exercising their free choice of provider. However, it lacked specificity regarding the supports available and the impact of an individual choosing to receive services in a licensed setting.</p>	<p>Amend Ohio Administrative Code 5123:2-9-11, Free Choice of Provider, to clarify the requirement to explain how choosing a licensed setting may impact an individual's free choice of homemaker/personal care provider.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-11%20Effective%202015-05-01.pdf</p>	<ul style="list-style-type: none"> • Convened workgroup that includes advocates, as well as representatives of providers of HCBS and county boards • Formal clearance for draft rule • Final file • Implementation 	<p>April 1, 2015</p>
<p>Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a 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,</p>	<p>The State regulation, policy or other standards are silent.</p>	<p>Amend Ohio Administrative Code to specify the required contents of a residency agreement or other written agreement for individuals residing in a provider-owned or controlled setting. Ohio Administrative Code 5123:2-9-02 (F) (1-4) requires the use of a legally enforceable agreement.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Convened workgroup • Formal clearance for draft rule • Final file • Implementation. 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
<p>county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>The State regulation, policy or other standards are silent.</p>	<p>Implement a new HCBS settings evaluation tool utilized to conduct compliance reviews of providers of HCBS to ensure services are provided in settings that comport with the regulation. http://dodd.ohio.gov/OurFuture/Documents/HCBS%20Settings%20Evaluation.pdf</p>	<ul style="list-style-type: none"> • Convene workgroup with broad cross-section of individuals/families, providers of HCBS, and county board personnel • Develop draft tool • Share draft with stakeholders for feedback • Provide training on new tool • Implementation. 	<p>June 1, 2015</p>
<p>Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>The State regulation, policy or other standards are partially compliant. This section of Ohio Revised Code addressed the right for privacy. It did not specifically address the individual’s ability to have lockable doors. Section 5123.62 of the Ohio Revised Code specifies rights for individuals with developmental disabilities. http://codes.ohio.gov/orc/5123.62</p>	<p>Implement new HCBS Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings. Ohio Administrative Code 5123:2-9-02 (F) (3) (f) (ii) ensures the individual’s right to privacy and security including locks and keys to his or her living unit. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p> <p>Sub-regulatory guidance will be issued related to implementation of Ohio Administrative Code 5123:2-9-02 which specifies only appropriate staff shall have keys to lockable doors.</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule • Final file • Implementation. 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Annual review of the rights of individuals with developmental disabilities is required for all providers of HCBS and is provided to all individuals receiving HCBS. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-01%20Effective%202015-10-01.pdf (Provider certification – includes requirements for initial and annual training on the rights of people with developmental disabilities)</p>			
	<p>Existing county board accreditation and provider compliance review processes ensure compliance with requirements for initial and annual training for providers of HCBS and for review of rights with individuals served. https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-1-02%20Effective%202015-01-01.pdf (See paragraph P for county board accreditation) https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf (Compliance reviews of certified providers)</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Ohio Administrative Code 5123:2-2-06 outlines requirements when behavioral strategies incorporated in person-centered plans include restrictive measures.</p> <p>http://codes.ohio.gov/oac/5123:2-2-06</p>			
<p>Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.</p>	<p>The State regulation, policy or other standards are silent.</p>	<p>Implement new HCBS Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings. Ohio Administrative Code 5123:2-9-02 (F) (3) (f) (i) ensures the individual’s choice of roommates.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule Final file • Implementation. 	<p>January 1, 2016</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>The State regulation, policy or other standards are partially compliant. The statute includes the right for people to have and use personal possessions so as to maintain individuality and personal dignity. It did not specifically include a requirement for individuals to have the freedom to furnish and decorate sleeping/living units in provider owned or controlled residential settings. That requirement is now incorporated in Ohio Administrative Code 5123:2-9-02.</p>	<p>Implement new HCBS Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings. Ohio Administrative Code 5123:2-9-02 (F) (3) (f) (iii) ensures the individual is able to furnish or decorate his or her living unit.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule Final file • Implementation. 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Section 5123.62 of the Ohio Revised Code specifies rights for individuals with developmental disabilities.</p> <p>http://codes.ohio.gov/orc/5123.62</p>			
	<p>Annual review of the rights of individuals with developmental disabilities is required for all providers of HCBS and is provided to all individuals receiving HCBS.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-01%20Effective%202015-10-01.pdf (Provider certification – includes requirements for initial and annual training on the rights of people with developmental disabilities)</p>			
	<p>Existing county board accreditation and provider compliance review processes ensure compliance with requirements for initial and annual training for providers of HCBS and for review of rights with individuals served.</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-1-02%20Effective%202015-01-01.pdf (See paragraph P for county board accreditation)</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	2-04%20Effective%202013-03-14.pdf (Compliance reviews of certified providers)			
Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<p>The State regulation, policy or other standards are partially compliant. This statute includes the rights of all people, regardless of living arrangement, to participate in activities of their choosing and have access to opportunities to help them develop to their full potential. With the implementation of Ohio Administrative Code 5123:2-9-02, the state is now fully compliant.</p> <p>Section 5123.62 of the Ohio Revised Code specifies rights for individuals with developmental disabilities. http://codes.ohio.gov/orc/5123.62</p>	<p>Implement new HCBS Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings. Ohio Administrative Code 5123:2-9-02 (F) (3) (f) (v -vi) ensures the individual is able to control his or her schedule and activities and have access food at any time. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule Final file Implementation. 	<p>January 1, 2016</p>
	<p>Annual review of the rights of individuals with developmental disabilities is required for all providers of HCBS and is provided to all individuals receiving HCBS. http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-01%20Effective%202015-10-01.pdf (Provider certification – includes requirements for initial and annual training on the rights of people with developmental disabilities)</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Existing county board accreditation and provider compliance review processes ensure compliance with requirements for initial and annual training for providers of HCBS and for review of rights with individuals served.</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-1-02%20Effective%202015-01-01.pdf (See paragraph P for county board accreditation)</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf (Compliance reviews of certified providers)</p>			
	<p>Ohio Administrative Code 5123:2-2-06 outlines requirements when behavioral strategies incorporated in person-centered plans include restrictive measures.</p> <p>http://codes.ohio.gov/oac/5123:2-2-06</p>			
<p>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</p>	<p>The State regulation, policy or other standards are partially compliant. This statute includes the rights of all people, regardless of living arrangement, to have visitors of their choosing at any time. With the implementation of Ohio Administrative Code 5123:2-9-02, the state is now fully compliant.</p>	<p>Implement new HCBS Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings. Ohio Administrative Code 5123:2-9-02 (F) (3) (f) (iv) ensures the individual is able to have visitors</p>	<ul style="list-style-type: none"> • Developed content with the subcommittee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule Final file 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>Section 5123.62 of the Ohio Revised Code specifies rights for individuals with developmental disabilities.</p> <p>http://codes.ohio.gov/orc/5123.62</p>	<p>of his or her choosing at any time.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<p>Implementation.</p>	
	<p>Annual review of the rights of individuals with developmental disabilities is required for all providers of HCBS and is provided to all individuals receiving HCBS.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-01%20Effective%202015-10-01.pdf (Provider certification – includes requirements for initial and annual training on the rights of people with developmental disabilities)</p>			
	<p>Existing county board accreditation and provider compliance review processes ensure compliance with requirements for initial and annual training for providers of HCBS and for review of rights with individuals served.</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-1-02%20Effective%202015-01-01.pdf (See paragraph P for county board accreditation)</p> <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-</p>			

