

Questions and Comments	Response
<b>Assesment Processes</b>	
<p>If CMS will allow five years for total compliance what would be the fairest way to investigate and monitor these settings on a statewide basis? Will larger settings hold higher priority for scrutiny over smaller group homes?</p>	<p>We do not yet have a total process by which we are going to investigate all of these settings. If you have specific suggestions please pass them along and we will definitely take them to heart as we are developing this process.</p>
<p>Will there be other webinars?</p>	<p>If there is a need, we will consider doing another webinar, but what we will do in the meanwhile is post this webinar on our website for anyone to view and listen to.</p>
<b>Definitions</b>	
<p>What does HCBS stand for?</p>	<p>Anything that is Home and Community Based Settings/Services</p>
<p>What is a nonresidential setting?</p>	<p>This could be any type of setting like medical day care, supported employment, etc.</p>
<p>Why are these termed “waivers” and what is being “waived?”</p>	<p>This is how the state has to provide particular serices, because we are waiving certain criteria from the federal government in order to deliver these services to targeted groups. Anything that is a 1915(c) or a 1915(i) or a 1915(k) waiver will have to comply with the final rule. 1915(c) includes the DDA Community Pathways, Autism, Model, and Home and Community Based Options waivers. We have a 1915(i) waiver that is currently in the works with CMS, which will also have to comply with the rule.</p>
<p>What is CMS?</p>	<p>CMS stands for Center for Medicare and Medicaid Services. It is the federal entity that oversees all of our Medicaid-funded programs, including all of our waivers.</p>
<p>What classifies a setting as an intermediate care facility?</p>	<p>They are very similar to nursing facilities. They are guided by specific state and federal requirements. We currently have two intermediate care facilities in Maryland—the Holly Center and the Potomac Center.</p>

**Final Rule-General**

How will these new rules affect transitioning youth in 2015?

It is going to affect programs of any of the 1915(c) waivers, so if you have a child who is transitioning from the Autism waiver into some DDA services, both programs will have to be monitored to ensure all settings on either side are compliant.

**Funding/Budget**

Are there any rumblings about removing the ability under self-directed services to pay family members as staff?

We don't believe there has been any talk regarding this issue.

Can the HCBS person-centered plan budget be integrated into the New Directions budget?

There is no HCBS person-centered plan budget. CMS is not giving us any additional funding to comply with any of these new rules.

**Institutional-like Settings/Heightened Scrutiny**

Who will conduct such an investigation and is there a support or liaison for providers to utilize in preparation for the investigation or to assist in disproving scrutiny as an institutional setting?

We have not yet specified a person or persons who will be conducting a site visit. We have done our very first step by sending out the surveys to try and gather some more information about the settings and services that are being provided. Moving forward in drafting the transition plan we will look to see which settings may require site visits. If you have a specific question or concern about a site, please email us and let us know so we can start to do a little more investigating and help walk you through that process.

**Nonresidential Settings**

<p>How will this affect medical adult day care and the waiver process for these clients?</p>	<p>We are still waiting on some additional information from CMS. We are hoping for a little more guidance on how nonresidential programs will have to adhere to this final rule. For the surveys, we targeted individuals receiving residential services. We expect to do the same thing for nonresidential settings. The criteria will apply to these settings as well. They will still have to integrate individuals into the community, but we are still waiting on information regarding very specific parts of the criteria (i.e. lockable doors, etc.).</p>
<p>Is there a survey for the nonresidential providers?</p>	<p>As CMS gives us more guidance we are hopeful that we will be able to utilize the survey in the same manner it was used for residential settings. As new information comes in we will be sure to provide it to our stakeholders.</p>
<p>Will this ruling completely do away with sheltered workshops and farm settings?</p>	<p>As far as sheltered workshops are concerned, that's going to be a part of those settings we will have to look at more closely and determine details they are presenting us with. It's not necessarily doing away with them, but we will have to take a very thorough look at them. It does not completely do away with farm settings. A person has the right to choose to be in that type of location. It will just need to comply with the criteria of the final rule.</p>
<p>How does the new rule affect traditional day program administration?</p>	<p>We'll have to look at the specific setting as we get additional information from CMS. If you have more specific questions please email us.</p>
<p style="text-align: center;"><b>Participant Employment</b></p>	

<p>Persons who are receiving services and volunteer in the community, but are currently funded under supported employment, but are not ready for gainful employment—should they be transferred to CLS or remain in supported employment?</p>	<p>I think it's important to assess each person's plan and goals and to review the person-centered planning process. If the person would like to continue volunteering they can continue to do that. The services they are receiving when they are not volunteering should be aligned with Community Learning Services. However, it's important to note that people can have a combination of services during the week. For example, an individual could be interested in competitive employment or actually be employed three days a week and receive supported employment, and then volunteer two days a week. In these situations they should be receiving supports via CLS.</p>
<p><b>Participant Representatives</b></p>	
<p>Will we be able to direct services for our adult child without getting guardianship?</p>	<p>This is a very specific question that we hesitate to give a final answer on. It's really going to depend on the person-centered planning process and all parties involved in the creation of the plan, and making sure everyone's voice is heard, especially that of your child. We can delve more into this process as we move forward.</p>
<p><b>Person-centered Planning</b></p>	

