

## **Community Integration**

**I strongly believe that geographical location is insignificant in determining level of community integration as compared to a programmatic or activity-based focus. Compared to other farms surrounding Star Community, it is virtually indistinguishable and not isolated. On page 30 of the plan it was stated that “Compliance will be determined by further analysis such as...on-site visits...programmatic activity... (Western Region)**  
CMS has given some guidance on how to evaluate settings and we will be working with transition teams to develop an on-site assessment tool to evaluate settings.

**My daughter has been a resident in a small home in the middle of everything, and yet she’s often been isolated from the community. I think it’s important to put more value in being proactive with people active in the community. Things like engaging in hobbies or being part of a team. (Western Region)**

Thank you for your suggestion to add more value to community activities when assessing settings. Service coordinators can assist individuals and families in developing goals and identifying activities to be truly integrated in their community. This should be done using a person-centered planning strategy. You can request a meeting at any time to share your concerns and request changes in supports, services, and providers.

**We have to remember that the number of bedrooms doesn’t matter when it comes to determining how integrated a setting is. Six people living in a home together is sometimes much better than someone living alone or with one or two roommates. (Western Region)**

I think that’s the idea that CMS had. They understand that number of beds doesn’t mean community integration. The new plan takes out requirement about a certain number of beds, and the regulations, etc. can be evaluated to include the new criteria.

**How much time in the community defines community inclusion for vocational services? (Webinar)**

There is no set time. We will have to examine that service by service.

## **Definitions**

**What is an intermediate care facility? (Multiple Regions)**

They are state residential centers—the Holly Center and the Potomac Center. These cannot be funded through HCBS.

**How is “integrated setting” defined in the transition? (Western Region)**

We will base our definition through a combination of the CMS rules, the transition plans in other states, and our CMS approved community settings questionnaire in use in the Community First Choice program. Please reference the CMS webpage for HCBS exploratory questions for additional guidance. (<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>)

**The term “sheltered workshop” needs to be clarified. (Southern Region)**

In the U.S., both the term "sheltered workshop" and its replacement term, "work center," are used by the Wage and Hour Division of the U.S. Department of Labor to refer to entities that are authorized to employ workers with disabilities at sub-minimum wages. The information in the draft transition plan related to sheltered workshops is based on survey completed by DDA licensed day habilitation providers.

**What does it mean that the DDA rate is a remediation strategy? (Western Region)**

This is in reference to payment of services within the DDA service delivery system that will be evaluated by a contractor.

**Who do you mean when you talk about “stakeholders”? (Western Region)**

Stakeholders include participants, their families, self-advocates, service providers, supports planners, and interested community members.

**Will a community-based setting be officially defined by March 17<sup>th</sup>? (Western Region)**

Community based settings elements have been defined by CMS. As noted in the remediation section of the draft transition plan, Maryland will issue a formal statement regarding HCBS settings vision, expectations, and standards for compliance with the new rule within the next few months.

**Disenrollment**

**Who would be disenrolling in general? (Eastern Region)**

In order to provide and receive payment for services, community service providers complete an application to become a service provider under a HCBS waiver program. As a provider they are required to follow federal and state regulations.

The State will provide some technical assistance to providers and the conduct a symposium to bring in national and State experts that have already transitions their business models to share their strategies and experiences. In the end, if the provider does not comply or chooses not to make the necessary changes then there would be disenrollment from the Medicaid program.

**Is it likely that you will be able to successfully transition participants if providers are disenrolled or will it cause a shortage of providers? (Central Region)**

The Comprehensive Settings Result Report will help to identify program specific compliance and the number of providers that may need to transition for compliance. Community capacity concerns can then be identified and strategies developed to recruit new providers and work with existing providers for expansion of services. Technical assistance will be offered to assist providers with transitioning to meet the new rules. In the situation when a provider is disenrolled, the participants will be assisted with transition plans.

**What kinds of things might shut down a facility? (Multiple Regions)**

Based on CMS requirements and input from transition teams, criteria will be developed to assess compliance with the setting rules. A lot of that still has yet to be decided. As we are developing

our transition teams and developing surveys it will become more clear what types of questions to ask and the manner in which to ask them to ensure we are getting the most appropriate information to develop criteria for this process of determining what is and is not “community.” Transition teams will aid in the process of determining compliance.