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>14.pdf (Compliance reviews of certified providers)</p>			
	<p>Ohio Administrative Code 5123:2-2-06 outlines requirements when behavioral strategies incorporated in person-centered plans include restrictive measures.</p> <p>http://codes.ohio.gov/oac/5123:2-2-06</p>			
<p>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</p>	<p>The State regulation, policy or other standards are fully compliant. The state standards state the need for all areas of the setting to be physically accessible to individuals.</p> <p>Ohio Administrative Code 5123:2-3-10 addresses the physical environment standards in licensed settings.</p> <p>http://codes.ohio.gov/oac/5123%3A2-3-10</p> <p>Ohio Administrative Code 5123:2-3-02 (C) (2) addresses that all areas of the residential facility must adequately meet the needs of the individuals.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-3-02%20Effective%202016-10-01.pdf</p> <p>In addition, OAC 5123:2-3-08(D)(1)(a-b), (D)(4) and (5) addresses for the setting to be</p>	<p>Implement new HCBS and Community-Based Services Administration rule that describes the characteristics required of all settings in which HCBS is provided, including the requirements specific to provider owned or controlled settings.</p> <p>Ohio Administrative Code 5123:2-9-02</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule Final file Implementation. 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
	<p>physically accessible to all residents.</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-3-08%20Effective%202016-10-01.pdf)</p>			
<p>Locations that have qualities of institutional settings, as determined by the Secretary. Any 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.</p>	<p>The State regulation, policy or other standards are silent.</p>	<p>Implement new Home and Community-Based Services Administration rule that describes the characteristics required of all settings in which HCBS is provided and recognizes the individual’s opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid supports. Ohio Administrative Code 5123:2-9-02 (C) (6) (a-b).</p> <p>http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf</p>	<ul style="list-style-type: none"> • Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule • Final file • Implementation. 	<p>January 1, 2016</p>
<p>Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.</p>	<p>The State regulation, policy or other standards are silent.</p>	<p>Implement new Home and Community-Based Services Administration rule that describes the characteristics required of all settings in which HCBS is provided and recognizes the individual’s opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid</p>	<ul style="list-style-type: none"> • Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS • Convene workgroup • Formal clearance for draft rule • Final file • Implementation. 	<p>January 1, 2016</p>

Regulation	Areas of Compliance	Remediation Required	Action Steps	*Timeline
		supports. Ohio Administrative Code 5123:2-9-02 (C) (5) (a-d). http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-02%20New%202016-04-15.pdf		

**APPENDIX 2: ICF/IID Level of Care Waivers
Settings Remediation Grid
Initial Approval: June 2, 2016**

The settings grid describes the impact of the federal regulation on the where services are delivered.

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid Services(CMS)**

I. Settings which currently meet HCBS characteristics. (Settings serving 90.9% of ICF-IID waiver population or 31,341 individuals)

A. Setting Type	Living alone
	Living with family
	Shared living

II. Settings which currently do not meet HCBS characteristics but may with modifications.

Setting Type	Remediation Required	Action Steps	Timeline Start Date	End Date
A. Residential Settings 5.9% (578 settings)				
	<ul style="list-style-type: none"> Adopt and implement an overarching DODD HCBS Waiver Administration rule that reflects the characteristics of settings where HCBS may be provided and recognizes the individual's opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid supports. Modify Homemaker/Personal Care (HPC) service definition to incorporate CMS' required HCBS community integration/access characteristics. 	<ul style="list-style-type: none"> Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS Post draft rule for comment, make necessary revisions, final file, and final file with proposed implementation date by January 2016. Submit waiver amendment to CMS and modify service rules. 	<p>June 2015</p> <p>January 1/,2016</p> <p>6/30/2016</p>	<p>June 2015</p> <p>April 30, 2016</p> <p>Submit waiver amendment to CMS 7/1/2016, effective date of 10/1/2016.</p>

	<ul style="list-style-type: none"> Implement a new HCBS settings evaluation tool to assess the HCBS settings standards. 	<ul style="list-style-type: none"> Form a workgroup with a broad cross-section of individuals/families, providers of HCBS and county boards to develop an HCBS settings evaluation tool utilized to conduct compliance reviews of providers to ensure that HCBS services are provided in settings that comport with the regulation. The tool will be used during on-site compliance reviews conducted by the DODD personnel. It includes reviews of documentation including the provider's strategic plan, policies/procedures, and staff training. The review also takes into consideration the location of the setting and whether it appears to be integrated into the broader community. Interviews will be conducted with individuals receiving services, direct support professionals, and family members to gather information about the types of opportunities for access to the community that are made available. 	<p>June 2016</p> <p>July 2015</p>	<p>June 2016</p> <p>July 2015</p>
	<ul style="list-style-type: none"> Incorporate the evaluation of settings into existing processes for provider certification, licensing and ongoing compliance monitoring 	<ul style="list-style-type: none"> DODD will incorporate the setting evaluation in all provider compliance reviews, which take place at least once every three years. DODD will conduct compliance reviews of the providers using the process for regulatory review of certified providers outlined in Ohio Administrative Code 5123:2-2-04. https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf 	<p>January 1, 2016</p> <p>January 1, 2016</p>	<p>March 17, 2019*</p> <p>March 17, 2019*</p>

	<ul style="list-style-type: none"> Implement setting-specific remediation strategies. 	<ul style="list-style-type: none"> These reviews will be conducted in accordance with the current review schedule without modification for the compliant settings. An on-site evaluation will occur prior to enrollment of applicants seeking to provide residential and non-residential HCBS. For individuals with an ICF-IID level of care, local service and support administrators (SSA) will ensure that new settings comply with the HCBS settings standards prior to adding the service to Individual Service Plans. In the event that a setting's non-compliance prevents a service from being added to an individual's plan, the individual will be afforded due process in accordance with Ohio Administrative Code 5101:6-1 through 5101:6-9. http://codes.ohio.gov/oac/5101:6 Additional mechanisms that contribute to the ongoing monitoring of the site-specific setting include, but are not limited to, case management oversight as outlined in the approved waivers, involvement of protection and advocacy entities, a complaint process, and participant experience surveys. Based upon the provider self-assessment, the provider indicated the ability to make modifications to ensure compliance by 2019. Remediation plans from providers who identified the ability to comply with the regulation with modifications. Providers will be asked to detail the steps they will take and the timelines by which each action will occur in order to comply. If a remediation plan is not accepted, a DODD internal team will meet with the provider to develop an acceptable remediation plan. 	<p>January 1, 2016</p> <p>January 1, 2016</p> <p>January 1, 2016</p> <p>October 2015</p> <p>November 2015</p> <p>March 1, 2016</p>	<p>March 17, 2019*</p> <p>March 17, 2019*</p> <p>March 17, 2019*</p> <p>October 2015</p> <p>November 2015</p>
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	<ul style="list-style-type: none"> Ongoing compliance monitoring will be incorporated into current oversight processes. 	<ul style="list-style-type: none"> Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators and ongoing provider compliance reviews. 	January 1, 2016	<p>DODD will verify 50% complete by July 31, 2016 remainder by July 31, 2017.</p> <p>March 17, 2019*</p>
B. ADULT DAY WAIVER SERVICES SETTINGS 8.4% (50 settings)				
	<ul style="list-style-type: none"> Create and implement a new Adult Day Waiver Service (ADWS) package (service definitions, provider qualifications, rate structure) that maximizes opportunities for integrated employment and integrated wrap-around supports. Monitor compliance with the provision of services in integrated settings. 	<ul style="list-style-type: none"> Submit waiver amendment to CMS and modify service rules. Submit the new Day Services rules through rule review and implementation process. Form a workgroup with a broad cross-section of individuals/families, providers of HCBS and county boards to develop an HCBS settings evaluation tool utilized to conduct compliance reviews of providers to ensure that HCBS services are provided in settings that comport with the regulation. The tool will be used during on-site compliance reviews conducted by DODD personnel. It includes reviews of documentation including the provider's strategic plan, policies/procedures, and staff training. The review also takes into consideration the location of the setting 	<p>June 2015</p> <p>July 1, 2016</p> <p>June 2015</p> <p>July 2015</p>	<p>Submit by waiver amendment by July 1, 2016 for effective date of October 1, 2016</p> <p>October 1, 2016</p> <p>June 2015</p> <p>July 2015</p>

