

**New Hampshire**  
**Department of Health & Human Services**



**REVISED STATEWIDE TRANSITION PLAN**

**December 11, 2018**

## Acknowledgements

The State of New Hampshire has two groups leading the efforts to become fully compliant with the Home and Community Based Services expectations.

The first is the Waiver Transition Team which includes Christine Santaniello, Director, Division of Long Term Supports and Services, Sandy Hunt, Bureau Chief, Bureau of Developmental Services, Wendi Aultman, Bureau Chief, Bureau of Elderly and Adult Services, Kristina Ickes, Choices for Independence Administrator, Kaarla Weston, subject matter expert for Department of Health and Human Services, Long Term Supports and Services; Linda Bimbo, Project Director, and Mary St Jacques, HCBS Project Coordinator, both from the Institute on Disability. The team meets monthly to coordinate the Waiver Transition process for the State of New Hampshire.

The second group is the Advisory Task Force which is made up of 16 members and was established in March 2015 to provide consumer and stakeholder feedback on the development activities for the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. There is representation from the following groups:

- Adult Day Services Association
- Brain Injury Association
- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH's Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network
- Case Management Organizations

New Hampshire's transition process will continue to include those listed above as well as other stakeholder groups as we move toward full compliance with the Home and Community Based Services expectations.

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**Executive Summary of revisions based on CMS feedback and state edits:**

New Hampshire received feedback from CMS requesting revisions to the statewide transition plan in order to obtain final approval. There were two types of feedback given; clarifications and areas requiring revision. Below are the areas/items that required revision based on the feedback from the Center for Medicaid and Medicare (CMS). The feedback received in its entirety and the state's responses can be found in Attachment A. Additional revisions to the statewide transition plan have been completed based on focus area changes. They are listed below as well.

**Revisions in this version of the statewide transition plan include but are not limited to:**

- Elimination of the charts/graphs related to the baseline information
- Developmental Disability (DD)/Acquired Brain Disorder (ABD) Goals Summary (Attachment K in previous version) has been revised. See Attachment B.
- Choices for Independence (CFI) Goals Summary (Attachment L in previous version) has been revised. See Attachment C.
- The following goals have been revised:
  - DD/ABD Topic Area Goal #7. [See page 41.](#)
  - DD/ABD Topic Area Goal #9. [See page 42.](#)
  - DD/ABD Ongoing Monitoring Goal #7. Deleted.
  - CFI General Implementation Strategy #5. [See page 55.](#)
  - CFI General Implementation Strategy #6. Deleted.
  - CFI General Implementation Strategy #8 [See page 56](#)
  - CFI Topic Area Goal #3. [See page 58.](#)
  - CFI Topic Area Goal #10. [See page 64.](#)
  - CFI Ongoing Monitoring Goal #11. Deleted.
- Short-Term Monitoring Goal #1 for both the DD/ABD and CFI waivers has been updated to reflect the new compliance deadline (see [pages 71](#) and [77](#))
- Deleted step #1 in DD/ABD Short-Term Monitoring Goal #1 ([see page 71](#)) and CFI Short-Term Monitoring Goal #1 ([see page 77](#)) as it was determined that a weighted scoring methodology was not an appropriate tool to use as part of the re-evaluation process.
- Deleted CFI Short Term Monitoring Goal #4 because the state has decided to ensure compliance of expectations through rule updates rather than contracts.
- The feedback received from CMS and the state's responses have been included. See Attachment A.
- Revised Heightened Scrutiny Process for DD/ABD settings. [See page 84.](#)
- Includes a separate Heightened Scrutiny Process for CFI settings in order to make the process more efficient. [See page 86.](#)

Any revisions that are related to language but would not change the intent of the information are not included in the list above.

## **I. Purpose and Approach**

In March of 2014, the Centers for Medicare and Medicaid Services (CMS) put into effect new regulatory requirements for Medicaid-funded Home and Community Based Services (HCBS) settings, including residential and non-residential settings. The regulations require that home and community based waiver services are provided in community-like settings and describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes, but is not limited to, opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community, just as people who live in the community but who do not receive HCBS, do.

All states are required to develop a plan to show how they will establish compliance with these new regulations. New Hampshire submitted an initial draft framework of its plan to CMS in March of 2015. That draft framework was comprised of four main components: (1) Identification: review of existing state standards, policies, regulations, and statute to determine state level changes that are needed to align with the federal requirements; (2) Assessment: development, implementation and validation of assessments completed by providers and participants; (3) Remediation: development of a comprehensive, statewide transition plan based on assessment results; and (4) Outreach and Engagement: engagement of stakeholders in the transition plan process.

From April 2015 through December 2015, New Hampshire was engaged in the first three elements of this plan: identification, assessment and remediation. The culmination of that work informed the remediation steps within the following Statewide Transition Plan.