**What will happen if individuals need to move? (Multiple Regions)**

In the situation when participants want a new provider or the provider is disenrolled due to not complying with the new rules, case manager/support planners will assist participants and family members in exploring new services and providers and the development of a transition plan.

**If providers are disenrolled, how will person-centered teams function? Aren't they paid for by the provider? (Western Region)**

Person-centered planning is facilitated by the programs' case management/support planning entity.

**Does the disenrollment process apply to in-home independent providers? (Webinar)**

The disenrollment process refers to licensed provider sites and not participant's private residences.

**Final Rule**

**When did this (final rule, plan etc.) all start, and did you reach out to parents and others who are directly impacted? (Central Region)**

The process began years ago at the federal level. CMS began developing all of the criteria for the final rule. The final rule came out in January of last year and came into effect in March of last year. We have taken time to reach out to our stakeholders, including parents. We have been emailing all of our ideas and thoughts; we've been posting information on our website. We routinely reach out to other stakeholders to reach the people that we may be missing. If you have any ideas on how we may do a better job at reaching individuals, please let us know.

**Why did the federal government come up with this final rule? (Central Region)**

Well, there had been talk about ensuring that those in home and community based services are really receiving services in the most integrated setting as possible. They (CMS) had been talking back and forth, had massive stakeholder meetings to get information back. There is additional information on our website and links to CMS for more information regarding the final rule. (<https://mmcp.dhmdh.maryland.gov/waiverprograms/SitePages/Community%20Settings%20Final%20Rule.aspx>)

**Financial/Budget**

**Will the rate study committee have the ability to adjust rates? (Central Region)**

The main goal of the rate study is to develop strategies and recommendations based on their assessments and stakeholder input.

**What happens when you don't have the money to implement any changes? (Central Region)**

We need to focus on the providers that are willing and able to make the necessary changes. We will help in any way we can regarding technical assistance and guidance. We recognize that money and funding is an issue that keeps coming up and we can share this information with the federal government, but this is all the information we can offer you at this time.

**Who is the contractor the DDA procured for the rate study? (Central Region)**

We do not have a name at this time because it has not yet been finalized.

**With the reduction in provider reimbursement, how will Maryland implement improved community inclusion? (Webinar)**

There will be no extra funds provided by the federal government to implement the Final Rule. We will simply have to adjust to new budgetary realities.

**Lease Agreements**

**Has CMS offered any guidance on the lease agreement? (Eastern Region)**

We have not received any specific guidance from CMS regarding lease agreements. They have only said that a lease or some other type of legally enforceable document that protects participant rights is required as per State law.

**Does each individual in a residential setting have to have his/her own lease? (Southern Region)**

Yes—some kind of lease or written agreement that is legally enforceable.

**What about service agreements? (Multiple Regions)**

They may or may not be considered compliant. We will have to take a look across the board to make sure they have the necessary language.

**What happens if we have to complete a lease agreement before new standards are in place? (Southern Region)**

We are open to suggestions or ideas on how we can best map out this situation and keep on top of everything during this process. If you think we need to tweak the timeline please give us feedback as to how we can accomplish this in a timely and appropriate manner.

**Typically these agreements are not landlord-tenant style leases. (Western Region)**

We have not received any specific guidance from CMS regarding lease agreements. They have only said that a lease or some other type of legally enforceable document that protects participant rights is required as per State law.

**Is it a contract with the organization or with the individual? (Western Region)**

It's a contract with the individual.

**Why are we using leases and not program service agreements? (Webinar)**

It doesn't have to be a lease, but the language in the document has to protect the person's rights.

**Monitoring**

**What entities will be involved in ongoing monitoring of compliance? Will there be new hiring? (Eastern Region)**

The Office of Health Services and Waiver program's administering agencies and their designees are responsible for ongoing-monitoring and compliance. Current strategies and processes will be reviewed and updated to include the new requirements, improve customer services, and maximize efficiencies and resources.