	<ul style="list-style-type: none"> Incorporate the evaluation of settings into existing processes for provider certification, licensing and ongoing compliance monitoring 	<p>and whether it appears to be integrated into the broader community. Interviews will be conducted with individuals receiving services, direct support professionals, and family members to gather information about the types of opportunities for access to the community that are made available.</p> <ul style="list-style-type: none"> DODD will incorporate the setting evaluation in all provider compliance reviews, which take place at least once every three years. DODD will conduct compliance reviews of the providers using the process for regulatory review of certified providers outlined in Ohio Administrative Code 5123:2-2-04. https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf These reviews will be conducted in accordance with the current review schedule without modification for the compliant settings. An on-site evaluation will occur prior to enrollment of applicants seeking to provide residential and non-residential HCBS. For individuals with an ICF-IID level of care, local service and support administrators (SSA) will ensure that new settings comply with the HCBS settings standards prior to adding the service to Individual Service Plans. In the event that a setting's non-compliance prevents a service from being added to an individual's plan, the individual will be afforded due process in accordance with Ohio Administrative Code 5101:6-1 through 5101:6-9. http://codes.ohio.gov/oac/5101:6 Additional mechanisms that contribute to the ongoing monitoring of the site-specific setting include, but are not limited to, case management oversight as outlined in the approved waivers, involvement of protection and 	<p>January 1, 2016</p>	<p>March 17, 2019*</p>
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	<ul style="list-style-type: none"> Implement setting-specific remediation strategies. Ongoing compliance monitoring will be incorporated into current oversight processes. 	<p>advocacy entities, a complaint process, and participant experience surveys.</p> <ul style="list-style-type: none"> Based upon the provider self-assessment, the provider indicated the ability to make modifications to ensure compliance by 2019. Remediation plans from providers who identified the ability to comply with the regulation with modifications. Providers will be asked to detail the steps they will take and the timelines by which each action will occur in order to comply. If a remediation plan is not accepted, a DODD internal team will meet with the provider to develop an acceptable remediation plan. Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators (SSA) and ongoing provider compliance reviews using the process for regulatory review of certified providers outlined in Ohio Administrative Code 5123:2-2-04. https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf 	<p>October 2015</p> <p>October 1, 2015</p> <p>March 1, 2016</p> <p>January 1, 2016</p>	<p>October 2015</p> <p>November 30, 2015</p> <p>DODD will verify 50% complete by July 31, 2016, remainder by July 31, 2017</p> <p>March 17, 2019*</p>
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III. Settings that are Presumed to have the effect of isolating individuals receiving HCBS from the broader community and may be Subject to Heightened Scrutiny Process.				
Setting Type	Remediation Required	Action Steps	Timeline Start Date	End Date
A. RESIDENTIAL SETTINGS 1% (73 settings)				
	<ul style="list-style-type: none"> Adopt and implement an overarching DODD HCBS Waiver Administration rule that reflects the characteristics of settings where HCBS may be provided and recognizes the individual's opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid supports. Modify Homemaker/Personal Care (HPC) service definition to incorporate CMS' required HCBS community integration/access characteristics. 	<ul style="list-style-type: none"> Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS. Post draft rule for comment, make necessary revisions, final file, and final file with proposed implementation date by January 2016. Submit waiver amendment to CMS and modify Homemaker/Personal (HPC) service rules. 	<p>June 2015</p> <p>January 1, 2016</p> <p>June 2015</p>	<p>June 2015</p> <p>April 30, 2016</p> <p>Submit waiver amendment to CMS by June 30, 2016 for effective date of October 1, 2016</p>

	<ul style="list-style-type: none"> • Implement a new HCBS settings evaluation tool to assess the HCBS settings standards. • The State will conduct on-site evaluations of all settings which, based upon self-assessment, may be subject to heightened scrutiny. • For settings the state determines, based upon the on-site evaluation, do not currently comply, but have the ability to do so with modifications, settings specific remediation plans will be implemented. • For settings the state determines, based upon the on-site evaluation, require requests for heightened scrutiny 	<ul style="list-style-type: none"> • Form a workgroup with a broad cross-section of individuals/families, providers of HCBS and county boards to develop an HCBS settings evaluation tool utilized to conduct compliance reviews of providers to ensure that HCBS services are provided in settings that comport with the regulation. • Conduct on-site evaluations of locations, which include interviews with individuals served to gain insight into the opportunities for integration they experience at the setting and also a review of policies/practices adopted by the provider to promote these opportunities. • Based upon the on-site evaluation by the state, the provider will be asked to detail the steps it will take and the timelines by which each action will occur in order to comply. If a remediation plan is not accepted, a DODD internal team will meet with the provider to develop an acceptable remediation plan. DODD will required semi-annual status reports from the provider. • Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. • Compile evidence for settings that were presumed to have institutional qualities but were determined to have HCBS characteristics based upon the on-site evaluation. • Update and post the transition plan with description of the assessment results and identification of the settings for which CMS heightened scrutiny is requested. • Submit requests for heightened scrutiny to CMS. 	<p>June 2015</p> <p>March 1, 2016</p> <p>March 1, 2016</p> <p>March 1, 2016</p> <p>March 1, 2016</p> <p>January 1, 2018</p> <p>July 1, 2018</p>	<p>June 2015</p> <p>December 31, 2016</p> <p>December 31, 2016</p> <p>DODD will verify 50% complete by July 31, 2016; remainder by July 31, 2017</p> <p>December 31, 2017</p> <p>January 31, 2018</p> <p>July 31, 2018</p>
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	<ul style="list-style-type: none"> For settings the state determines, based upon the on-site evaluation, require relocation plans and/or those for which CMS determines the setting does not meet the HCBS regulatory requirements. Ongoing compliance monitoring will be incorporated into current oversight processes. 	<ul style="list-style-type: none"> Work with individuals, providers, and county boards to identify new locations in which individuals may receive HCBS services. Relocation plans for individual's transition to a new setting. DODD will inform individuals served in these settings that the location does not meet HCBS criteria. DODD will ensure the individuals' service and support administrators assist individuals to transition to a setting that does comply with the criteria and, if necessary, with choosing a new provider. Individuals will be given timely notice and due process, will have a choice of alternative settings and critical services are in place through a person-centered planning process. DODD will require quarterly status reports from the provider. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators (SSA) and ongoing provider compliance reviews, using the process for regulatory review of certified providers outlined in Ohio Administrative Code 5123:2-2-04. <p>https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf</p>	<p>January 1, 2018</p> <p>January 1, 2018</p> <p>January 1, 2018</p> <p>January 1, 2016</p>	<p>March 31, 2018</p> <p>March 31, 2018</p> <p>March 17, 2019*</p> <p>March 17, 2019*</p>
B. ADULT DAY WAIVER SERVICES SETTINGS 4.1% (19 settings)				
<p>Facility-based work</p> <p>Facility-based non-work</p> <p>Facility-based combination of work/non-work</p>	<ul style="list-style-type: none"> Create and implement a new Adult Day Waiver Service (ADWS) package (service definitions, provider qualifications, rate structure) that maximizes opportunities for integrated employment and integrated wrap-around supports. 	<ul style="list-style-type: none"> Submit waiver amendment to CMS and modify service rules. 	<p>June 2015</p>	<p>Submit Adult Day Services white paper to CMS by March 31, 2016; submit waiver amendment for new services by</p>

