

Topic	Description	Remediation Strategic	Timeline for Completion	Milestone	Monitoring
Regulations	Ensure all applicable regulations meet the HCB settings requirements	<ol style="list-style-type: none"> <li>1. Complete crosswalk of program regulations</li> <li>2. Complete legal review of preliminary findings</li> <li>3. Develop revisions to comply and allow for enforcement of the Final Rule</li> <li>4. Engage stakeholders, including seeking public comments</li> <li>5. Promulgate revised regulations</li> </ol>	<ol style="list-style-type: none"> <li>1. 12/2014</li> <li>2. 06/2015</li> <li>3. 12/2016</li> <li>4. 08/2017</li> <li>5. 2018 (10.09.36); TBD (10.07.14); Fall 2022 (10.22); TBD (10.09.26)</li> </ol>	Revised Regulations	OLTSS (formerly OHS) and Transition Advisory Teams
Transition Advisory Teams	Ensure ongoing stakeholder involvement as it relates to the STP and achieving compliance with the Final Rule	Establish at least two (2) teams - the DDA Transition Advisory Team (to include Community Pathways and Brain Injury Waivers) and the Medicaid Transition Advisory Team (to include HCBOW, Autism, Medical Day Care Services, and the Model Waivers) - which will meet monthly and include participants, their family members, and advocates	04/2015	Established Transition Advisory Teams	OLTSS and Transition Advisory Teams
Maryland's Community Supports Standards	Communicate to all stakeholders Maryland's vision, expectations, and the requirements to comply with the Final Rule	Issue a formal statement regarding Maryland's vision, expectations, and the requirements to comply with the Final Rule	04/2015	MDH Transmittal Group Home Moratorium  <a href="#">MDH Memo 9/28/2015</a> <a href="#">MDH DDA Memo 7/8/15</a> <a href="#">MDH Memo 4/14/15</a>	MDH and Transition Advisory Teams

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Lease or Other Legally Enforceable Agreement (Assisted Living, Residential Habilitation)	Assess compliance with the Final Rule for a representative sample of leases and residency agreements as service providers in settings, use a variety of versions which may not be legally enforceable	<ol style="list-style-type: none"> <li>1. Collect and assess leases and residency agreements to determine if they are legally enforceable and comply with Final Rule</li> <li>2. Explore standardized lease or agreement for specific service delivery systems</li> <li>3. Work with stakeholders, including legal advocates, to explore jurisdictional requirements and propose recommendations to be reviewed by the public and implemented across similar programs</li> <li>4. Revise applicable program regulations</li> <li>5. Communicate standards with participants and settings.</li> <li>6. Require settings to be in compliance with lease/residential agreement requirements. The lease/residential agreement must be a legally binding agreement which gives the resident the same rights and protections as the landlord-tenant laws in the area. To comply with this rule, all of the following should be true: residents and/or their legal representatives signed a lease or other legally-binding document that describes their rights, residents who are sharing bedrooms were given a choice of their roommates, residents have the freedom to decorate their own space with items of their choosing, and residents can have visitors at any time of day. A sample of the lease agreement can be found <a href="https://health.maryland.gov/ohcq/AL/Docs/AL_Forms/al_sample_res_agreement.pdf">here</a><sup>1</sup>.</li> <li>7. Assess ongoing compliance by reviewing all leases/residential agreements for new settings and revalidation settings. For provider settings who are not yet compliant, the state will continue to assist the provider within the confines of the timeline dates prior to the individual transition period.</li> </ol>	<ol style="list-style-type: none"> <li>1. 05/2015</li> <li>2. 06/2015</li> <li>3. 06/2016</li> <li>4. Fall 2017</li> <li>5. 12/2017</li> <li>6. 12/2018</li> <li>7. Ongoing</li> </ol>	Use of Compliant Leases/ Residential Agreements	MDH, Transition Advisory Teams, and case management entities

<sup>1</sup> [https://health.maryland.gov/ohcq/AL/Docs/AL\\_Forms/al\\_sample\\_res\\_agreement.pdf](https://health.maryland.gov/ohcq/AL/Docs/AL_Forms/al_sample_res_agreement.pdf)