An interdisciplinary team, called the Waiver Transition Team (WTT), also identified as the Transition Work Group in the initial Transition Framework, was tasked with the development of this plan. The WTT is comprised of representatives from New Hampshire Department of Health and Human Services (NH DHHS) which houses New Hampshire’s single state Medicaid agency, and the division of Long-Term Supports and Services (LTSS) as well as the University of New Hampshire Institute on Disability - University Center for Excellence in Disability (UCED). NH DHHS partnered with the University of New Hampshire Institute on Disability (IOD) to manage the assessment and plan development process. The IOD is an experienced research and project management organization that provided data collection, data analysis and remediation planning based on the assessment work it conducted.

Throughout the assessment process, the Waiver Transition Team met monthly with the HCBS Advisory Taskforce, comprised of 16 members representing HCBS waiver participants, HCBS waiver providers, and other New Hampshire advocates and stakeholders. The Waiver Transition Team worked with the Advisory Taskforce during the development of the assessment tools as well as during the implementation of the assessment instruments,

incorporating many of the suggestions and concerns expressed by the members of that taskforce into its assessment work.

The following Statewide Transition Plan describes the steps New Hampshire proposes to take to assure that Medicaid-funded HCBS sites in New Hampshire achieve full and ongoing compliance with the HCBS settings requirements, with specific timeframes for identified actions and deliverables.

## **II. Overview of HCBS Waivers in New Hampshire**

New Hampshire's Department of Health and Human Services is the state's largest agency; it provides services for at risk and vulnerable individuals, children, families and seniors and administers programs and services ranging from cash assistance and nutritional support to supports and services for mental health services, developmental disabilities, acquired brain disorders, substance abuse and public health. DHHS is also the single state Medicaid agency and as such is the hub for the administration of all four of the Home and Community Based Services 1915 (c) Medicaid-funded waivers in New Hampshire. 1915 (c) Waivers, approved by CMS, allow states to provide long-term care services in home and community settings rather than institutional settings.

There are four approved Section 1915(c) Medicaid Waivers in New Hampshire:

- The Developmental Disabilities Waiver: #NH 0053.R05.00
- The Acquired Brain Disorders Waiver: #NH 4177.R04.00
- The In-Home Supports Waiver: #NH 0397.R02
- The Choices for Independence Waiver: #NH 0060.R06.01

New Hampshire completed an in-depth review of the four waivers. After careful consideration, the state determined that its In-Home Support Waiver, which provides services for children with developmental disabilities in their homes, includes settings that are considered in compliance because all services are provided in the participant's home. These settings will be included in the ongoing monitoring plan to ensure compliance, especially in relation to isolation. The three other waivers include settings that require review for compliance with the new Federal requirements: 1) services for individuals with a developmental disability (DD), 2) services for individuals with an acquired brain disorder (ABD), and 3) Choices for Independence (CFI) – services for individuals 65+ years, and individuals with physical and other disabilities ages 18-64 years.

### **A. DD/ABD Waivers and Services**

The New Hampshire developmental services system, under the administration of the New Hampshire Bureau of Developmental Services (BDS) offers individuals with developmental disabilities (DD) and acquired brain disorders (ABD) a wide range of supports and services within their own communities through the DD and ABD Waivers.

Services may include service coordination, comprehensive residential and non-residential supports, community support services, supported employment, personal care services, respite, environmental modifications and assistive technology. There are ten Area Agencies

designated by the State of New Hampshire to oversee the provision of services under the DD/ABD waivers. The Area Agencies provide services themselves and/or contract with vendor agencies, home providers and families to support participants. The provider of services is determined by the participant.

The following service areas were included in the Settings Rule Review:

- **He-M 1001: Community Residence**  
A community residence is defined as an agency residence or family residence that provides residential supports (typically, adult foster care home or staffed residence), and is certified under He-M 1001.
- **He-P 814: Residential Care and Supported Residential Care Level (4 or more)**  
A community residence which supports more than three individuals and is licensed versus certified.
- **He-P 807: Residential Treatment and Rehabilitation**  
Residential Treatment and Rehabilitation Facility means a place, excluding hospitals as defined in RSA 151-C:2, which provides residential care, treatment and comprehensive specialized services relating to the individual's medical, physical, psychological, vocational, educational and or substance abuse therapy needs.
- **He-M 507: Community Participation Services (CPS) (Day Services)**  
CPS means habilitation, assistance, and instruction provided to individuals that:
  - (1) Improve or maintain their performance of basic living skills;
  - (2) Offer vocational and community activities, or both;
  - (3) Enhance their social and personal development;
  - (4) Include consultation services, in response to individuals' needs, and as specified in service agreements, to improve or maintain communication, mobility, and physical and psychological health; and
  - (5) At a minimum, meet the needs and achieve the desired goals and outcomes of each individual as specified in the service agreement.
- **He-M 518: Employment Services** - embedded in services/budgets that are typically within 507, 525, & 521
  - (a) Establish the requirements for employment services for persons with developmental disabilities and acquired brain disorders served within the state community developmental services system who have an expressed interest in working;
  - (b) Provide access to comprehensive employment services by staff qualified pursuant to He-M 518.10; and
  - (c) Make available, based upon individual need and interest:
    - (1) Employment;
    - (2) Training and educational opportunities; and
    - (3) The use of co-worker supports and generic resources, to the maximum extent possible.