	<ul style="list-style-type: none"> • The State will conduct on-site evaluations of all settings which, based upon self-assessment, may be subject to heightened scrutiny. • For settings the state determines, based upon the on-site evaluation, do not currently comply, but have the ability to do so with modifications, settings specific remediation plans will be implemented. • For settings the state determines, based upon the on-site evaluation, require requests for heightened scrutiny • For settings the state determines, based upon the on-site evaluation, require 	<ul style="list-style-type: none"> • DODD will conduct on-site evaluations of locations, which include interviews with individuals served to gain insight into the opportunities for integration they experience at the setting and also a review of policies/practices adopted by the provider to promote these opportunities. • Based upon the on-site evaluation by the state, the provider will be asked to detail the steps they will take and the timelines by which each action will occur in order to comply. If a remediation plan is not accepted, a DODD internal team will meet with the provider to develop an acceptable remediation plan. • Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. • Compile evidence for settings that were presumed to have institutional qualities but were determined to have HCBS characteristics based upon the on-site evaluation. • Update and post the transition plan with description of the assessment results and identification of the settings for which CMS heightened scrutiny is requested. • Submit requests for heightened scrutiny to CMS. • Work with individuals, providers, and county boards to identify new locations in which individuals may receive HCBS services from the provider of their choice. 	<p>March 1, 2016</p> <p>March 1, 2016</p> <p>March 1, 2016</p> <p>March 1, 2016</p> <p>January 1, 2018</p> <p>July 1, 2018</p> <p>January 1, 2018</p>	<p>July 1, 2016 for effective date of October 1, 2016</p> <p>December 31, 2016</p> <p>October 31, 2016</p> <p>DODD will verify 50% complete by July 31, 2016; remainder by July 31, 2017</p> <p>December 31, 2017</p> <p>January 31, 2018</p> <p>July 31, 2018</p> <p>March 31, 2018</p>
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	<p>relocation plans and/or those for which CMS determines the setting does not meet the HCBS regulatory requirements.</p> <ul style="list-style-type: none"> Ongoing compliance monitoring will be incorporate into current oversight processes. 	<ul style="list-style-type: none"> Relocation plans for individual’s transition to a new setting. DODD will ensure the individuals’ service and support administrators assist individuals with transitioning to a setting that does comply with the criteria and, if necessary, with choosing a new provider. DODD will ensure the individuals’ service and support administrators assist individuals with transitioning to a setting that complies with the criteria and, if necessary, with choosing a new provider. Individuals will be given timely notice and due process, will have a choice of alternative settings and critical services are in place through a person-centered planning process. DODD will require quarterly status reports from the provider. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators (SSA) and ongoing provider compliance reviews using the process for regulatory review of certified providers outlined in Ohio Administrative Code 5123:2-2-04. https://doddportal.dodd.ohio.gov/rules/ineffect/Documents/5123-2-2-04%20Effective%202013-03-14.pdf 	<p>January 1, 2018</p> <p>January 1, 2018</p> <p>January 1, 2016</p>	<p>March 31, 2018</p> <p>March 17, 2019*</p> <p>March 17, 2019*</p>
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IV. Settings which cannot meet the HCBS characteristics (such as a nursing facility, ICF/IID, and hospitals, or other locations that have qualities of an institutional setting, as determined by the Secretary.)

Setting Type	Remediation Required	Action Steps	Timeline Start Date	End Date
A. RESIDENTIAL SETTINGS .1% (4 Settings)				

<p>No settings have been identified at this time.</p>	<ul style="list-style-type: none"> The state will determine if location does or does not meet the HCBS characteristics through on-site evaluations. For settings the state determines, based upon the on-site evaluation, do not currently comply, but have the ability to do so with modifications, setting-specific remediation plans will be implemented. For settings, the State determines, based upon the 	<ul style="list-style-type: none"> DODD will conduct site visits of the four settings whose providers indicated through the self-assessment survey that relocation may be necessary. An on-site visit was scheduled to occur no later than 8/31/15. The on-site visit included a face-to-face meeting with the provider, observations of 100 percent of the setting, and interviews of individuals, family/guardian and staff and when not possible, the interviews were conducted via phone within 14 days of the on-site review. The HCBS Settings Evaluation Tool was used during on-site and phone reviews. If necessary, DODD will provide technical assistance to the provider regarding modifications which may be made to enable the setting to comply with the HCBS characteristics. These visits will include interviews with individuals served to gain insight into the opportunities for integration they experience at the setting and also a review of policies/practices adopted by the provider to promote these opportunities. Based upon the State’s on-site evaluation, the provider will be asked to detail the steps it will take and the timelines by which each action will occur in order to comply. If a remediation plan is not accepted, a DODD internal team will meet with the provider to develop an acceptable remediation plan. Verify implementation of providers’ remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. If, upon completing the on-site reviews, DODD determines that a request for heightened scrutiny must be submitted to CMS for consideration, DODD will work 	<p>September 2015</p> <p>September 2015</p> <p>September 2015</p> <p>September 2015</p> <p>November 2015</p> <p>March 1, 2016</p> <p>March 1, 2016</p>	<p>September 2015</p> <p>September 2015</p> <p>September 2015</p> <p>November 2015</p> <p>DODD will verify 50% complete by July 31, 2016; remainder by July 31, 2017</p> <p>December 31, 2017</p>
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	<p>on-site evaluation, requests for heightened scrutiny.</p> <ul style="list-style-type: none"> For settings the State determines, based upon the on-site evaluation, require relocation plans and/or those for which CMS determines the setting does not meet the HCBS regulatory requirements. Providers will be given the option to relocate the place where they provide waiver services to more integrated setting, or opt to no longer receive Medicaid waiver funds for services that continue to be provided in these institutional settings. Develop relocation plans for settings that, based upon the on-site evaluation, and/or CMS determines the setting does not meet the HCBS regulatory requirements. 	<p>with the provider and individuals/families to compile evidence that the setting does have HCBS characteristics.</p> <ul style="list-style-type: none"> Update and post the transition plan with description of the assessment results and identification of the settings for which CMS heightened scrutiny is requested. Submit requests for heightened scrutiny to CMS. If the site visits confirms the setting has the qualities of an institution, DODD will inform these providers the location where they are providing waiver services does not meet HCBS Criteria. DODD will inform individuals served in these settings that the location does not meet HCBS criteria. Work with individuals, providers, and county boards to identify new locations in which individuals may receive HCBS services. DODD will ensure the individuals' service and support administrators assist individuals with transitioning to a setting that does comply with the criteria and, if necessary, with choosing a new provider. DODD will ensure the individuals' service and support administrators assist individuals with transitioning to a setting that complies with the criteria and, if necessary, with choosing a new provider. DODD will require quarterly status reports from the provider. Individuals will be given timely notice and due process, will have a choice of alternative settings and critical services are in place through a person-centered planning process. 	<p>January 1, 2017</p> <p>July 1, 2017</p> <p>January 1, 2017</p> <p>January 1, 2017</p> <p>January 1, 2017</p> <p>January 1, 2017</p>	<p>January 31, 2017</p> <p>July 31, 2017</p> <p>January 31, 2017</p> <p>January 31, 2017</p> <p>January 31, 2017</p> <p>March 17, 2019</p>
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B. ADULT DAY WAIVER SERVICES SETTINGS 2.8% (or 13 settings) Adult Day Health Center Waiver Settings under Transitions DD Waiver				
<p>Located inside, on the grounds of, or adjacent to a public institution.</p>	<ul style="list-style-type: none"> Providers will be given the option to relocate the place where they provide waiver services to more integrated setting, or opt to no longer receive Medicaid waiver funds for services that continue to be provided in these institutional settings. 	<ul style="list-style-type: none"> Inform these providers the location where they are providing services does not meet HCBS Criteria. Updated and post the transition plan with description of the assessment results and identification of the settings that do not meet the HCBS regulatory requirements. DODD will inform individuals served in these settings that the location does not meet HCBS criteria. DODD will ensure the individuals' service and support administrators assist individuals with transitioning to a setting that does comply with the criteria and, if necessary, with choosing a new provider. Individuals will be given timely notice and due process, will have a choice of alternative settings and critical services are in place through a person-centered planning process. 	<p>January 1, 2018</p> <p>January 1, 2018</p> <p>January 1, 2018</p>	<p>January 31, 2018</p> <p>January 31, 2018</p> <p>March 17, 2019</p>
<p>Located inside a private institution.</p>				
<p>DODD certified Adult Day Health Centers</p>	<ul style="list-style-type: none"> Adult Day Health Center waiver service under the Transitions DD Waiver will end effective June 30, 2017. 	<ul style="list-style-type: none"> The Adult Day Health Center waiver services under the Transitions DD waiver offers only facility-based options and no employment supports to individuals enrolled in the waiver. CMS approved a Transitions DD waiver phase-out plan effective July 1, 2015. Individuals will have the option to enroll in another DD waiver, which will have other options of adult day array services. 	<p>July 1, 2015</p>	<p>June 30, 2017</p>

Appendix 3: NF-LOC Waivers System Remediation Grid Initial Approval: June 2, 2016

