Questions and Comments	Response
Assesment Processes	
How does state know what the facilities look like?	We sent out surveys regarding residential services to program participants, providers, and case managers to gather information about what is going on right now and to help determine what needs to be done and written into the transition plan.
Integration is a two-way street—the community at large has to be ready to receive us after these changes are made. Are businesses and others aware of these changes?	It is important to involve everyone and we will examine this further.
Are there any plans for a media campaign? You need to involve everyone. Involve individuals at the Community College level to get information out.	We are in communication with our Media Relations Office.
How will DHMH respond to public comment?	A document is being compiled to address comments from the information sessions and to respond to all questions regarding the rule and transition plan. It will be available for everyone to see, and information will be provided regarding what we did with the public comments we received (i.e. were they included in the transition plan? Why or why not?).
There should be a webinar in January also.	A webinar will also be scheduled in January to accommodate those who are unable to attend the info sessions regarding the draft transition plan.
There should be a different format for presentation. Include more visual aids and simpler language for participants to understand.	These suggestions will be incorporated in future presentations. We are interested in all suggestions to help inform individuals.
What processes are going on?	We have sent out letters regarding the surveys, conducted public information meetings, conducted a webinar, and currently reviewing regulations and waiver applications.

Will you be using “Endeavor” at all?	We are interested in learning more about the "Endeavor" survey tool and will consider for future surveys.
Who does the assessment?	The state is in the process of gathering information, trying to figure out where each setting is and what’s going on. We have sent out surveys, are holding these info sessions, and are conducting a review of the regulations to help in drafting the transition plan.
The letter needs to be more family/participant friendly.	We are interested in all suggestions to help inform individuals and will continue to seek advice on future letters from self advocates.
Assisted Living	
Are there exclusions in the rule for some individuals in assisted living who have dementia, where doors (to the outside) need to be locked for safety reasons?	There are no exclusions to the rule. Any modifications to any of the criteria need to be documented in the person-centered plan of each individual; it cannot be a broad-sweeping policy that covers everyone, regardless of whether or not it is necessary for safety reasons. Diagnosis alone cannot be used as a reason for restrictive techniques; a thorough review of each individual's needs and previous strategies is required to determine an appropriate course of action.
Have you considered rewriting assisted living regulations to address the visiting hours?	The state will be reviewing regulations to determine if any changes need to be made.
Are assisted living and alternative living units subjected to heightened scrutiny?	There is a chance that some of these facilities will trigger the heightened scrutiny process, but we won’t know for sure until we gather data from our assessment process.
CMS	

Who is CMS? Is there a way to communicate more directly with them?	They are at the federal level—The Centers for Medicare and Medicaid Services. They garnered public input before developing the final rule. Ralph Lollar is the Director of Long Term Services and Supports within CMS and has experience working at various levels within service delivery systems, as do others who work at CMS.
Has Maryland/CMS considered asking providers of how to get where we need to go?	CMS receieved public comment on the proposed rule from 2008 to 2014 before finalizing. The state is encouraging provider groups to share suggestions.
Does CMS recognize the variety of conditions occurring within HCBS settings? Are any populations exempt?	All populations under 1915 (c) and 1915(i) programs must comply. The plan should be appropriate to each individual and any safety concerns should be taken into account. Any modifications to any of the criteria need to be documented in the person-centered plan of each individual; it cannot be a broad-sweeping policy that covers everyone, regardless of whether or not it is necessary for safety reasons. Diagnosis alone cannot be used as a reason for restrictive techniques; a thorough review of each individual's needs and previsous strategies is required to determine an appropriate course of action.
What feedback did CMS get before developing the rule?	CMS held public comment sessions to garner feedback about the rule from 2008 to 2014 before finalizing.
Definitions	
What was the previous definition of community/HCBS?	The previous definition focused more on how many people there were or what geographic location they were a part of. The new definition looks more at each person's experience within the community and providing choice for individuals.
Define integration.	Integration has not been explicitly defined in the final rule. We will review the public comment from the final rule to see if CMS provided a definition.