**Who will be doing the monitoring and looking through provider transition plans? (Southern Region)**

Organizational structures and resources will be considered along with input from transition teams to identify responsible entities.

**Regulations/Legislation/Licensing**

**Will you also look at regulations that are not specific to certain waivers (for example, graduation requirements)? (Eastern Region)**

The new rules are specific to HCBS 1915 (c), (k), and (i) Medicaid authorities. During our initial regulations reviews, additional regulations referenced in the programs regulations may have been reviewed as applicable.

**Do you anticipate any legislation being introduced this year? (Southern Region)**

Not that we are aware of—not specific to the final rule.

**If you're in the process of getting a license will this transition slow it down? (Western Region)**

This transition plan should not interfere with the current OHCQ (Office of Health Care Quality) licensing process. However, we will have to evaluate their processes and paperwork as part of our transition plan.

**Who is part of DDA transition team? (Webinar)**

Stakeholder organizations have been noted in the draft plan on page 26 but no members have been identified at this time.

**Will staff working at the state be working with consumers? (Webinar)**

There will be transition teams that will have consumers on them as well as other stakeholders.

**Service Settings/Provision**

**How do you deal with roommates or housemates who dislike each other? (Eastern Region)**

If someone is not happy with where they are or who they are with they have the opportunity to work with their supports planner or coordinator to explore other community options. It may be a new provider, or independent living, etc. Individuals have choices and can change providers if they are unhappy.

**Can you elaborate on the stipulation that settings need special permission for anything beyond three residents? (Eastern Region)**

This refers to the waiver that states that the Deputy Secretary can give permission to have more people in certain settings and that currently there is a process related to that. We were just mentioning what the standard is, and maybe that it needs to change. This is something that will need to be further investigated.

**Does the state have to say restraint is not allowed for any recipient? (Eastern Region)**

Not necessarily. What it will say is that we can't make blanket statements across any of our services or specific programs. If it is necessary to any particular individual receiving services it will be clearly dictated in their plan of service that a least restrictive method has been tried and that they might need some kind of modified technique to be included in their plan.

**Do all settings have to be physically accessible to everyone? (Southern Region)**

It's not our interpretation that every single small setting has to have all of the amenities to provide services to every person across the board, but if you are going to be providing services to somebody who is in a wheelchair, etc. we need to make sure that that residence is accessible to them.

**Will there be an area of focus for settings that need to be looked at? For example, settings that have more than three residents? (Eastern Region)**

No. We are really looking forward to working with the transition teams to further examine settings and make sure we are applying the standards set forth by CMS. We will need to determine if settings meet the requirements and what will need to be done if they do not currently comply with the final rule criteria.

**What about day programs? (Multiple Regions)**

We will have to look at people under the Medical Day Care waiver, and all other adult daycare services, as well as employment services. We've tried to be transparent about how we assess all of our programs, but they will need more scrutiny since we don't have all the answers.

**Are there systemic problems with the way that services are provided that these changes are meant to address? (Western Region)**

We've identified some settings that need to be evaluated, but we will not know for sure until the work is completed.

**What about someone in foster care receiving services? (Western Region)**

If someone in foster care is under our waiver receiving services, the rules still apply, however participants living with family are assumed to be community by definition, so we will have to check with CMS on how the rule would be applied.

**What's the impact on day and employment services? (Webinar)**

We have not specified any programs as non-compliant yet, but we have looked through those programs and picked out specific things that might need to be remediated.

**Will traditional sheltered workshops be abolished? (Webinar)**

There has been no decision made on that at this time. But we do know that services can't isolate people from the broader community.

**How will the transition play out for those in sheltered workshops? (Eastern Region)**

We do not have an answer at this time. It will be something to examine moving forward in this process, and will be aided by the transition advisory groups.

**What affect will this have on group homes? (Webinar)**

The affect will be no different than it will on any other programs. Group homes will be subject to the changes discussed in the Final Rule, but they will not be singled out in any specific way.