The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline*
<p>Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The State regulation, policy or other standards are partially compliant. The state’s determination was the result of the assessment methodology outlined on pages 17-20.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS community integration/access characteristics.</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p>	<p>July 1, 2015-July 1, 2016</p>
	<p>Assisted Living Service</p> <p>Residents Rights ORC 3721.13</p>	<p>OAC 5160-44-01 (B) (1) requires the setting to be fully integrated.</p>	<p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p>	<p>January 1, 2016-June 30, 2016</p>
	<p>Licensure Rules OAC 3701-17-50</p>	<p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Issue guidance to impacted providers and case management entities.</p>	<p>July 1, 2017-March 17, 2019</p>
	<p>Adult Day Health Service</p> <p>Consumer Choice & Control Rules OAC 5160-45-03 OAC 5160-58-03.2 OAC 173-42</p>	<p>Assisted Living OAC 173-39-02.16</p> <p>Adult Day Health OAC 5160-46-04 (C) OAC 173-39-02.1</p>	<p>Ongoing Compliance: On site I provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p>	<p>October 1, 2017-March 17, 2019</p>
	<p>ORC 3721.13 affords individuals the right to participate in decisions that affect their life,</p>	<p>Modify the ongoing provider oversight process.</p>	<p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with</p>	

	<p>access to opportunities to achieve their fullest potential, and to manage their personal financial affairs.</p> <p>State standards require individuals to receive services that maximize personal independence.</p> <p>State laws regulating residential care facilities provide for access to the community.</p> <p>The state standards are silent on opportunities to seek employment and work in competitive integrated settings.</p>		<p>waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>July 1, 2017 – March 17, 2019.</p>
<p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>The State regulation, policy or other standards are silent. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Service Specification OAC 173-39-02.16</p> <p>Room and Board obligation documented in the care plan.</p> <p>Adult Day Health</p> <p>N/A</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (B)(2),(2)(a) ensure the individual is able to select a setting from among options that include non-disability specific settings and a private unit in a residential setting.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 135 2.pdf</p> <p>OAC 5160-44-02 (B)(1)(a) and(i) also ensure the individual’s ability to choose a setting that is integrated in and supports full access to the community.</p>	<p>Rule Process: Utilize rule development and filing processes that includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized,</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p>

		http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-02 PH OF N RU 20160415 1352.pdf	<p>statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.</p>	<p>October 1, 2017- March 17, 2019</p> <p>July 1, 2017 – March 17, 2019.</p>
<p>An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>The State regulation, policy or other standards are partially compliant. The State's determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Residents' Rights ORC 3721.10</p> <p>Resident Agreement OAC 3701-17-57</p> <p>Adult Day Health</p> <p>Consumer Choice and Control</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (B)(3) requires the setting to ensure an individual's right to privacy.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which include individuals, advocates, and providers.</p> <hr/> <p>Training: Modify provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017- March 17, 2019</p>

	<p>OAC 5160-45-03 OAC 5160-58-03.2 OAC 173-42-06</p> <p>PASSPORT Bill of Rights (provided to the individual upon waiver enrollment and available to the public upon request)</p> <p>OHCW/TCOW Consumer Handbook http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/HCBS/WaiverHandbook2015(002).pdf</p> <p>ORC 3721.13 addresses essential personal rights of dignity, respect, and freedom from coercion and restraint.</p> <p>State regulations for residential care facility permit the use of a risk agreements.</p> <p>State standards require individuals to be treated with respect and dignity and protected from abuse, neglect, exploitation, or other threats to health, safety, or well-being.</p>	<p>Consumer Handbook will be updated to reflect the requirements set forth in OAC rules 5160-44-01 and 5160-44-02</p>	<p>setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>October 1,2017- March 17/2019</p> <p>July 1, 2017 – March 17, 2019.</p>
<p>Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p>			<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p>	<p>July 1, 2015-July 1, 2016</p>

			<p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1,2017-March 17, 2019</p> <p>July 1, 2017 – March 17, 2019.</p>
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>The State regulation, policy or other standards are partially</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details</p>	<p>Rule Process: Utilize rule development and filing processes</p>	<p>July 1, 2015-July 1, 2016</p>

	<p>compliant. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living Service</p> <p>Residents' Rights ORC 3721.13</p> <p>Service Specifications OAC 173-39-02.16 OAC 3701-17-57 OAC 5160-58-03</p> <p>Adult Day Health Service</p> <p>Consumer Choice and Control OAC 5160-45-03 OAC 5160-58-03.2 OAC 173-42-06</p> <p>ORC 3721.13 gives individuals the right to participate in decisions that affect the individual's life.</p> <p>State regulations establish individuals have choice and control over the arrangement and provision of home and community-based waiver services, and the selection and control over the direction of approved waiver service providers.</p> <p>State regulations for residential care facility permit the use of a risk agreements.</p>	<p>the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (B)(5) ensures the individual can choose amongst service providers.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01_PH_OF_N_RU_20160415_1352.pdf</p>	<p>which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017- March 17, 2019</p> <p>October 1,2017- March 17, 2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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<p>Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a 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. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<p>The State regulations, policy or other standards are partially compliant. The State's determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Transfer and Discharge Rights ORC 3721.16</p> <p>Residents' Rights ORC 3721.13(A)(30)</p> <p>Resident Agreement OAC 3701-17-57</p> <p>Service Provision OAC 173-39-02 (E)</p> <p>Adult Day Health N/A</p> <p>ORC 3721.16 specifies the circumstances under which an individual's residency may be terminated and the appeal procedures.</p> <p>State regulations for a residential facility require a written resident agreement with the individual prior to the beginning of residency in the setting.</p> <p>The State standards do not specifically require the protections that address eviction and appeals to be comparable to the jurisdiction's landlord tenant law.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (C)(1) requires the use of a legally enforceable agreement.</p> <p>OAC 5160-44-01 (C)(1)(b) ensures that the individual has a lease, residency agreement or other form of written agreement documents protections that addresses eviction processes and appeals comparable to those provided under Ohio Law..</p> <p>OAC 5160-44-01(C)(2)(b) ensures the individuals choice roommate.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 135 2.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017- March 17, 2019</p> <p>October 1,2017- March 17/2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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<p>Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>The State regulations, policy or other standards are partially compliant. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Residents’ rights ORC 3721.13</p> <p>Space Requirements OAC 3701-17-64,</p> <p>Living Unit Characteristics OAC 173-39-02.16 (B)(2)</p> <p>Adult Day Health N/A</p> <p>ORC 3721.13 allows doors to be closed, upon reasonable request.</p> <p>State regulations for residential care facilities prescribe the space requirements but does not address lockable doors.</p> <p>State standards for the waiver require lockable doors.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (C)(2) ensures the individual has privacy in his or her living unit, including lockable doors.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/O/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017- March 17, 2019</p> <p>October 1,2017- March 17, 2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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<p>Provided owned or controlled settings: Individuals sharing units have a choice of roommates in that setting.</p>	<p>The State regulations, policy or other standards are partially compliant. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living Residents' Rights ORC 3721.13</p> <p>Living Unit Characteristics OAC 173-39-02.16 (B)(2)</p> <p>Adult Day Health N/A</p> <p>ORC 3721.13 requires the individual be given reasonable notice before a roommate change.</p> <p>State standards for the waiver require an individual have an existing relationship with someone in order to share a living unit.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (C)(2)(b) ensures the individual is able to have a choice of roommates.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 135 2.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017- March 17, 2019</p> <p>October 1,2017- March 17/2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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<p>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>The State regulations, policy or other standards are partially compliant. The state’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living Supplies OAC 3701-17-65 (C)</p> <p>Community Transition Service OAC 173-39-02.17</p> <p>Adult Day Health N/A</p> <p>The State standards provide methods for the individual to obtain items to furnish their sleeping or living unit.</p> <p>The State standards do not specifically state the individual has the freedom to furnish and decorate their sleeping or living unit.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (C)(3) ensures the individual is able to furnish or decorate their living unit within the lease or other agreement.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 135 2.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1, 2017-March 17, 2019</p>