What do you mean by "state?"	Each state must review current programs to see if they meet the new rules. In Maryland, the Department of Health and Mental Hygiene (DHMH) Medicaid office is leading this effort in partnership with various administrations and other State Departments that are responsible for program operations.
Discuss differences between HCBS and nursing homes.	Nursing homes are excluded from the final rule because they are not integrated into the community. They provide services in an institutional setting, separate from the community. The final rule provides guidelines as to what constitutes an HCBS setting, including integration within the larger community.
Final Rule-General	
What's driving the rule?	Driving the rule is a definition of what "community" is, provided by CMS. They have provided a set of criteria for what constitutes a community setting based on a shift in philosophy of providing services in the most integrated settings possible.
Does this apply to mental health settings?	It depends on whether or not they are covered through a 1915(c) waiver or a 1915(i) State Plan option.
Is there going to be any type of grandfathering?	Once the transition plan is written, states have up to five years to get programs into compliance, so there will not be any grandfathering.
Are there exceptions (i.e. for dementia units)?	CMS has said that blanket exceptions will not be allowed. Any kind of modification or exception needs to be included in each individual's person-centered plan, rather than a sweeping exception that includes an entire group of people in a setting. If someone needs more restrictions it has to be documented in their plan with an explanation.

Why do we have five years to come into compliance?	Some states may need this much time to make changes to their current programs to meet the new rules. CMS must approve all transition plans to include the proposed time frame.
Funding/Budget	
How do we rectify what participants want vs. the available funding?	Person-centered plan should include various supports and services including natural supports and local, State, and federal programs. Individuals should receive assistance from their person centered teams to identify various supports and resources to meet their needs.
This all seems very idealistic. Don't let cost be a barrier to receiving services.	The first step is to assess programs and identify changes needed.
What is the fiscal impact? Is there going to be a fiscal impact?	We are in the beginning stages now, so we do not yet know what the fiscal impact will be. We are gathering information to see where our programs are now and what may need to be done moving forward. It's going to take a bit of time to understand the financial implications of the final rule.
Will you be compiling a fiscal impact report?	Fiscal reports will be developed as needed.
Who's going to pay for physical accessibility/environmental adaptations? (i.e. wheelchair accessibility)	Some programs provide environmental modifications as a service. In situations where this service is not available and a provider is incapable of providing the necessary adaptations, then participants will have to look at other providers. This is why the final rule includes individual choice in its criteria for HCBS settings.
We need money to make this happen.	We have received comments that more funding is needed and also comments that the state only needs to redesign how current funding is used. Fiscal reports will be developed as needed.
There are no allowances for hearing impaired services. My son wants to be part of the community.	Service sugestions for what is allowable through the waivers will be forwarded appropriately.

HCBS Surveys	
How was sample chosen for surveys?	It was based on participants in residential settings, residential providers, and their case managers. The survey notification went out to roughly 6,600 individuals.
Were regions equally represented in the surveys?	Hilltop made sure each region received the surveys. They are also available on our website and by request.
How will surveys be received? Do they need to go out to everyone? Are there accommodations for those who are unable to read?	Surveys can be submitted using the online electronic version or by hard copy. Links to the online version of the survey to complete and hard copies are available to print on the website, and individuals can also request that a paper copy be emailed or mailed to them directly. Individuals can request assistance with completing the survey from a friend, family member, case manager, or other representative.
Surveys are only geared toward one site—we have multiple sites.	We have heard this critique of the survey. It was our first attempt at gathering data, and we are open to suggestions on how to improve such tools moving forward in the transition plan process. Also, feel free to complete a survey geared toward each different site.
Who is assisting participants with the surveys?	Individuals can request assistance with completing the survey from a friend, family member, case manager, or other representative.
When did the surveys go out?	Letters were sent out at the beginning of October to participants, providers, and case management agencies.
I never received a survey. Is there a way to access it?	The link to the survey can be found on our website, as well as the opportunity to print a copy yourself, or you can email/call us to send you a copy via email or mail.
The survey is not applicable to my setting. How can we write the transition plan without pertinent information?	Individuals are encourage to complete questions that do apply to them and skip questions that do not apply. Additional surveys may be conducted as part of the transition plan for non residential settings.