- **He-M 525: Participant Directed and Managed Services (PDMS)** combined/ day services only  
Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.
- **He-M 521: PCS (Personal Care Services)** combined/ day services only  
Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

The following service areas are considered to be in compliance based on the Setting Rule Review. These services are provided in the participant's home and are residential services only:

- **He-M 525: PDMS (Participant Directed Managed Services)** Residential only  
Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.
- **He-M 521: PCS (Personal Care Services)** Residential only  
Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

#### **B. Choices for Independence Waiver and Services**

The CFI program, under the administration of the New Hampshire Bureau of Elderly and Adult Services (BEAS), is designed to support adults with chronic illnesses and the elderly. It does so by providing long term supports and services (LTSS) for individuals that are clinically eligible for nursing home placement, but choose to remain living in the community or at home. The definition of "community" under this waiver is broad and includes many types of non-nursing home settings such as Assisted Living and Residential Care Homes.

Supports and services are provided to individuals at these types of residences as long as the costs of services do not exceed a certain percentage of what the costs would otherwise be if they were provided in a nursing home. CFI offers participants a degree of consumer direction or self-direction in which they are able to choose some of their care service providers.



The following service areas were included in the Settings Rule Review:

- **He-P 818: Adult Day Services**

Adult Day Program (ADP) means a program that provides one or more of the following services, for fewer than 12 hours a day, to participants 18 years of age and older:

- (1) Supervision;
- (2) Assistance with ADLs;
- (3) Nursing care;
- (4) Rehabilitation;
- (5) Recreational, social, cognitive and physical stimulation; and
- (6) Nutrition.

- **He-P 813: Adult Family Care Residence**

Adult family care (AFC) means a housing option for eligible individuals under the New Hampshire choices for independence waiver program, which includes a combination of personal care, homemaking and other services that are provided to a person in the certified residence of an unrelated individual in accordance with a person-centered plan.

- **He-P 804: Assisted Living Residence, Residential Care Services**

Assisted living residence–residential care (ALR-RC) means a long term care residence providing personal assistance at the residential care level pursuant to RSA 151:9, VII(a)(1).

- **He-P 805: Supported Residential Health Care Services**

Supported residential health care facility (SRHCF) means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9VII(a)(2).

The following service areas were considered to be in compliance based on the Setting Rule Review. The services are provided in a participant’s home:

- **He-P 601: Certified Other Qualified Agencies**

“Other qualified agency (OQA)” means an entity certified in accordance with He-E 601 to offer personal care services and/or intermediary services.

- **He-P 809: Home Health Care Services**

“Home health care provider (HHCP)” means any organization or business entity, whether public or private, whether operated for profit or not, which is engaged in arranging or providing, directly or through contract arrangement, one or more of the following services: nursing services, home health aide services, or other therapeutic and related services, which can include but are not limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services and homemaker services which may be of a preventative, therapeutic, rehabilitative, health guidance or supportive nature to persons in their places of residence.

- **He-P 819: Case Management Services**  
 “Case management agency (CMA)” means an organization employing 2 or more people that, in consultation with the client in the client’s place of residence, arranges for and coordinates the delivery of care and services to meet the physical, emotional, medical, nursing, financial, legal and social services needs of the client.
- **He-P 822: Home Care Services**  
 “Home care service provider agency (HCSPA)” means any organization or business entity, except as identified in He-P 822.02(e), whether public or private, whether operated for profit or not, which is engaged in providing, through its employees, personal care services and/or homemaker services which may be of a supportive nature to persons in their places of residence.

### III. Approach to developing the Statewide Transition Plan

New Hampshire submitted a Transition Framework to CMS on March 16, 2015 that provided an outline of the action items to be followed in the development of a comprehensive Statewide Transition Plan. See Attachment A in the Appendix. The following section details the implementation of the Transition Framework:

#### A. Inventory

##### 1. Rules, regulations, and standards:

A thorough list of state rules, regulations, policies, and standards that may relate to the HCBS settings rule was compiled. A comprehensive assessment of the extent to which New Hampshire standards, rules, regulations and other requirements comply, do not comply or are silent with the Federal HCBS settings requirements was conducted by waiver type.