**Will services still be allowed to be delivered by providers? (Webinar)**

Yes, the Final Rule deals primarily with the settings in which those services are provided, not the providers themselves.

**How would providers in rural areas be factored in? (Webinar)**

The standards for community integration apply to both rural and urban settings, but we will not directly compare settings that are in completely different locations, but instead to others in similar areas.

**How does all of this relate to people who use self-directed services? (Central Region)**

Just the same as those who are not self-directing. All of the services that they receive still have to comply. Some individuals who self-direct services still access day programs. This is why we will utilize surveys to assess what exactly is going on in all situations and settings.

**Providers can have multiple sites. This may only impact one site. (Central Region)**

We don't want to take away opportunities for participants to receive services. We just need to develop a concrete way to go through the process and help providers come into compliance so that they will not face sanctions or disenrollment.

**Surveys**

**Will the new surveys include nonresidential settings? (Southern Region)**

Yes. This was another piece of the puzzle that had not yet been established when we drafted the transition plan. In December CMS did finally give us exploratory questions for further guidance regarding nonresidential settings, so it will be included moving forward in the process.

**Who will design the survey tool? (Southern Region)**

We would like to include the transition teams in the process of developing effective and relevant surveys so that we can design and ask questions in an appropriate way to get as much information as possible from each setting. We have to follow very specific criteria that CMS has laid down. There are currently no standardized or validated tools to use. There is nothing that CMS has given us to use, aside from the exploratory questions for both residential and nonresidential settings. We, as a state, need to determine how best to move forward.

**How are you going to get families in group settings to respond to the surveys? (Southern Region)**

We have played around with the idea of developing memos or transmittals. We have also been working on speaking with advocate groups and determining how we can use peers to go into communities and help individuals complete the surveys. If you have any other ideas or suggestions please let us know.

**What about nonverbal participants? (Multiple Regions)**

We are open to suggestions on how best to identify support networks of individuals who may need assistance in completing the surveys.

**Are the surveys geared more toward compliance issues? (Southern Region)**

It's more compliance, but as we move forward and we think about not only these surveys but in general with the ongoing quality monitoring, what other questions and what other things we can incorporate into the process.

**Are you looking at self-advocates to facilitate the survey process? (Southern Region)**

One of the things we've done is held meetings with People on the Go and we've gotten a lot of feedback and we are trying to incorporate some of their thoughts and suggestions moving forward.

**Will the surveys be conducted onsite? (Southern Region)**

It will be different depending on the circumstance. There will be person-centered surveys and surveys for provider sites. There may be programs that are meeting all of the criteria. Onsite surveys will only be conducted for sites that may have some criteria that are not in compliance.

**Will surveys be given to the under-21 providers as well? What about wraparound services? (Central Region)**

All of the criteria do apply to children in our programs as well. We had done surveys for those in residential settings and they were mailed out to parents based on MMIS data. Providers for children need to follow all criteria outlined in the final rule. If someone who is receiving services needs something additional it needs to be well-documented in the individual's person-centered plan.

**Surveys are important for participants because I think it's important for people to give feedback about how and where they live. (Western Region)**

That's something we've heard in all of our feedback. We've been told to simplify the way we ask questions so that we can confirm whether the setting meets the criteria that we have laid out. We're trying to find a way to crosswalk questions with the criteria and ask them in a manner that is easily understandable.

**Is there a way to ask to be a part of the pilot survey? (Western Region)**

By all means, please suggest yourself if you'd like.



**Are there any self-assessments for providers before the survey comes out? (Webinar)**

No, but you can look at the original survey that was sent out in October of last year. Also, on our website there is a link to some exploratory questions from CMS.

**Transition Plan/Process**

**Will caregivers and parents be included on transition teams? (Southern Region)**

Yes, we want to make sure all of the voices are heard. The teams have not yet been finalized. We have just gathered ideas on who might be interested in helping us through this process. We want to make sure participants, family members, self-advocates, advocacy organizations, provider network, and the legal community are represented. We want to develop well-rounded teams. If you have suggestions on how to accomplish this please let us know.

**Can we look at what's being used in other states (in regard to lease agreements)? (Central Region)**

Yes, The Hilltop Institute will also provide assistance in researching.