You should have the target populations provide input for the surveys.	We sought feedback from advocacy groups on the surveys and will continue to seek assistance to improve information shared.
How will you facilitate survey completion for individuals who need help, and how will you compensate those who help?	Participant representatives can help with survey completion, but CMS has made it clear there will be no additional funding, so compensation is another topic that needs to be addressed.
How will you account for the segment of the population that is missed in the survey process?	The surveys were sent out to a residential population. Additional surveys may be conducted as part of the transition plan for non residential settings.
It's difficult to complete the survey.	We are gathering feedback on the current surveys and will use information received and lessons learned to guide future surveys. Some ideas include conducting focus groups or utilizing other avenues to gather the necessary information.
Institutional-like Settings/Heightened Scrutiny	
Is there leeway to prove that settings are not institutional-like?	The state will need to provide evidence or proof that settings are not institutional-like via the heightened scrutiny process.
How do we move forward with heightened scrutiny? I'm concerned about the timeframe for participants to understand what is going on and to be able to provide feedback.	We are interested in any suggestions you have to help get the word out to as many people as possible. We are also interested in any settings that you think may have institutional-like qualities—please notify us of these via email. We will write into the transition plan that we will assess these settings, conduct site visits, etc.
What if there are many homes on one property serving a specific group of people (i.e. gated community)?	This would fall under heightened scrutiny because it's a specific group of people all living in the same setting. The state would have to take a closer look at what is going on to determine if this setting is HCBS or not, and if not, what changes could be made to make it more integrated to qualify for HCBS.

What if you are receiving services in an institutional setting? Can you transition into the community?	Anyone currently in an institutional setting can apply to any of the waiver programs and receive HCBS once they qualify for the services under the final rule.
Leasing/Residential Agreements	
Would a provider need to have an agreement/lease with each person?	Yes. Even if multiple people are living in a unit, each person needs to have an agreement/lease.
Our participants' names are not on a lease, but they have a residential agreement. Does that count? How would CMS deem when providers have purchased homes and then rent them—do they need a lease?	A residential agreement may be viewed as an appropriate document. Reviewing regulations are important in addressing leasing/agreement concerns. Regulations and current lease/agreements will be examined to determine if language needs to be changed or added.
Nonresidential Settings	
How will this affect day programs?	CMS has given more direction on residential settings than nonresidential settings. What we do know is that nonresidential settings will also have to abide by the criteria, but we do not have any additional information from CMS at this time.
There is worry about day programs being shut down as a result of the final rule.	We are aware of the level of concern, especially among nonresidential settings. The heightened scrutiny process is in place for these settings that may have institutional-like qualities. The state is tasked with gathering evidence to support such settings in continuing to receive HCBS.
What about rehab after a hospital stay—is it covered?	Typically rehab services will be provided by the hospital or facility that treated the patient. Once the individual transitions out of rehab, HCBS services can begin again.
Participant Employment	
There needs to be a seamless transition between programs if they are interested in employment. Don't want the process of finding employment to be a barrier.	If the review of regulations finds a problem with this, then it will need to be addressed in the transition plan.

It's nearly impossible to get employment goals met for participants.	The person-centered plan should reflect the choice of the individual in regard to when and where to work. We need to review our practices to make sure we are supporting the plan.
Provide some clarity between supported employment and vocational.	What we are focusing on in this initial phase is to utilize the questionnaire as a starting point to see where we are. We are still waiting on additional information from CMS regarding nonresidential settings.
Participant Representatives	
How are participant representatives incorporated?	Individuals have the choice of self-direction, but may also choose someone to guide the process or make decisions for them if necessary. The surveys are available on the website, via email, or mail for anyone interested in the person-centered planning process and what it entails.
Do representatives need to have legal power to represent individuals?	Individuals should be supported with information to make informed decisions. Legal representation must be carefully considered as it takes the individual's choice away from them.
Person-centered Planning	
Is person-centered planning going to change?	We will assess all of our programs to see if the process is working as it should or if any changes will need to be made.
What if there is a discrepancy between what the individual wants and what the team thinks is appropriate?	CMS has made it clear that the process should be led by the individual. The individual should be able to choose who is involved in the planning process, establish goals of the meeting, choose where they want to live, etc.
Do the plans need to be written in the participant's native language?	The plan should be written in language that the individual understands, or there should be someone who is able to effectively communicate to the individual what the plan says. We will garner more input from CMS on the specifications for writing the service plan.

What's in place to ensure informed consent and documentation?	Our regulations support informed consent, so participants need to be informed of options. We will need to assess our current documentatoin strategies and requirements.
Will behavior plans be included? How do we write the plan of service for safety concerns?	Functional assessment should be conducted to identify needs to include formalized behavioral plans. Any modifications to any of the criteria need to be documented in the person-centered plan of each individual; it cannot be a broad-sweeping policy that covers everyone, regardless of whether or not it is necessary for safety reasons. Diagnosis alone cannot be used as a reason for restrictive techniques; a thorough review of each individual's needs and previous strategies is required to determine an appropriate course of action.
What if someone is mentally incapable of making decisions?	In these situations there is typically a person who serves as the individual's representative to make decisions on their behalf.
Regulations/Licensing	
What about licensing and certification?	We will be working with the Office of Health Care Quality (OHCQ) to review all regulations and processes that will be affected by the rule.
Who is reviewing regulations?	DHMH is dividing up the review process between various offices.
It's against fire code in some counties to have locks on bedroom doors. Will regulations be rewritten?	The individuals must have the ability to lock their bedroom doors from inside the room. The rule does not support locking someone in their room from the outside.
Residential Settings	