The following were reviewed:

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**New Hampshire Statutes & Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis**  
 1915(c) Waiver Settings for Individuals with Developmental Disabilities and Acquired Brain Disorders

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Statute		Title
RSA 126-A:19-24	<a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-19.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-19.htm</a> <a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-20.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-20.htm</a> <a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-21.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-21.htm</a> <a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-22.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-22.htm</a> <a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-23.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-23.htm</a> <a href="http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-24.htm">http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-24.htm</a>	Community Living Facilities

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RSA Ch. 137-K	<a href="http://www.gencourt.state.nh.us/rsa/html/x/137-k/137-k-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/x/137-k/137-k-mrg.htm</a>	Brain and Spinal Cord Injuries
RSA Ch. 151	<a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XI-151.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XI-151.htm</a>	Residential Care and Health Facility Licensing
RSA Ch. 161-I	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm</a>	Personal Care Services
RSA Ch. 161-J	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm</a>	Assisted Living Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 170-A	<a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-A.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-A.htm</a>	Interstate Compact on the Placement of Children
RSA Ch. 170-E	<a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-E.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-E.htm</a>	Child Day Care, Residential Care, and Child-Placing Agencies
RSA Ch. 171-A	<a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-171-A.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-171-A.htm</a>	Services for the Developmentally Disabled
RSA Ch. 171-B	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/171-B/171-B-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/171-B/171-B-mrg.htm</a>	Involuntary Admission for Persons Found Not Competent to Stand Trial
RSA Ch. 540	<a href="http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm</a>	Actions Against Tenants
RSA Ch. 540-A	<a href="http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm</a>	Prohibited Practices and Security Deposits
RSA Ch. 540-B	<a href="http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm</a>	Rental of Shared Facilities
<b>Rules</b>		<b>Title</b>
Pt. He-C 6446	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-c6400.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-c6400.html</a>	Foster Family Care Licensing Requirements
Pt. He-M 202	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m200.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m200.html</a>	Rights Protection Procedures for Developmental Services
Pt. He-M 310	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m300.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m300.html</a>	Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
Pt. He-M 503	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html</a>	Eligibility and the Process of Providing Services
Pt. He-M 505	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html</a>	Establishment and Operation of Area Agencies
Pt. He-M 506	<a href="http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_age_ncies/he-m500.html</a>	Staff Qualifications and Staff Development Requirements for

		Developmental Service Agencies
Pt. He-M 507	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Community Participation Services
Pt. He-M 513	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Respite Services
Pt. He-M 517	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Medicaid –Covered HCBS for Persons with Developmental Disabilities and Acquired Brain Disorders
Pt. He-M 518	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Employment Services
Pt. He-M 521	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home
Pt. He-M 522	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder
Pt. He-M 524	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	In-Home Supports
Pt. He-M 525	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Participant Directed and Managed Services
Pt. He-M 526	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>	Designation of Receiving Facilities for Developmental Services
Pt. He-M 1001	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m1000.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m1000.html</a>	Certification Standards for Community Residences
Pt. He-P 814	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p814.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p814.pdf</a>	Community Residences and the Residential Care and Supported Residential Care Level
Pt. He-P 807	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p807.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p807.pdf</a>	Residential Treatment and Rehabilitation Facilities

<b>New Hampshire Statutes &amp; Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis</b> 1915(c) Waiver Settings for Choices for Independence Waiver		
<b>Statute</b>		<b>Title</b>
RSA Ch. 151	<a href="http://www.gencourt.state.nh.us/rsa/html/xi/151/151-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/xi/151/151-mrg.htm</a>	Residential Care and Health Facility Licensing
RSA Ch. 151-E	<a href="http://www.gencourt.state.nh.us/rsa/html/XI/151-E/151-E-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XI/151-E/151-E-mrg.htm</a>	Long-Term Care
RSA Ch. 161-I	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm</a>	Personal Care Services
RSA Ch. 161-J	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm</a>	Assisted Living Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 161-M	<a href="http://www.gencourt.state.nh.us/rsa/html/XII/161-M/161-M-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/XII/161-M/161-M-mrg.htm</a>	Senior Citizens Bill of Rights
RSA Ch. 540	<a href="http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm</a>	Actions Against Tenants
RSA Ch. 540-A	<a href="http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm</a>	Prohibited Practices and Security Deposits
RSA Ch. 540-B	<a href="http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm</a>	Rental of Shared Facilities
<b>Rules</b>		<b>Title</b>
Pt. He-E 801	<a href="http://gencourt.state.nh.us/rules/state_agencies/he-e800.html">http://gencourt.state.nh.us/rules/state_agencies/he-e800.html</a>	Choices for Independence Program
Pt. He-E 803	<a href="http://gencourt.state.nh.us/rules/state_agencies/he-e800.html">http://gencourt.state.nh.us/rules/state_agencies/he-e800.html</a>	Adult Medical Day Care Services
Pt. He-E 805	<a href="http://gencourt.state.nh.us/rules/state_agencies/he-e800.html">http://gencourt.state.nh.us/rules/state_agencies/he-e800.html</a>	Targeted Case Management Services
Pt. He-P 601	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-p600.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-p600.html</a>	Certified Other Qualified Agencies
Pt. He-P 804	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p804.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p804.pdf</a>	Assisted Living Residence-Residential Care Licensing
Pt. He-P 805	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p805.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p805.pdf</a>	Supported Residential Health Care Facility Licensing

