Attachment #1 Transition Plan

1. Please add language similar to language in the purpose of the amendment explaining the reduction in Factor C/unduplicated count of waiver participants, e.g. Legislative appropriations, etc.

MD Response: MD will add the following language.

In 2013, the state projected the number of program participants based on previous trends, reserved capacity, and anticipated legislative appropriation to support new participants each year. An individual that enters, exists, and re-enters the waiver during one waiver year counts as one unduplicated waiver participant. Trends demonstrate individuals are leaving the waiver due to various reasons including: voluntary leaving services or never having started services; entering an institution (e.g. hospital, SETT, MHA facility); moving to another state; being incarcerated; and loosing of financial eligibility.

Appendix A-3 Use of Contracted Entities

2. Please update language regarding the HRST and which version is being used.

MD Response: MD will revise the language related to the HRST as noted below.

Health Risk Screen Tool
The DDA utilizes the electronic Health Risk Screen Tool (HRST) to identify health and safety risk factors for participants and to assist with determining health related support needs and training.

3. For CMS' understanding, may individuals opt to use the paper version instead of the electronic version?

MD Response: The paper version is outdated and no longer used.

Appendix A-6 Assessment Methods and Frequency

4. Given the current moratorium on MOUs imposed by the Governor, what is the MOU approval cycle and is oversight impacted by the moratorium?

MD Response: To clarify, the Department of Human Resources (DHR) has a moratorium on MOUs which has delayed our implementation of the MOU related to our action plan. The Governor does not have a moratorium on MOUs. There is no impact on oversight.

Appendix B-3-a Unduplicated Number of Participants

5. Please provide CMS with the number of waiver participants at this point in time.

MD Response: As of April 8, 2016, there are 14,443 active participants.

Appendix B-3-d Level of Care Criteria

6. Please fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver.

MD Response: Appendix B-3-d is related to "Scheduled Phase-In or Phase-Out." Level of Care Criteria is B-6-d which is noted below.

Appendix B-3-f Selection of Entrants to the Waiver

7. Please add language to summarize the requirements of COMAR 10.22.12.07 in the waiver application.

MD Response: COMAR 10.22.12.07 is summarized within the first paragraph as noted below.

"Individuals currently on the waiting list for DDA services are assessed and prioritized into three categories: crisis resolution, crisis prevention, and current request. When funding becomes available, individuals in the highest priority level of need (crisis resolution) receive services, followed by crisis prevention, and then current request. Determination of and criteria for each service priority is set out in COMAR 10.22.12.07."

8. Please add language to specify the order in which individuals are selected for the waiver and how these methods are standardized across the state.

MD Response: The selection order is summarized within the first paragraph as noted below.

"When funding becomes available, individuals in the highest priority level of need (crisis resolution) receive services, followed by crisis prevention, and then current request."

MD will add the following language related to standardized methodology:

Determination of and criteria for each service priority is standardized across the State based on the Advisory Guidelines For Determining Eligibility for DDA Funded Services as set out in COMAR 10.22.12.07.

9. Please remove or revise language indicating slots and capacity is based on Legislation granting funding. The State must operate at the levels approved within the waiver that may be based on Legislative funding.

MD Response: MD will remove language related to funding as noted below:

In addition, reserved capacity is established for the following discrete groups of individuals: Transitioning Youth (TY), Money Follows the Person (MFP) (Institutionalized), Waiting List Equity Fund (WLEF), Emergency, Court Involvement, Military Families, State Funded Conversions, and Psy Hospital Transitions.

Appendix B-5-a Post-Eligibility Treatment of Income

10. Under Item B-5-a: Use of Spousal Impoverishment Rule, if the waiver is effective during the five-year period beginning January 1, 2014, the state must check the first box in this section. This box indicates that spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the §435.217 group. As instructed, the State should check the first box.

MD Response: MD will check the first box.

Appendix B-6-d Level of Care Criteria

11. Please add language to fully specify the level of care criteria that are used to evaluate and reevaluate individuals' needs for services through the waiver.

MD Response: MD will add the following language after the first paragraph.

The following five criteria must be met:

Criteria 1- The severe chronic disability is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments.

Criteria 2- The severe chronic disability is manifested before the individual attains the age of 22

Criteria 3- The severe chronic disability is likely to continue indefinitely

Criteria 4- The severe chronic disability results in an inability to live independently without external support or continuing and regular assistance

Criteria 5 - Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.

Appendix C1/3 Waiver Services

12. The State indicated weekly hour limitations were removed for service providers of personal care, agency and self-direct. CMS is unclear what the exact limitations are for the agency direct services workers.

MD Response:

Personal Support is limited to 82 hours per week unless otherwise preauthorized by DDA based on assessed need.

13. The State must include all required criteria and standards in which service providers must fulfill in order to be considered qualified providers, i.e. required State/Department trainings. Please add all required trainings (HRST) under the appropriate service provider qualifications for each applicable service.

MD Response: MD will add the following requirements for Community Residential Habilitation, Day Habilitation, and Personal Supports providers:

Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

14. Please note, the waiver serves individuals ages 21 year old and under. The State will need to add language in a future amendment or at the time of renewal to provide the following assurance to the description of applicable waiver services: This waiver service is only provided to individuals age 21 and over. All medically necessary **{**insert service name here**}** services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

MD Response: MD will add language in a future amendment or at the time of renewal.

15. Please note, 42 CFR §441.301(b)(4) provides that multiple services that are generally considered to be separate services may not be consolidated under a single definition. The waiver currently has bundled and combined multiple services under one service definition, i.e. community residential habilitation. The State will need to review the HCBS technical guide on service definitions' requirements for bundling of services and revise accordingly in a future amendment or at the time of renewal.

MD Response: MD will add language in a future amendment or at the time of renewal.