			In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.	July 1, 2017 – March 17, 2019.
Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<p>The State regulations, policy or other standards are partially compliant. The State's determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living service</p> <p>Residents' Rights ORC 3721.13</p> <p>Service Specifications OAC 173-39-02.16 OAC 3701-17-57 OAC 5160-46-04 (C) OAC 173-39-02.1</p> <p>Dietary Services OAC 3701-17-60</p> <p>Adult Day Health Service</p> <p>Consumer Choice and Control OAC 5160-45-03 OAC 5160-58-03.2 OAC 173-42-06</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>Non-Residential Provider Owned/Controlled Settings</p> <p>OAC 5160-44-01 (B)(4) ensures the individual is able to exercise independence in making life choices including but not limited to daily activities.</p> <p>Residential Provider Owned/Controlled Settings</p> <p>OAC 5160-44-01 (C)(4) ensures the individual is able to control their own schedule and have access to food at any time.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01_PH_OF_N_RU_20160415_1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes that includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On-site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD survey, to</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1, 2017-March 17/2019</p>

	<p>ORC 3721.13 gives individuals the right to participate in decisions that affect the individual's life.</p> <p>State regulations establish individuals have choice and control over the arrangement and provision of home and community-based waiver services, and the selection and control over the direction of approved waiver service providers.</p> <p>State regulations for residential care facility permit the use of a risk agreements.</p> <p>State regulations for residential care facilities describe the options for dietary services and require the setting to specify in policy the amount and type of meal services furnished.</p> <p>State regulation for the assisted living waiver service requires the coordination of three meals a day and snacks.</p> <p>State regulations for the adult day health service require the provision of no more than 2 meals a day and snacks.</p> <p>The state regulations do not specifically state the individual has access to food at any time.</p>		<p>assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross walked to specific setting locations, to assess the individual's experience with community inclusion.</p>	<p>July 1, 2017 – March 17, 2019.</p>
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<p>Individuals are able to have visitors of their choosing at any time.</p>	<p>The State regulation, policy, and other standards are partially compliant. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Residents’ rights ORC 3721.13</p> <p>Service Specifications OAC 173-39-02.16</p> <p>ORC 3721.13 affords the right to private visits at any reasonable hour.</p> <p>The State standards do not specifically support an individual's ability to have visitors of their choosing at any time.</p> <p>Adult Day Health Service</p> <p>The State regulation, policy, and other standards applicable to adult day health are silent.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics.</p> <p>Residential Provider Owned/Controlled Settings.</p> <p>OAC 5160-44-01 (C)(5) ensures the individual is able to have visitors of their choosing at any time.</p> <p>Non-Residential Provider Owned/Controlled Settings</p> <p>OAC 5160-44-01 (B)(4) ensures the individual is able to exercise independence in making life choices including daily activities and with whom to interact.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01_PH_OF_N_RU_20160415_1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On-site provider reviews, including the experience of individuals residing in the setting, in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD survey, to assess system-wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1,2017-March 17, 2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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<p>The setting is physically accessible to the individual.</p>	<p>The State regulations, policy or other standards are partially compliant. The State’s determination was the result of the assessment methodology outlined on pages 17-20.</p> <p>Assisted Living</p> <p>Conditions of Participation OAC 173-39-02</p> <p>Adult Day Health</p> <p>Conditions of Participation OAC 173-39-02 OAC 5160-46-04 OAC 5160-45-10</p> <p>Conditions of participation rules require providers to comply with all federal, state, and local laws.</p> <p>The State standards do not specifically require the setting to be physically accessible.</p>	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required.</p> <p>OAC 5160-44-01 (C)(6) requires the setting is physically accessible to the individual.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1,2017-March 17/2019</p>

			In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.	July 1, 2017 – March 17, 2019.
Locations that have qualities of institutional settings, as determined by the Secretary. Any 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.	The State regulations, policy, or other standards are silent.	<p>Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings.</p> <p>OAC 5160-44-01 (A)(2) identifies the locations that are not home- and community based settings.</p> <p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Training: Modify Provider and case management operational manuals and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p>	<p>July 1, 2015-July 1, 2016</p> <p>January 1, 2016-June 30, 2016</p> <p>July 1, 2017-March 17, 2019</p> <p>October 1, 2017-March 17, 2019</p>

			In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.	July 1, 2017 – March 17, 2019.
Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.	The State regulation, policy, or other standards are silent.	Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. OAC 5160-44-01 (A) (2) identifies the locations that are not home- and community based settings.	Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. <hr/> Training: Modify provider and case management operational manuals and applicable forms as needed.	July 1, 2015-July 1, 2016 January 1, 2016-June 30, 2016

		<p>http://www.registerofohio.state.oh.us/pdfs/5160/0/44/5160-44-01 PH OF N RU 20160415 1352.pdf</p>	<p>Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Ongoing Compliance: On site provider reviews, including the experience of individuals residing in the setting, conducted for each setting in accordance with OAC rules.</p> <hr/> <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey to assess system wide trends with waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual’s experience with community inclusion.</p>	<p>July 1, 2017- March 17, 2019</p> <p>October 1,2017- March 17,2019</p> <p>July 1, 2017 – March 17, 2019.</p>
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Appendix 4: NF-LOC System Waivers Settings Remediation Grid Initial Approval: June 2, 2016

The settings grid describes the impact of the federal regulation on the where services are delivered.

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

I. Settings which currently meet HCBS characteristics.

A. Setting Type	A1. Living alone in a private residence
	A2. Living with family/friends in a private residence

II. Settings which currently do not meet HCBS characteristics but may with modifications.

Setting Type	Remediation Required	Action Steps	*Timeline Start Date	End Date
A. RESIDENTIAL SETTINGS 89% (298)				
Free standing licensed residential care facilities furnishing the assisted living waiver service	<ul style="list-style-type: none"> Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider-controlled settings. 	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Provider Education: Develop an HCBS settings evaluation tool for provider self-assessment and ongoing monitoring, and training to identify changes needed to demonstrate full compliance.</p>	July 1, 2015	July 1, 2016
Licensed residential care facilities located on a privately operated continuing care retirement community campus	<ul style="list-style-type: none"> Modify the assisted living service specification to incorporate CMS' required HCBS community integration/access characteristics. Modify the provider enrollment and ongoing provider oversight process. 	<p>Educate provider network on how to use tools to identify current level of compliance and changes needed.</p> <p>Develop and implement an HCBS setting evaluation tool to ensure consistent assessment of the level of compliance at initial enrollment and ongoing.</p>	January 1, 2016 April 4, 2016 January 1, 2016	June 30, 2016 June 30, 2016 June 30, 2016

		<p>waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross-walked to specific setting locations, to assess the individual's experience with community inclusion.</p>	July 1, 2017	March 17, 2019
B. Adult Day Health waiver service settings. 92% (258 settings)				
<p>Free Standing Adult Day Health settings furnishing the waiver service</p> <p>Adult Day Health settings located on a privately operated continuing care retirement community campus</p>	<ul style="list-style-type: none"> Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Modify the adult day health service specification rule to incorporate CMS' required HCBS community integration/access characteristics. Modify provider oversight process, including the evaluation of settings for initial certification and ongoing monitoring. Develop a communication strategy to educate individuals 	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Provider Education: Develop an HCBS settings evaluation tool for provider self-assessment and ongoing monitoring and training to identify changes needed to demonstrate full compliance.</p> <p>Educate provider network on how to use tools to identify current level of compliance and changes needed.</p> <p>Develop and implement an HCBS evaluation tool to ensure consistent assessment of the level of compliance at initial enrollment and ongoing.</p> <p>Communication Plan: In conjunction with the State Long Term Care Ombudsman Office, develop and implement a public education and outreach campaign on the HCBS settings characteristics, including communicating the process for</p>	<p>July 1, 2015</p> <p>January 1, 2016</p> <p>April 4, 2016</p> <p>January 1, 2016</p> <p>January 1, 2016</p>	<p>July 1, 2016</p> <p>March 31, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p>