Pt. He-P 809	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p809.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p809.pdf</a>	Home Health Care Providers
Pt. He-P 813	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p813.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p813.pdf</a>	Adult Family Care Residence
Pt. He-P 818	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p818.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p818.pdf</a>	Adult Day Programs
Pt. He-P 819	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p819.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p819.pdf</a>	Case Management Agencies
Pt. He-P 822	<a href="http://www.dhhs.nh.gov/oos/bhfa/documents/he-p822.pdf">http://www.dhhs.nh.gov/oos/bhfa/documents/he-p822.pdf</a>	Home Care Service Provider Agencies

## 2. Inventory of eligible sites/covered settings

Based on the list of settings types that were eligible for inclusion in the settings review process, New Hampshire developed a Master List of settings. This Master List included type of service (by regulation number), provider name, site address, and contact information. For the DD/ABD Waiver sites under 521 and 525, the information was organized by DUCK (Division Unique Client Key) number.

The information for the Master List was accessed on March 30, 2015 from the Department of Health and Human Services’ Office of Program Support (the certification and licensing entity for the State of New Hampshire), and Long Term Supports and Services for the services provided in family homes that were identified to be included. Over time, the list was revised for various reasons, including the providers no longer in business, setting currently not providing services, and/or new providers being identified. The Master List continued to change over the course of the initial phase of the transition process in order to effectively address all eligible settings. Part of the ongoing monitoring efforts identified later in this document are meant to ensure ongoing updating, monitoring and revision of the list as provider information changes. Additionally, New Hampshire’s expectation is full compliance for new settings, as well as ongoing compliance for existing settings. These benchmarks are addressed in detail in the ongoing monitoring section of this plan.

The following chart details the number of DD/ABD setting types, by service, that were determined by the review, to be included in the plan:

<b>Oversight Provided by:</b>	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	DHHS-LTSS (Bureau of Developmental Services)	DHHS-LTSS (Bureau of Developmental Services)
<b>Regulation #</b>	He-M 1001	He-P 807	He-P 814	He-M 507 He-M 518	He-M 525	He-M 521
<b>Service Area</b>	Community Residence	Residential Treatment/ Rehab	Community Residence 4 or more	Day Services (CPS) Employment Services	PDMS combined	PCS combined

<b>Type of Service</b>	Res	Res	Res	Non-Res	Non-Res	Non-Res
<b>Program Identifier</b>	Certification #	License #	License #	Certification #	Duck #	Duck #
<b>Waiver Funding</b>	DD / ABD	ABD	DD/ABD	DD / ABD	DD / ABD	DD / ABD
<b>Total # of sites per service setting</b>	1046	3	22	63	770	80
<b>Waiver Total</b>	<b>TOTAL DD/ABD SITES = 1,984</b>					

The following chart details the number of CFI setting types, by service, that were determined by the review, to be included in the plan:

<b>Oversight Provided by:</b>	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)
<b>Regulation #</b>	HeP-818	HeP-813	He-P 804 & 805
<b>Service Area</b>	Adult Day Services	Adult Family Care Residences	Residential Care
<b>Type of Service</b>	Non-Res	Res	Res
<b>Program Identifier</b>	License #	License #	License #
<b>Waiver Funding</b>	CFI	CFI	Primarily CFI with a few DD/ ABD
<b>Total # of sites per service setting</b>	13	3	73
<b>Waiver Total</b>	<b>TOTAL CFI SITES = 89</b>		

### **3. Review of Existing Processes**

In order to determine New Hampshire’s current level of compliance, the Waiver Transition Team reviewed existing processes across the three eligible waivers to evaluate their current contribution to determining compliance as well as the development of targeted surveys.