16. Please review and note needed changes based on the January 2015 HCBS Technical Guide and CMS Informational Bulletin (CIB) issued on 9/16/2011 regarding day habilitation services and employment-related services. These changes will be expected in a future amendment or at the time of renewal.

MD Response: MD will add language in a future amendment or at the time of renewal.

Appendix C-5 HCB Settings

17. Please transfer all language in this section to Attachment #2. CMS has not approved the State's statewide transition plan (STP) and the information regarding whether settings are fully compliant.

MD Response: MD will transfer the information to Attachment #2.

Appendix D-1-e Risk Assessment and Mitigation

18. The State has identified utilization of a formal assessment tool HRST to gain information regarding an individual's risks. Based on CMS' review of the State's information and issued FAQs on this tool, additional information and details must be added to the waiver application regarding the use and outcome of this tool. The State must clarify whether the use of this tool is required, the impact on waiver participant person-centered plan and individualized budget and outcomes from the use of this tool, other optional screening may be utilized, what form of the tool is used (paper vs. electronic), etc.

MD Response: MD will revise the language as follows:

As part of the person-centered planning process and development of the IP, the participant's health and safety needs are assessed by the team. Areas of assessment and planning may include but are not limited to: community safety, health/medical, sexuality/relationships, abuse, neglect, elopement, financial exploitation, behaviors, home environment, fire safety, personal care/daily living, mental health, police involvement, informed consent, etc.

To promote optimum health, to mitigate or eliminate identified risks and to avert unnecessary health complications or deaths, the electronic Health Risk Screening Tool (HRST) is required for all participants. The HRST is a web-based screening instrument designed to detect health destabilization early and prevent preventable deaths. It is a reliable, field-tested screening tool that consists of 22 rating items, divided into 5 health categories. The outcome of scoring all 22 rating items is an objective Health Care Level that represents the overall degree of health risk and destabilization of the person. Since each of the 22 rating items receives its own score, the level of health risk can be determined on each of the items as well. Once an individual is fully screened, the HRST produces Service and Training Considerations that can be used by staff and families. Service Considerations describe what further evaluations, specialists, assessments or clinical interventions may be needed to support the individual based on the identified issues.

In order to complete the HRST for all participants, the screenings will be phased in based on services as follows: 1st residential habilitation, 2nd self-directed services, 3rd personal supports, 4th day habilitation, supported employment, community learning services, and employment discovery and customization, and 5th family and individual support services.

Individualized risk mitigation strategies are incorporated directly into the IP and are done in a manner sensitive to the participant's preferences. Risk mitigation strategies may include participant, family, and staff training; assistive technology; back-up staffing and emergency management strategies for various risk such as complex medical conditions, people at risk or have a history with elopement, or previous victim of abuse, neglect, and exploitation.

Risk mitigation strategies, including back-up plans, are discussed as part of the team meeting, are based on the unique needs of the participant, and must ensure health and safety while affording a participant the dignity of risk.

Coordinators of Community Service assist participants in the development of back-up plans which are incorporated into IPs. Participants that self- direct their services are required to have

a two level back up support strategy which is currently noted in the Individual Plan and Budget (IP&B). In addition, all DDA-licensed service providers must have a system for providing emergency back-up services and supports as part of their policies and procedures, which are reviewed by DDA and Office of Health Care Quality (OHCQ).

19. Please provide details of how this tool is used as part of the person-centered planning process when a care coordinator or nurse are the assessors and do not need to know the individual.

MD Response:

The waiver participant's Coordinator of Community Services (CCS) completes the HRST. They are familiar with the individual and currently facilitate the development of the person-centered plan and conduct monitoring/follow-up and referral and related activities to support the person.

The majority of individuals that have a Health Care Level of 3 or higher are already supported with nursing services. The waiver participant's service provider(s) have nurses who provide nurse case management and delegation services and are familiar with the person's needs. These same nurses are the Nurse Reviewers.

Raters and Reviews for individuals new to service or changing coordinators or nursing supports, will gather information from a variety of sources in order to conduct screenings. These include but are not limited to: family input, medical records, input from other support staff who know the person well, medical history, current plans of care, etc. Though a formal meeting to complete the screening is optional, the individual, the family, and the people who know the person best are always encouraged to contribute. The Rater will then use this gathered information to answer a series of Yes and No questions about each of the 22 rating items to arrive at an item score. The accumulation of these scores results in the assignment of a Health Care Level.

Appendix G-QIS Health and Welfare Discovery and Remediation

20. How will the State's moratorium on MOUs impact this strategy?

MD Response: As noted above, the Department of Human Resources (DHR) has a moratorium on MOUs which has delayed our implementation of the MOU related to our action plan. The Governor does not have a moratorium on MOUs. This is reflected in the QIS as we are unable to note the target completion date for the MOU sign off as noted below.

HW.4 Explore the legal opportunities to expand information sharing (to include deposition between APS/CPS
and DHMH so that cases investigated by APS/CPS are shared with DHMH)
1. Convene meeting with DHR to explore information sharing (Completed)
2. Develop MOU (Completed)
3. MOU Sign off
Target Completion Date: Pending DHR review

Appendix B-4: Eligibility Groups Served in the Waiver

21. In B-4-b, the state indicates that they cover the low-income family with children as provided in section 1931 of the Act. With the changes to eligibility groups according to the application of MAGI rules, the state needs to remove the check mark and if applicable, the state will need to add to the list in the "other specified groups" which of the MAGI-groups the state has extended HCBS wavier services.

In B-4-b, the state will need to indicate in the "other specified column" that they have elected to provide HCBS services to the 435.110, 435.116, and 435.118, as applicable, to reflect that the section 1931 low-income families selection is obsolete.

MD Response: MD will remove the check mark and update the groups.