	<p>and families about the implementation of the community characteristic standards.</p>	<p>individuals and families to raise concerns regarding the community nature, or lack thereof, of a specific setting.</p> <hr/> <p>Compliance Time Frame Site Specific Assessments</p> <p>Settings were assigned a category of compliance based on the State’s review of existing regulations and the analysis of paid claims for HCBS and institutional services delivered from the same address.</p> <p>The State will notify each provider of the category of compliance assigned to its setting.</p> <p>The State will educate the provider network on how to use the HCBS setting evaluation tool.</p> <p>The provider completes self-assessment using the HCBS setting evaluation tool and develops remediation plan to ensure full compliance.</p> <p>Ongoing Monitoring</p> <p>State conducts on-site provider compliance reviews, including the experience of individuals residing in the setting, for each setting in accordance with OAC 5160-45-06, 5160-45-09, 5160-45-10, 173-39-02, 173-39-04, 173-39-05.</p> <p>The reviews will be conducted using the HCBS setting evaluation tool developed for the HCBS settings rule and will be conducted in accordance with the current review schedule.</p> <p>Additional mechanisms that contribute to the ongoing monitoring of the site-specific setting include but are not limited to case management oversight as outlined in the</p>	<p>October 1, 2014</p> <p>April 4, 2016</p> <p>April 4, 2016</p> <p>April 4, 2016</p> <p>July 1, 2016</p>	<p>October 15, 2015</p> <p>April 4, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p> <p>March 17, 2019</p>
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III. Settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny process.				
Setting Type	Remediation Required	Action Steps	Timeline Start Date	End Date
<p>A. RESIDENTIAL SETTINGS</p> <p>11 percent (37 settings) are licensed residential care facilities certified as an HCBS assisted living provider are in the same building as a nursing facility and operate separately and in accordance with residential care facility licensure rules and the CMS approved 1915 (c) Assisted Living Waiver.</p> <p>Further analysis is required to determine the settings do not have the effect of isolating individuals from the greater community.</p>				
Licensed residential care facilities located in the same building as a nursing facility and furnishing the assisted living waiver service	<ul style="list-style-type: none"> Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Identify the settings for which heightened scrutiny will be requested. 	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <hr/> <p>Standards: With input from individuals, advocates, and providers, establish standards around acceptable evidence of compliance demonstrating the setting does not have the effect of isolating individuals from the greater community.</p> <p>Provider Education: Develop an HCBS settings evaluation tool for provider self-assessment and ongoing monitoring and</p>	<p>July 1, 2015</p> <p>January 1, 2016</p> <p>January 1, 2016</p>	<p>July 1, 2016</p> <p>March 31, 2016</p> <p>March 31, 2016</p>

	<ul style="list-style-type: none"> • • Develop a communication strategy to education individuals and families about the implementation of the community characteristic standards. 	<p>training to identify changes needed to demonstrate full compliance.</p> <p>Educate provider network on how to use tools to assess current level of compliance and develop remediation plans, as needed.</p> <p>Develop and implement an HCBS evaluation tool to ensure consistent assessment of the level of compliance at initial enrollment and ongoing.</p> <p>Communication Plan In conjunction with the State Long Term Care Ombudsman Office, develop and implement a public education and outreach campaign on the HCBS settings characteristics, including communicating the process for individuals to raise concerns regarding the community nature, or lack thereof, of a specific setting.</p> <p>Compliance Timeframe:</p> <p>Site Specific Settings Assessment</p> <p>Settings were assigned a category of compliance based on the State’s review of existing regulations and an analysis of paid claims for HCBS and institutional services delivered from the same address.</p> <p>The State will notify each provider of the category of compliance assigned to their setting.</p> <p>The State will educate the provider network on how to use the HCBS setting evaluation tool.</p> <p>The provider completes the self-assessment using the HCBS setting evaluation tool and develops remediation plan to ensure full compliance.</p>	<p>April 4, 2016</p> <p>January 1, 2016</p> <p>January 1, 2016</p> <p>October 1, 2014</p> <p>April 4, 2016</p> <p>April 4, 2016</p> <p>April 4, 2016</p>	<p>June 30, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p> <p>October 15, 2015</p> <p>April 4, 2016</p> <p>June 30, 2016</p> <p>September 1, 2016</p>
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	<p>The State will conduct on-site evaluations of every setting in this category to identify those settings for which CMS heightened scrutiny review will be requested.</p>	<p>Settings Remediation</p> <p>Providers submit to the State a written remediation plan describing actions to be taken to remediate each issues to achieve full compliance. Remediation strategies will address the following areas, which include but are not limited to, policy and procedures, lease agreements, staff training, service options and access, service delivery methods, staffing patterns, interaction with the broader community, and the presence of institutional physical characteristics at the setting.</p> <p>Heightened Scrutiny Process On-site evaluations</p> <ul style="list-style-type: none"> • Interviews with individuals served to gain insights into the opportunities for integration they experience at the setting; • Interviews with direct support staff; • Review of policies and practices adopted by the provider to promote these opportunities; • Observations of the implementation and effectiveness of the provider’s remediation plan • Review of relevant information submitted by stakeholders regarding the characteristics of the setting. <p>Outcome of on-site evaluations</p> <p>The State compiles evidence for settings that were initially presumed to have institutional qualities but were determined to meet with modifications, based on the on-site evaluation.</p> <p>The State requests remediation plans from these settings, which detail the action steps and timelines to bring the setting into full compliance.</p> <p>The State compiles evidence for settings that were presumed to have institutional qualities but were determined to have HCBS characteristics, based on the on-site evaluation.</p>	<p>April 4, 2016</p> <p>October 1, 2016</p> <p>October 1, 2016</p> <p>October 1, 2016</p> <p>October 1, 2016</p>	<p>September 1, 2016</p> <p>June 30, 2017</p> <p>June 30,2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p>
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		<p>The State updates the transition plan with the description of the results and identification of the settings for which CMS heightened scrutiny review is requested.</p> <p>The State submits requests for heightened scrutiny to CMS for settings initially presumed to be institutional that the State determined, through the on-site evaluations, do have qualities that are home and community-based.</p> <p>Ongoing Monitoring for settings which CMS determines, through the heightened scrutiny review, that all the regulatory requirements for HCBS are met</p> <p>The State conducts on-site provider compliance reviews, including the experience of individuals residing in the setting, for each setting in accordance with OAC 5160-45-06, 5160-45-09, 5160-45-10, 173-39-02, 173-39-04, 173-39-05.</p> <p>Relocation Process</p> <p>For those settings that the state does not submit requests for heightened scrutiny review OR for the settings that CMS determines, through heightened scrutiny review, do not meet the regulatory requirements for HCBS, the State’s established relocation team, led by the State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice.</p> <p>The relocation process includes the following components:</p> <ul style="list-style-type: none"> • Timely notice and due process through in-person notification that the setting does not meet HCBS requirements; • The choice of alternative settings selected through the person-centered planning process; • Care coordination to ensure continuity of services and critical services are in place prior to the relocation; • Post-relocation follow up. 	<p>July 1, 2017</p> <p>October 31, 2017</p> <p>January 1, 2018</p> <p>October 31, 2017</p>	<p>September 30, 2017</p> <p>October 31, 2017</p> <p>March 17, 2019</p> <p>March 17, 2019</p>
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		<p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey, to assess system-wide trends of waiver participants experience with community integration and access.</p> <p>In collaboration with the State Long Term Care Ombudsman Office, utilize Resident Satisfaction Survey results, which can be cross-walked to specific settings, to assess the individual’s experience with community inclusion.</p>	<p>October 1, 2017</p> <p>July 1, 2017</p>	<p>March 17, 2019</p> <p>March 17, 2019</p>
<p>Non-Residential: Adult Day Health waiver service settings. 8% (22 settings) are in the same building as a nursing facility and operate in accordance with the adult day health service specification outlined in the CMS approved 1915 (c) waivers. Further analysis is required to determine to what extent these settings demonstrate the settings do not have the effect of isolating individuals from the greater community.</p>				
<p>Adult Day Health settings in the same building as a nursing facility furnishing the adult day health waiver service</p>	<ul style="list-style-type: none"> Adopt and implement an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Identify the settings for which heightened scrutiny will be requested. Develop a communication strategy to educate individuals and families about the implementation of the community characteristic standards. 	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Standards: With input from individuals, advocates, and providers, establish standards around acceptable evidence of compliance demonstrating the setting does not have the effect of isolating individuals from the greater community</p> <p>Provider Education: Develop an HCBS settings evaluation tool for provider self-assessment and ongoing monitoring and training to identify changes needed to demonstrate full compliance.</p> <p>Educate provider network on how to use tools to assess current level of compliance and develop remediation plans, as needed.</p> <p>Communication Plan: In conjunction with the State Long Term Care Ombudsman Office, develop and implement a public education and outreach campaign on the HCBS settings characteristics including communicating the process for individuals and families to raise concerns regarding the community nature, or lack thereof, of a specific setting.</p> <p>Compliance Timeframe</p>	<p>July 1, 2015</p> <p>January 1, 2016</p> <p>January 1, 2016</p> <p>April 4, 2016</p> <p>January 1, 2016</p>	<p>July 1, 2016</p> <p>March 31, 2016</p> <p>March 31, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p>