**What state are we mirroring? (Central Region)**

We aren't mirroring any particular state. We did look at how other states were organizing their information.

**Can you explain the Comprehensive Settings Results Report (slide 18 of presentation) more thoroughly? (Central Region)**

We started our process by looking at all of our different programs. In the transition plan you will see that underneath all of the programs we've identified all the different services that are offered in each of the programs and outline where we think we may not be in compliance. This is based on information we gathered by looking at all waiver applications, regulations, and the report by Hilltop based on the initial surveys. We tried to give some background information on how many providers we have in each of those categories. We will need to determine who is and is not compliant based on all of this information.

- **What is the expected date of completion for the results document? (Central Region)**  
The remediation section of the transition plan outlines all expected dates of completion for all remediation strategies. For the results document this date is currently set at April 2018.

**When does all this (the plan) have to be done? (Western Region)**

The due date for submission to CMS is March 17<sup>th</sup>, but there will be a time frame in which CMS will work with Maryland in order to approve the transition plan. We will keep stakeholders informed by posting to our website the final version.

**Do you think CMS will hold you accountable to the dates you provided in the transition plan? (Southern Region)**

The plan is just a draft right now and some dates may be changed after review by CMS. We are not yet sure of the processes by which CMS will review plans in general, and completion dates in particular.

**How far along is Maryland in the transition process? Some states have already turned in their plans. Are you taking advantage of the efforts of other states? (Eastern Region)**

We have taken a look at what has and has not been approved, but some of the states we have looked at only drafted plans for specific waivers, rather than a statewide plan, as we have done. We have taken a look at all of the documents we could find on the advocacy site and gotten some pieces of information from CMS, and we have used some of the templates from other states to develop our plan and think through what other states are doing and what information is available.

**Is there a plan or approach to get input from the end user—an accessibility process for individuals with disabilities? (Eastern Region)**

Yes. We are coordinating with the DDA Director of Advocacy, who looked at the presentation and gave us feedback. We've met twice with People on the Go to gather networking ideas, strategies, and general input. We are going to integrate such individuals into the transition teams. We have asked for suggestions on how to best get information out to the populations we serve. We have tried to make ourselves available to come to smaller meetings, such as People Power, to give individuals a better understanding of what's going on. You can always contact us if you have an idea of where we could go to speak with smaller groups to get this information out to as many people as possible.

**What efforts are you making to ensure minorities are included—minorities within the disabled community, such as deaf, blind, nonverbal, etc.—the people who cannot speak for themselves? (Eastern Region)**

We can network with the Office of Deaf and Hard of Hearing to get to different cultural backgrounds. There have been discussions with the Department of Education. There can be outreach to pathfinders and parents and other advocacy organizations. If you have other suggestions please share them with us.

**Is there anything in the plan about individuals controlling/spending their own money? (Southern Region)**

Not specifically. We are not that detailed or specific as far as the transition plan is concerned. We are focusing on particular services offered under each of the waivers.

**How are you going to get all of this work done? (Southern Region)**

The remediation strategies will guide our work.

**Is OHCQ involved? (Southern Region)**

Yes, we have included all of our cross-agencies in this process to ensure that all of the offices have a sense of what's going on.

**Is there a timeframe for the heightened scrutiny? How do we organize teams to be able to evaluate the programs? (Western Region)**

Please see the draft transition plan for timelines on the remediation strategies. Site visits are suggested to begin in 2018. We have not, at this time, identified who will be performing the site visits.

**Is the draft done or is there room for edits? (Western Region)**

The draft was written with the desire for input and feedback in mind. We knew that we were going to schedule meetings across the state to hear feedback. There is always room for improvement, and we are seeking to incorporate feedback.

**When will the Maryland Transition Symposium take place? (Webinar)**

It is tentatively scheduled for February 2018 but may occur sooner.

**What is the date that the state must comply? (Webinar)**

The timeline depends on what CMS agrees to. Hypothetically we have until March 2019, but that might not be possible.