Who controls common space furnishings?	The focus in the final rule is on individual rooms and individuals having the choice to furnish and decorate their rooms as they please. Residents may be able to provide input for the common spaces, similar to students maybe having input for the lounge in a dormitory.
What if person wants a single room but cannot afford it?	The planning process needs to take into account each individual's available resources when looking for room and board.
Community living/residential settings are hampered by payment structure. We have been told we cannot provide CSLA services in agency-owned home. Can/should we purchase a home for individuals to live in and receive services?	This model/suggestion can be further explored. Several states are separating housing and services.
What is physical accessibility based on?	Physical accessibility is determined by person-centered plan and not by location for all accessibility. It is based on each individual.
Are we only allowed to have three people per house?	There are different models of residential supports. The rule doesn't specifically dictate the number of individuals per site.
What is the difference between choosing a roommate versus a housemate?	A housemate is someone you share a house with and may have separate bedrooms. A roommate is someone you share a bedroom with. Individuals have choice among available options within constraints of available personal resources.
How should we do transportation with multiple people who want to go different directions?	Need to look at the person-centered plan and level of natural supports for each individual.
Transition Plan	
Will the plan be written with flexibility? Will it include some sort of phase-in, like 10% of the population at first?	We don't think it's going to be "all or nothing." We are holding these sessions to gather ideas and opinions on what steps and actions to take to make the transition as smooth as possible.

There is a short turnaround time for the transition plan.	We are already beginning to plan sessions for January to receive feedback for the transition plan. We understand there is a time constraint, but it's what we have to work with from CMS. We will plan another webinar as well, for those who may not be able to attend an info session.
If CMS is delaying getting information to you, will the transition plan deadline of March 17, 2015 be extended?	CMS has not changed the deadline at this time.
Will the plan include methodologies and a plan to move forward? How specific will it be?	Each state will have to outline in the transition plan what occurred during the assessment process, what steps were taken to gather data and information, and what steps will be taken to make any changes to come into compliance. The plan will outline what methods were used, what information was gathered, and what remediation strategies were developed, to draft the transition plan. The plan will be posted for public comment prior to being submitted to CMS.
Will there be opportunity for input before the plan is drafted?	The questions and comments from these info sessions, from emails and phone calls we receive, will be used to draft the transition plan. Once the plan is drafted it will be posted online for a period of 30 days for public comment. We will also be holding more info sessions and a webinar at that time to garner more comment for the transition plan before submitting it to CMS.
Who is writing the plan? You need to involve stakeholders in the process.	We have not yet begun writing the plan, but it will be individuals in the Medicaid department of DHMH taking on the task. We are certainly open to your suggestions on who to include in the process.

Before the draft plan stage there should be another set of sessions.	We are conducting a webinar next week and will be posting it on the website for anyone to access. We are also happy to travel to specific settings to present the information.
Other	
Put pressure on service coordinators.	This is something that needs to be assessed and any issues found need to be addressed.
How much awareness do local elected officials have?	This is a really good question, and something that we are not well-versed in. We will look into it.
What about respite?	Respite is provided in several settings which will be assessed. CMS has advised DHMH that respite is still an allowable service in settings that don't necessarily meet the community definition.
What is the relationship between DHMH and DDA?	DHMH is the Department of Health and Mental Hygiene. Within DHMH are the Medicaid office, as well as DDA and other administrations. Medicaid is the only agency that can request a waiver program. DDA is the operating agency for the Community Pathways waiver.
Opportunity for Maryland to get it right. Work on paradigm shift. What is Maryland going to do to support families/providers/case management?	We are seeking public input and suggestions. Through the assessment process (COMAR review, surveys, info sessions, etc.) we will see what needs to be done to make the transition as smooth as possible for those involved. We will need to develop remediation strategies based on the information gathered.
There are problems with the rural community—too many people with nowhere to go, high unemployment, transportation issues.	New strategies and best practices can be explored to support community integration and employment opportunities.