	<p>The State will conduct on-site evaluations of every setting in this category to identify those settings for which CMS heightened scrutiny review will be requested.</p>	<p>Settings Assessment</p> <p>Settings were assigned a category of compliance based on the State’s review of existing regulations and the analysis of paid claims for HCBS and institutional services delivered from the same address.</p> <p>The State will notify each provider the category of compliance assigned to the setting.</p> <p>The State will educate the provider network on how to use the HCBS setting evaluation tool.</p> <p>The provider completes the self-assessment using the HCBS setting evaluation tool and develops remediation plan to ensure full compliance.</p> <p>Settings Remediation</p> <p>Providers submit to the State a written remediation plan describing actions to be taken to remediate each issue to achieve full compliance. Remediation strategies addressing the following areas include but are not limited to, policy and procedures, lease agreements, staff training, service options and access, service delivery methods, staffing patterns, interaction with the broader community, and the presence of institutional physical characteristics at the setting.</p> <p>Heightened Scrutiny Process On-site evaluations</p> <ul style="list-style-type: none"> • Interviews with individuals served to gain insights into the opportunities for integration they experience at the setting; • Interviews with direct support staff; • Review of policies and practices adopted by the provider to promote these opportunities; • Observations of the implementation and effectiveness of the provider’s remediation plan 	<p>October 1, 2014</p> <p>April 4, 2016</p> <p>October 1, 2016</p>	<p>October 15, 2015</p> <p>April 4, 2016</p> <p>June 30, 2016</p> <p>September 1, 2016</p> <p>September 1, 2016</p> <p>June 30, 2017</p>
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		<ul style="list-style-type: none"> Review of relevant information submitted by stakeholders regarding the characteristics of the setting. <p>Outcome of on-site evaluations</p> <p>The State compiles evidence for settings that were initially presumed to have institutional qualities but were determined to meet with modifications, based on the on-site evaluation.</p> <p>The State requests remediation plans from these settings, which detail the action steps and timelines to bring the setting into full compliance.</p> <p>The State compiles evidence for settings that were presumed to have institutional qualities but were determined to have HCBS characteristics, based on the on-site evaluation.</p> <p>The State updates the transition plan with the description of the results and identification of the settings for which CMS heightened scrutiny review is requested.</p> <p>The State submits requests for heightened scrutiny to CMS for settings initially presumed to be institutional that the State determined, through the on-site evaluations, have qualities that are home and community-based.</p> <p>Ongoing monitoring for settings which CMS determines, through the heightened scrutiny review, that all the regulatory requirements for HCBS are met</p> <p>Conduct on-site provider compliance reviews, including the experience of individuals residing in the setting, for each setting in accordance with OAC <u>5160-45-06</u>, <u>5160-45-09</u>, <u>5160-45-10</u>, <u>173-39-02</u>, <u>173-39-04</u>, <u>173-39-05</u>.</p>	<p>October 1, 2016</p> <p>October 1, 2016</p> <p>October 1, 2016</p> <p>July 1, 2017</p> <p>July 1, 2017</p> <p>January 1, 2018</p> <p>January 1, 2018</p>	<p>June 30, 2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p> <p>September 30, 2017</p> <p>September 30, 2017</p> <p>March 17, 2019</p> <p>March 17, 2019</p>
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		<p>Relocation Process</p> <p>For those settings that the state does not submit requests for heightened scrutiny review OR for the settings that CMS determines, through heightened scrutiny review, do not meet the regulatory requirements for HCBS, the State’s established relocation team, led by the State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice.</p> <p>The relocation process includes the following components:</p> <ul style="list-style-type: none"> • Timely notice and due process through in-person notification that the setting does not meet HCBS requirements; • The choice of alternative settings selected through the person-centered planning process; • Care coordination to ensure continuity of services and access to critical services are in place prior to the relocation; • Post-relocation follow up. <p>Quality Strategy: Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey, to assess system-wide trends of waiver participants’ experience with community integration and access.</p>	November 1, 2017	March 17, 2019
			October 1,2017	March 17,2019
IV. Settings which cannot meet the HCBS characteristics				
Setting Type	Remediation Required	Action Steps	Timeline Start Date	End Date
A. RESIDENTIAL SETTINGS: No NF-LOC services are currently being furnishing in a nursing facility, a hospital, or an ICF-IID.				

	<p>Providers will be given the option to relocate the place where they provide waiver services to more integrated setting, or opt to no longer receive Medicaid waiver funds for services that continue to be provided in these institutional settings.</p> <p>If a provider chooses the 2nd option above, individuals will be given the option of relocating to an HCBS-compliant location in a manner that is least disruptive to them.</p>	<p>Relocation Process:</p> <p>Inform these providers the location where they are providing waiver services do not meet HCBS Criteria.</p> <ul style="list-style-type: none"> • Work with provider to develop a transition plan for coming into compliance. <p>Inform the individuals receiving services the setting does not meet HCBS criteria.</p> <p>In the event the provider is not willing/able to come into compliance, the State’s established relocation team, led by the Office State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice. The relocation process includes the following components:</p> <ul style="list-style-type: none"> • Timely notice and due process through in-person notification that the setting does not meet HCBS requirements, • The choice of alternative settings selected through the person-centered planning process; • Care coordination to ensure continuity of services and access to critical services are in place prior to the relocation; • Post-relocation follow up. 	<p>July 1, 2016</p> <p>July 1, 2016</p> <p>July 1, 2017</p> <p>July 1, 2017</p>	<p>June, 30, 2017</p> <p>June 30, 2017</p> <p>March 17, 2019</p> <p>March 17, 2019</p>
<p>B. Non-Residential: Adult Day Health waiver service settings. No NF-LOC adult day health waiver services are currently being furnishing in a nursing facility, a hospital, or an ICF/IID.</p>				

<p>N/A</p>	<ul style="list-style-type: none"> Providers will be given the option to relocate the place where they provide waiver services to more integrated setting, or opt to no longer receive Medicaid waiver funds for services that continue to be provided in these institutional settings. If a provider chooses the second option above, individuals will be given the option of relocating to an HCBS-compliant location in a manner that is least disruptive to them. 	<p>Relocation Process:</p> <p>Inform these providers the location where they are providing waiver services do not meet HCBS Criteria.</p> <ul style="list-style-type: none"> Work with provider to develop a transition plan for coming into compliance. <p>Inform the individuals receiving services the setting does not meet HCBS criteria.</p> <p>In the event the provider is not willing/able to come into compliance, the State’s established relocation team, led by the Office State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice. The relocation process includes the following components:</p> <ul style="list-style-type: none"> Timely notice and due process through in-person notification that the setting does not meet HCBS requirements, The choice of alternative settings selected through the person-centered planning process; Care coordination to ensure continuity of services and access to critical services are in place prior to the relocation; Post-relocation follow up. 	<p>July 1, 2016</p> <p>July 1, 2016</p> <p>July 1, 2017</p> <p>July 1, 2017</p>	<p>June 30, 2017</p> <p>June 30, 2017</p> <p>March 30, 2017</p> <p>March 30, 2017</p>
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