New Hampshire has many systems/groups in place that support review and compliance for services provided under the Home and Community Based Services waivers. They include:

- Certification or Licensing
  - Office of Program Support (OPS)
    - Conduct annual (DD/ABD, CFI) or bi-annual (DD/ABD) visits to provider sites to ensure compliance with state laws and regulations
    - When deficiencies are identified, they are reviewed by the Bureau Liaison who works in the region of the site receiving the deficiency
  - Provider agencies (DD/ABD)

- Conduct monitoring review of those sites meeting specific criteria in between Office of Program Support certification/licensing visits
- Department of Health and Human Services Long Term Supports and Services (DHHS-LTSS)
  - Requests are made to them for the certification of services being provided in private family homes (under He-M 525 or He-M 521)
  - Ongoing compliance expectations are monitored by the Area Agency
- Complaint Reporting (DD/ABD, CFI)
  - Bureau of Elderly and Adult Services (BEAS)
    - Completes complaint investigations for participants using criteria identified in state law
  - Disability Rights Center
    - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related problems
  - Office of Client and Legal Services (OCLS)
    - Completes complaint investigations for participants receiving services under the DD/ABD waiver, using criteria outlined in the state regulations
    - Complaints of abuse, neglect and exploitation are investigated by BEAS in addition to OCLS
  - Ombudsman's Office
    - Follow up on concerns on behalf of participants in Long Term Care settings
- Human Rights Committees (DD/ABD)
  - Each Area Agency serving individuals with Developmental Disabilities and Acquired Brain Disorders has a stakeholder committee that oversees the implementation of behavior plans and rights restrictions. Any restrictions to participants' rights must be approved by the committee as well as the individual and/or guardian and/or representative.
- Statewide Quality Improvement Committee (DD/ABD)
  - Includes representation from all ten Area Agencies
  - Identifies trends and areas for improvement across the DD/ABD system
  - Representative from DHHS-LTSS attends the meetings
- National Core Indicators (NCI) Process (DD/ABD)
  - The DD/ABD waiver participants are part of the NCI consumer survey process. Data is collected by highly trained interviewers related to service delivery and that data is compared to other states participating in the NCI process. The data is used to identify trends and quality measures to improve the supports being provided to participants. Surveys completed in New Hampshire are:
    - Consumer Surveys
    - Family/Guardian Surveys
- Employment Data Process (DD/ABD)
  - The state collects employment data for all participants under the DD/ABD waiver who are working. The data is collected and reports are distributed to stakeholders identifying number of those employed, number of hours worked, rate of pay, benefits, etc.
- Risk Identification, Mitigation, and Planning Process (CFI)



- Process through Bureau of Elderly and Adult Services that supports a participant's desire to live life the way they choose while providing the safeguards necessary to protect his/her health and welfare
- Risk Management Committee Process (DD/ABD)
  - Statewide committee focused on a continuum of care for individuals experiencing challenging behaviors through the use of assessment, plans and collaboration
- Health Risk Screening Tool (HRST) Process (DD/ABD)
  - Process used to identify and track health risks making it possible to design a plan tailored to meet the unique health and safety needs of each individual in the least restrictive setting.
  - Process completed by the Service Coordinator and reviewed by the nurse
- Assistive Technology and Equipment Center (ATEC) (DD/ABD)
  - Highly specialized clinical program providing evaluation and consultation services in the area of assistive technology.
- Elderly and Incapacitated Adult Fatality Review Committee (DD/ABD/CFI)
  - Legislatively mandated committee with representation from DHHS-LTSS, Ombudsman's office, New Hampshire Hospital, Victims Advocate, Coroner's Office, and Licensing and Certification.
  - The committee performs comprehensive systemic reviews on fatalities involving elderly and incapacitated adults. Areas for improvement are identified, addressed, and trends are published.
- Bureau of Developmental Services (DD/ABD)
  - Re-designation process:
    - Area Agencies go through a process every five years to be designated as the agency to oversee services for a particular area of the state. The process is outlined in He-M 505, Establishment and Operation of Area Agencies. The purpose of the rule is to define the procedures and criteria for the establishment, designation, and re-designation of area agencies, and to define their role and responsibilities. The process is performed by DHHS-LTSS staff and provides feedback to the Area Agency for areas of improvement.
  - Service Coordination Review (DD/ABD):
    - Each Area Agency completes a record review self-assessment of an identified number of records. DHHS-LTSS staff then complete a review of the records to ensure compliance. A report is written and corrective action steps are identified. Agencies submit corrective action which is reviewed to determine ongoing compliance.
    - Separate review processes occur for:
      - In Home Support Services
      - Participant Directed and Managed Services
      - Other service types
  - Complaint Investigation Review (DD/ABD):
    - Every six months the Bureau reviews the founded complaints and meets with provider agencies to ensure that recommendations from the complaints have been implemented through on-site verification
  - Service Agreement review (DD/ABD):