**Who will be educating legislators and local business leaders on the Final Rule? (Webinar)**

All of our stakeholders will play a role in that. The new rule has already been brought to the attention of the new governor's transition team. We are also willing to make ourselves available to anyone who would like us to speak to them.

**Will you be going through the Maryland Department of Aging for these processes? (Eastern Region)**

Each program has different strategies on how to acquire case management, support planners, coordinators, etc. There is no discussion about changing any of these strategies at this time.

**Waivers**

**What is a waiver? What is it a waiver from? (Central Region)**

Federal Medicaid says that there are some services they will pay for to support people—vulnerable people, people with disabilities, pregnant teenagers, etc. There are certain criteria. They'll pay for services in an institution like a hospital or nursing facility. A waiver waives some of the rules that pay for services in an institution so that services can be provided in the community. Waivers can be created to serve a specific population—we have one for autism, brain injury, etc. The waivers are exceptions to the rule and can be designed to serve specific populations.

**Do waivers impact those on the waiting list? (Central Region)**

No. The CMS rules apply to people receiving HCBS services.

**Why is the Autism Waiver just for children and not adults? (Central Region)**

This was the original design of the program. Waivers can also be amended and changed by going through the advisory committee or legislators.

**Is New Directions not listed separately because it's folded into Community Pathways? (Southern Region)**

Yes, the numbers were combined in the transition plan.

**Who is the consultant for the Community Pathways waiver review? (Southern Region)**

The National Association of State Directors of Developmental Disabilities Services (NASDDDS).

**How can I find out about plans that are specific to medical adult day care? (Central Region)**

This transition plan talks about all of our programs and services. Within that there is a section that discusses adult medical day and our strategies are across the board.

**Miscellaneous**

**Is a 600-page document going to clog the system? (Central Region)**

The core of the transition plan is contained within the first 55 pages of the document. The rest of it is all of the work and reviews that we conducted and are included in the appendices. We included all of this information for the sake of transparency so that individuals could see where we got all of our information to write the plan.

**What happens when individuals receiving services need to go to the hospital or are discharged from a hospital to a nursing home? (Southern Region)**

If the person needs institutional services for more than 30 days they would be transferred from HCBS waiver services to long term care services. When the person is ready to transition back to the community a new program application would be needed.

**What if someone becomes physically disabled during their stay? (Southern Region)**

The participant should work with the supports planner, case manager, supports broker, service coordinator to reevaluate their residential setting to make sure that it can comply with necessary accessibility standards.

**Are there any programs in the DD community, at this point, that you've looked at and thought that they are not compliant? (Southern Region)**

We've listed the different services in the Community Pathways waiver that we think will require an extra look. We will have to conduct some site visits and site surveys to determine level of compliance.

**After looking at the final rule do you have any idea of how many sites are vulnerable? (Webinar)**

We have attempted to show how many providers are in every program, and group them by the type of service that they provide. We also go into more detail in the appendices of the transition plan.

**What are some of the expected outcomes? (Southern Region)**

Enhanced person centered planning and services to support community integration.

**Where do you see a negative service impact? (Webinar)**

There are no negative impacts at the immediate moment. What we have done these past few months is designate areas for remediation.

**Suggestions**

**Initial Survey Numbers should be presented by waiver type. (Southern Region)**

There is a lot of work to be done to identify the holes we have in our plan and system, and to develop new surveys to accurately capture the information we need for each waiver.

**The table of contents does not include page numbers on where to find things. You should include page numbers in the table of contents to make it easier to find specific things. (Central Region)**

We will update the plan to include a more thorough table of contents.

**Meetings of the transition teams should be open to the public. (Southern Region)**

Transition team meetings will be open to the public.

**We need transparency and accountability. No need to reinvent the wheel. We don't need costly studies. (Central Region)**

Independent review of services to include input from participants, family members, self-advocates, providers, and other is essential to guide public programs and policies, provide transparency, and establish accountability.

**Allow time for technical assistance on the surveys. (Southern Region)**

Input will be sought from transition teams and The Hilltop Institute.

**You should hold a symposium for families and participants as well. (Southern Region)**

Participants and family members are also invited to the symposium.