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Participant and Provider Self-Assessment Surveys	Collect program-specific data to assess compliance with the Final Rule as a continuation of preliminary work with participants and settings in 2014	Develop and pilot program-specific comprehensive surveys to assess compliance with the Final Rule based on preliminary work with participants and settings in 2014	2014-2015	Survey Report (2014); Subsequent Pilot Surveys	MDH, Quality Councils, and Transition Advisory Teams
Provider Transition Symposium	Ensure continued engagement with stakeholders by sharing communities of practice and transition strategies from Maryland-based and national service providers	Provide technical assistance to providers in settings related to transitioning the current service delivery system to achieve compliance with the Final Rule	05/2017	Provider Transition Symposium	OLTSS, Transition Advisory Teams, DDA
Waiver Amendments	Ensure 1915(c) Waiver applications are compliant with the Final Rule	Submit waiver amendments to the CMS based on assessments, consultant review, and stakeholder feedback, to ensure compliance with the Final Rule	07/2016 (Community Pathways) 12/2020 (Brain Injury)	Approved Waiver Amendments	MDH and Transition Advisory Teams
Provider Enrollment and Training	Ensure program specific provider enrollment and revalidation processes are compliant and provide training to new and existing settings.	<ol style="list-style-type: none"> <li>1. Review and revise program-specific provider enrollment and revalidation processes.</li> <li>2. Provide virtual training bi-quarterly to new and existing settings to educate them on the HCB settings requirements, Medicaid standards and policies, the STP, and sanctions associated with non-compliance.</li> </ol>	1.-2. Ongoing	Provider Enrollment and Training	MDH and Transition Advisory Teams

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Additional Provider Self-Assessment Surveys	Collect program-specific data from provider settings to assess compliance with the Final Rule based on piloted surveys in 2015	<ol style="list-style-type: none"> <li>1. Conducted program-specific comprehensive surveys with provider settings to assess compliance with the Final Rule based on validated results of previous surveys in 2015</li> <li>2. Temporarily suspend provider settings who failed to complete the survey after two (2) requests and inform providers of this strategy in an introduction letter and through subsequent provider transmittals</li> <li>3. The Hilltop Institute analyzed the data and provided a report on the survey results for each program; shared with stakeholders throughout the service delivery system</li> </ol>	2016	<a href="#">Survey Results</a>	MDH and Transition Advisory Teams
Program Policies, Procedures, and Forms	Ensure applicable policies, procedures, and forms, including the CSQ, comply with the Final Rule	<ol style="list-style-type: none"> <li>1. Review and revise, as applicable, policies, procedures, and forms, including the CSQ, questionnaires, surveys, etc., to ensure compliance with the Final Rule:</li> <li>2. Validation tools include the Community Settings Questionnaire.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/2017</li> <li>2. Ongoing</li> </ol>	Updated Policies, Procedures, and Forms	MDH and Transition Advisory Teams

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Provider Settings Transition Plans Corrective Action Plans	Ensure provider settings who have been identified as being non-compliant with the Final Rule are supported through the transition and monitored to ensure implementation	<ol style="list-style-type: none"> <li>1. Provide training to providers on plan requirements</li> <li>2. Require providers identified as non-compliant with the Final Rule to submit a remediation/ Corrective Action Plan (CAP).</li> <li>3. Review of all plans that include the provider’s remediation strategy. Determine if further visits are needed.</li> <li>4. The State provides technical assistance on how to become compliant and instructions regarding the Modification Guidelines per 42 CFR 441 Subpart G. Section 441.301 to be enumerated in the person-centered plan. Letters sent s to providers that remain non-compliant.</li> <li>5. Continue to detail specific areas of non-compliance and the source of that determination. Indicate that the issues must be remediated.</li> <li>6. Second notification sent to all providers in compliant and non-compliant statuses.</li> <li>7. Providers are notified of the suspension of the site if still non-compliant as of November 30, 2022. Technical assistance will be provided to all settings identified.</li> <li>8. Settings that have not reached compliance after review of the remediation action plan or transition plan will be suspended. The provider is still receiving technical assistance throughout this period. If continued non-compliance, MDH notifies all parties that the setting is not compliant and transitions will begin.</li> <li>9. MDH will continue to provide technical assistance through the disenrollment process if there is a possibility of compliance.</li> <li>10. All participants in settings non-compliant with the Final Rule have been given assistance to move to another setting that fully complies with the Final Rule.</li> <li>11. The Department will provide proper support to sites determined non-compliant after the compliance date of March 17, 2023.</li> <li>12. Providers will be notified within a 30-day timeframe of the Department’s review. The provider setting will have an additional 30 days to respond to the department with an RP/CAP verifying compliance with the Rule.</li> </ol>	<ol style="list-style-type: none"> <li>1. 07/2017</li> <li>2. 12/2017</li> <li>3. 03/2018</li> <li>4. 07/2022</li> <li>5. 09/2022</li> <li>6. 10/2022</li> <li>7. 11/2022</li> <li>8. 11/2022</li> <li>9. 12/2022</li> <li>10. 01/2023</li> <li>11. 02/2023</li> <li>12. Ongoing</li> </ol>	Implementation of Provider Settings Transition/ Corrective Action Plans	MDH