- Initially, and when there is a funding change, every participant's service agreement is reviewed by DHHS-LTSS for approval for ongoing services under He-M 521, 524 and 525. All others are reviewed during the re-designation process
- Statewide Training Committee for DD/ABD services:
  - Facilitated by Community Support Network Incorporated (CSNI)
  - Includes ten area agencies and provider agencies
  - Ensures that training meets regulatory requirements
  - Identifies new areas for staff development
- Statewide Service Coordinator Supervisor Group (DD/ABD):
  - Facilitated by DHHS-LTSS
  - Includes representation from all service coordinator organizations
  - Works collaboratively to address issues related to service delivery
- Statewide In-Home Support Coordinators Group (DD/ABD):
  - Facilitated by CSNI
  - Includes representation from all service coordinator organizations
  - Works collaboratively to address issues related to in-home support services, as outlined in He-M 524
- Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
  - Facilitated by CSNI
  - Includes representation from all service coordinator organizations
  - Works collaboratively to address issues related to PDMS/PCS services as outlined in He-M 525 and He-M 521
- Statewide ABD Coordinators Group (DD/ABD):
  - Facilitated by CSNI
  - Includes representation from all service coordinator organizations
  - Works collaboratively to address issues related to ABD services as outlined in He-M 522
- Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
  - Facilitated by CSNI
  - Includes representation from all service coordinator organizations
  - Works collaboratively to address issues related to PDMS/PCS Services as outlined in He-M 525 and He-M 521
- Office of Public Guardian/Tri-County Guardianship Services (DD/ABD, CFI):
  - DHHS-LTSS has contracts to provide guardianship for those participants who have no other option for support with decision making
- Sentinel Event Reporting/Review process (DD/ABD):
  - Quality improvement process designed to gather information about serious health or safety situations involving individuals with DD/ABD
  - Review of situation occurs and areas for individualized and/or systemic improvements occur
- START (Systemic, Therapeutic, Assessment, Resource, and Treatment) (DD/ABD):
  - Statewide network of certified START Coordinators representing the 10 Area Agencies supporting the needs of individuals with IDD and behavioral health needs

- Supports Intensity Scale (SIS) Process (DD/ABD):
  - Standardized evaluation process that identifies practical supports people with developmental disabilities need to lead independent lives
  - Completed for each participant and updated every five years or as needed

In addition, New Hampshire has a variety of participant and other stakeholder groups that provide advocacy and input into the delivery of waiver services. They include:

- Board of Directors (DD/ABD):
  - Area Agencies, as nonprofit organizations are governed by Boards of Directors, He-M 505 requires one third of the board composition be made up of consumers of services.
- Brain Injury Association of New Hampshire
  - Designed to create a better future through brain injury prevention, education, advocacy, and support
- Community Support Network Incorporated (CSNI)(DD/ABD):
  - Executive Directors from the ten area agencies work collaboratively on behalf of the service delivery system to ensure a uniform approach to issues impacting the participants of service
- Developmental Disabilities Council (DD/ABD):
  - An agency appointed by the governor to represent and advocate for people with developmental disabilities
- Disabilities Rights Center (DD/ABD CFI):
  - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related issues, concerns, and problems
- Family Support Councils (DD/ABD):
  - All ten regions have a council made up of participant families who work with each region's board to oversee the work of the area agencies
- New Hampshire Association of Residential Care Homes (CFI):
  - Association representing all Residential Care Homes
  - Work to identify and address issues/concerns regarding provision of care in Residential Care Homes
- New Hampshire Adult Day Services Association (CFI):
  - Association representing all Adult Day Service providers
  - Work to identify and address issues/concerns regarding provision of care in Adult Day Service settings
- New Hampshire Legal Assistance (CFI):
  - Organization that offers clients high quality civil legal services to address the legal problems that affect their daily survival and most basic needs. These services range from simple legal information and advice to vigorous and thorough representation in all of New Hampshire's courts and before many of the local, state, and federal agencies which play large roles in their lives
- Private Provider Network (DD/ABD):
  - Representatives from vendor agencies who contract with area agencies work collaboratively to ensure consistency among vendor agencies for the benefit of the participants of service

- Quality Council (DD/ABD):
  - Legislatively created Council that is charged to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system
- Self -Advocacy Groups (DD/ABD):
  - Many of the ten area agencies have a self-advocacy group within the region. Additionally there is a statewide self-advocacy group with representation from most area agencies. The purpose is to identify issues of importance and work with other stakeholders to improve the service delivery system in its support of individuals with developmental disabilities and acquired brain disorders
- Service Coordinators (DD/ABD):
  - Required to obtain satisfaction information on a quarterly basis as outlined in He-M 503
  - Have monthly contact regarding participant's services as per He-M 503
- (Waiver Transition) Advisory Task Force (DD/ABD/CFI):
  - Group of stakeholders to work with the Waiver Transition Team to develop and monitor New Hampshire's Statewide Transition Plan

Each of the processes/groups noted above have a role in the Statewide Transition Plan as outlined in our remediation plan. Please see Remediation Plan for more details.