<p>Is the person-centered plan the same as New Directions?</p>	<p>Each program has a plan. It could be called a person-centered plan, a plan of service, service plan, etc. They all need to adhere to the final rule and be compliant and be person-centered in nature. All plans were supposed to have been this way by January of this year, to align with the final rule. One of the things we will be looking at in this process is how do we monitor quality and how do we move forward in making sure that all of our programs are really person-centered in the planning process. CMS does not want the person-centered planning process itself to be included in the transition plan.</p>
<p>Each of the clients is assumed to have an individual plan?</p>	<p>Yes, it is a requirement to be in any of these waivers that a person will have an individual plan that will have all of these particulars laid out about how and where they are receiving all of their services.</p>
<p>With regards to mental health what efforts will be made to ensure all of the preferences of individuals receiving services are being honored?</p>	<p>We are very much utilizing the person-centered plan to document and to really consider all of the things that have been offered to that person so that we know what course of action to take.</p>
<p><b>Regulations/Licensing</b></p>	
<p>The DHMH Department of Health Care Quality is not accepting new applications for becoming a licensed provider for individuals with developmental disabilities.</p>	<p>We don't have the answer to your question right now because it is dealing with another office, but you can email your question/concern to us and we can try to help you through it. We have reached out to the Office of Health Care Quality as a partner in discussing all of these licensing requirements for the final rule and we're working with them to look at all of the different regulations and licensing criteria as we move forward.</p>
<p><b>Residential Settings</b></p>	

<p>Are group homes and farm settings excluded?</p>	<p>They are not specifically excluded. We would have to look at the entire setting and see if it met all of the criteria. Just because someone is in a farm setting doesn't necessarily mean they are not integrated into the community at large.</p>
<p>A building that houses primarily people with disabilities could be considered non home and community-based setting?</p>	<p>This is correct. These settings are going to require more investigation under the heightened scrutiny process. If you have specific settings like this in mind, we encourage you to email us and give us more details about the setting so we can begin preparing ourselves as we move forward.</p>
<p>How does this apply to people living in their parents' home?</p>	<p>The person-centered planning process still needs to take place. As far as making any environmental modifications, they still need to be within the constraints of what is written into the waiver.</p>
<p>Are there a maximum number of beds allowed for a residential program under HCBS?</p>	<p>No. We are moving away from that "number of beds" scenario in determining what is a community setting, into this very specific domain of what qualities should be present in a community setting.</p>
<p>Would a group home with three clients with autism, and a staff person from a service agency located in a townhouse in the middle of a general suburban development be considered an HCBS setting?</p>	<p>This is a very specific question with a specific home in mind. We cannot say without knowing a little more about this scenario, if it would meet all of the HCBS setting criteria, so please don't hesitate to email us to provide some more detail.</p>
<p><b>Waivers</b></p>	
<p>Can personal supports provided under community options state-only funding be added to self-directed community pathways instead? Is there any plan to combine these programs and waivers?</p>	<p>Any state-only program or funding wouldn't necessarily be a waiver. We do not intend changing the way we offer services.</p>
<p>Will all the individuals being served under the Community Pathways waiver, excluding individuals in a residential setting, be self-directing their services?</p>	<p>No. If you have any further questions, please contact Rhonda Workman of DDA.</p>

Why does the expedited form to get the waiver take so long?	We do not have the expertise to address this here. You can send an email and we will forward it along to the appropriate staff.
People currently receiving supports under self-directed, formerly New Directions, qualify for a personal care support under the CFC waiver, but because they are already under a waiver they can only get these supports in the state-only funding portion. It would be cheaper for the state if these services were provided under their Community Pathways self-directed services waiver. Is there a way to put these services under the waiver?	New Directions and Community First Choice (CFC) are totally separate programs. We are offering those CFC services to support the person in the community. At this time there is no way that we can offer these state plan program services under the DDA waiver option. They are offered the way they are for a number of reasons. CFC is not a waiver program. It is a Medicaid state plan service under the 1915(k) authority, which means that anybody in self-directed services, or any waiver services, can access CFC based on need in the assessment process.
<b>Other</b>	
Will you be able to operate a medical adult day program within an assisted living building?	It will not necessarily preclude you from doing so. It could be possible to run both programs in that setting as long as everything is compliant.
Explain the call-in system for the providers. Why is this to be initiated?	With our Home and Community-Based waiver and with our CFC population we've instituted a call-in system to calculate our providers' time. This is separate from the HCBS discussion we are focused on here.
What is the process to offer CLS services?	We do not have the expertise to address this here. You can send an email and we will forward it along to the appropriate staff.
Will all new rules be put in book form in order for others to have and review? If so, how can one request a copy?	We are currently following the federal guidance and regulations they have provided us. On our website there is a link that directs you specifically to CMS's website where you can find additional information and documents created by CMS.