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DDA Rate Study	As per legislation (Chapter 648 of the Acts of 2014), the DDA will procure a contractor to conduct an independent cost-driven rate setting study, develop a strategy for assessing the needs of individuals receiving services, develop a sound fiscal billing and payment system, and obtain input from stakeholders, including individuals receiving services and settings. The analysis must adhere to all “relevant regulations regarding DDA rates,” comply with the Final Rule, and seek to maximize federal match post implementation.	<p>Conduct rate study of the DDA services and payment system to define the rates and provide a fiscal impact analysis</p> <p><i>Note: During the initial 18-month performance period, the contractor will define the rates and provide a fiscal impact analysis. There are two (2) one-year options if implementation support is required.</i></p>	12/2017	Rate Study Report	DDA
Program Policies, Procedures, and Forms	Ensure applicable, policies, procedures, and forms, including the CSQ, comply with the Final Rule	<ol style="list-style-type: none"> <li>1. Review and revise, as applicable, policies, procedures, and forms, including the CSQ, questionnaires, surveys, etc., to ensure compliance with the Final Rule:</li> <li>2. Validation tools include the Community Settings Questionnaire.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/2017</li> <li>2. Ongoing</li> </ol>	Updated Policies, Procedures, and Forms	MDH and Transition Advisory Teams

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On-Site Specific Assessments	Based on the results of the preliminary provider settings inventory, program-specific surveys, and stakeholder recommendations, identify specific settings that will need further review and conduct site visits	Conduct on-site visits to validate the results of previously collected data, including settings where there is a discrepancy between data collected on participants' CSQ and provider surveys	On-site visits began in 2016. All relevant sites for the following programs have had at least one (1) visit: Autism, Community Supports, Family Supports, HCBOW, ICS, and Medical Day Care. Site visits for the Brain Injury and the non-residential DDA waivers were validated in FY 2022.	Site Visits	MDH (BHA, DDA, OLTSS) and MSDE
Heightened Scrutiny	Identify settings that appear to have qualities of an institution, are on the grounds of, or adjacent to, an institution, or appear to be isolating individuals from the community	<ol style="list-style-type: none"> <li>1. Conduct interviews with participants by phone</li> <li>2. Conduct on-site visits to assess the physical location and practices</li> <li>3. Determine whether the setting is compliant regardless of its initial characterization as requiring heightened scrutiny</li> <li>4. Post the heightened scrutiny list for a 30-day public comment period</li> <li>5. Collect evidence to submit to CMS of settings that will demonstrate compliance</li> <li>6. Provider Remediation letters</li> <li>7. Identify sites that remain to have characteristics of heightened scrutiny. The list of settings will be submitted to CMS for review by October 2022.</li> </ol>	<p>1.-3. 08/2017</p> <p>4. 09/2022</p> <p>5-7. 10/2022</p>	CMS Approval Decision	OLTSS

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Updated Comprehensive Provider Evaluation	Evaluate provider-, site- and program-specific levels of compliance with the Final Rule	1. Compile data from all on-site visits and/or participants' CSQ to generate a comprehensive list of non-compliant settings, where applicable, to guide possible provider sanctions	1. 06/2022	Updated Comprehensive Evaluation	OLTSS
Provider Correspondence	Engage the setting with respect to the MDH's determination of their compliance with the Final Rule, required remediation and timelines, and applicable sanctions for continued non-compliance	<ol style="list-style-type: none"> <li>1. MDH sends a detailed letter to providers outlining their status of compliance or non-compliant. Specific areas of non-compliance and the source of that determination will be communicated for non-compliant settings. If the setting is non-compliant, the provider will receive a request for a corrective action plan or transition plan, providing a due date of 30 days. The state will continue to assist the provider within the confines of the timeline prior to the individual transition period.</li> <li>2. Review the corrective action plan or transition plan for non-compliant settings to determine compliance and indicate if the issues have been remediated. Technical assistance will be provided to all settings.</li> <li>3. Settings that have not reached compliance after review of the corrective action plan or transition plan will be suspended. If a setting continues to be non-compliant, MDH notifies the provider of its suspended status until settings compliance is achieved.</li> <li>4. MDH notifies the individual, representative, case management, and the provider that setting remains non-compliant. This allows time if there are still remediation actions the provider can take to come into full compliance.</li> <li>5. After all remediation efforts, non-compliant settings will receive a letter of termination notifying them that they are no longer a Medicaid-approved setting.</li> </ol>	<ol style="list-style-type: none"> <li>1. 10/2022</li> <li>2. 11/2022</li> <li>3. 12/2022</li> <li>4. 12/2022</li> <li>5. 03/2023</li> </ol>	Communication to Service Delivery System	OLTSS



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Participant Transitions to New Settings	Assist participants in transitioning to a new provider (for non-residential services) and/or relocating to a new residence if the participant's previous provider(s) is/are determined to be non-compliant and therefore suspended	<ol style="list-style-type: none"> <li>1. Remediation strategies will include: leveraging the person-centered planning process by the development of a work plan detailing how each program will support its participants in selecting and transitioning to a new setting.</li> <li>2. Timelines will be established delineating how and when participants and their case managers will receive notification from the MDH regarding the need to select and transition to a new setting.</li> <li>3. The State will begin notifying individuals receiving Medicaid funded services residing in non-compliant HCB settings of the need to transition to a compliant HCB setting in December 2022 with the expected completion date of December 31, 2022. In addition to notifying individuals, the State will provide appropriate notice to case management entities and providers.</li> <li>4. Once an individual and/or representative receives a transition notice, a plan of service will be revised by the case management agency, as part of the person-centered planning process, involving the individual's chosen community of support. The transition process will ensure that the individual, their family, and appropriate individuals chosen through the person-centered planning process, are given proper information, the opportunity, and the support to make an informed choice of an alternate HCB setting. The individual will be able to choose a setting that aligns with the HCBS requirements. The setting will meet the individual's assessed needs and ensure critical services and supports are in place in advance of the individual's transition by February 1, 2023.</li> </ol>	<p>1. 07/2022</p> <p>2. 10/2022</p> <p>3. 11/2022</p> <p>4. 01/2023</p>	Participant Transitions to New Settings	MDH (BHA, DDA, OLTSS), MSDE, and case management entities

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Ongoing Compliance Monitoring	Verification of ongoing provider compliance with the Final Rule	<ol style="list-style-type: none"> <li data-bbox="531 121 1186 243">1. Review quality indicators and evaluation tools used in each program, with the goal of standardizing performance measures to the degree possible across programs</li> <li data-bbox="531 267 1186 820">2. Assess settings' ongoing compliance with the Final Rule by: assessing and validating 100% of settings for settings compliance every three to five years at a minimum for continued monitoring. Reviews will verify that providers continue to meet all of the settings criteria under 42 441.301(c)(4)(i)-(v). The State will ensure ongoing compliance by using a coordinated approach that includes the CSQ, phone interviews with participants, desk reviews, and/or on-site compliance reviews in response to any complaints or concerns. The participant CSQ will be completed at least annually and reviewed for every significant change or compliance issue; an on-site visit will be completed for any location indicated as out of compliance based on data collected; and if settings are determined non-compliant, continued technical assistance will be provided and appropriate actions will be taken to sanction, or if necessary, disenroll.</li> </ol>	<ol style="list-style-type: none"> <li data-bbox="1186 121 1480 211">1. 2/2017-06/201; Secondary review 2022-2023</li> <li data-bbox="1186 267 1480 300">2. Ongoing</li> </ol>	Annual CSQ Reviews and Site Visits	MDH (BHA, DDA, OLTSS), MSDE