#### **4. Development of Assessment Tools**

The Waiver Transition Team developed two surveys to contribute to the information available to determine compliance: one for providers and one for participants (see Attachments B and C in the Appendix). Questions were developed to assess whether the required characteristics were present for each type of setting (residential and non-residential). The Exploratory Questions for residential and non-residential settings provided by CMS as part of the Statewide Transition Plan Toolkit were reviewed as the New Hampshire survey questions were developed. In addition, the Advisory Task Force reviewed and contributed to the survey questions and offered their specific wording. The questions were grouped into topic areas; such as choice of setting, access to personal funds, and participation in activities and were comprised of a range of 1-5 questions to collect detailed information.

##### **a. Assessments**

##### **1) Assessment of state standards and level of compliance**

NH DHHS completed a thorough review of all standards, rules, and regulations to determine their current level of compliance with the settings requirements. The following is the state's assessment of the extent to which its standards, rules, regulations, or other requirements comply, do not comply or are silent with the Federal HCBS settings requirements.

##### **a) DD/ABD Regulatory Review**

The regulatory review identified the need for modifications. For the detailed analysis and remediation steps and timelines see Attachment F in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules.

<b>DD/ABD REGULATORY GOAL #1</b>			
<b>Process: Regulatory Revision &amp; Training</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review the regulations for HCBS settings under the DD/ABD waiver, including: <ol style="list-style-type: none"> <li>a. He-M 503, Eligibility and the Process of Providing Services</li> <li>b. He-M 507, Community Participation Services</li> <li>c. He-M 518, Employment Services</li> <li>d. He-M 521, Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home</li> <li>e. He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder</li> <li>f. He-M 524, In-Home Supports</li> <li>g. He-M 525, Participant Directed Managed Services</li> <li>h. He-M 1001 Certification Standards for Community Residences</li> </ol>	<ul style="list-style-type: none"> <li>• Comprehensive review of regulations by legal team completed; see Attachment F in the Appendix.</li> </ul>	Complete	DHHS-LTSS Legal Team
2. Revise the regulations as necessary to ensure that recommendations from legal team are implemented <ol style="list-style-type: none"> <li>a. He-M 503 has been revised effective 7/25/15</li> <li>b. He-M 310 has been revised effective 4/25/15</li> </ol>	<ul style="list-style-type: none"> <li>• He-M 503 and He-M 310 will be used as a guidelines for additional regulatory revisions</li> </ul>	See legal summary in Appendix	DHHS-LTSS
3. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for certification/licensing visits while regulations are being revised.	<ul style="list-style-type: none"> <li>• HCBS Education Tool template form to be used while regulations are being updated</li> </ul>	Sept. 2016 or STP approval date	Office of Program Support
4. Share form and expectations with providers		Oct. 2016	Office of Program Support
5. Revise/approve the regulations following the state's <a href="#">Administrative Procedures Act</a> .	<ul style="list-style-type: none"> <li>• Updated regulations will be on the <a href="#">New Hampshire Office of Legislative Services Web site</a></li> <li>• Regulations will be sent to all providers</li> </ul>	See legal summary in Appendix	DHHS-LTSS
6. Provide additional training to stakeholders regarding new regulatory requirements.	<ul style="list-style-type: none"> <li>• Training sessions held</li> </ul>	Ongoing	DHHS-LTSS

7. Update Certification/Licensing tools to correspond with HCBS expectations and regulatory revisions.	<ul style="list-style-type: none"> <li>Updated Certification/Licensing tools</li> </ul>	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
8. Identify implementation date	<ul style="list-style-type: none"> <li>Notification sent to providers</li> </ul>	Contingent upon regulatory changes	Office of Program Support

<b>DD/ABD Regulatory Goal #2</b>			
<b>Process: Update all policies related to the transition process so they correspond to the HCBS expectations</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum: <ul style="list-style-type: none"> <li>Rights policy</li> <li>Health information</li> <li>Person centered planning</li> <li>Staff training</li> </ul>		Contingent on regulatory changes	Providers
2. Policies will be submitted to Office of Program Support at certification/licensing visits	<ul style="list-style-type: none"> <li>Updated policies</li> </ul>	At scheduled certification / licensing visit	Providers, OPS

**b) CFI Regulatory Review**

The regulatory review identified the need for modification. For the detailed analysis and remediation steps and timelines see Attachment G in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules:

<b>CFI REGULATORY GOAL #1</b>			
<b>Process: Regulatory Revision &amp; Training</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review the regulations for HCBS settings under the CFI waiver, including: <ol style="list-style-type: none"> <li>He-E 801 Choices for Independence</li> <li>He-P 804 Assisted Living Residence - Residential Care Licensing</li> <li>He-P 805 Assisted Living Residence - Supported Residential Health Care Licensing</li> <li>He-P 813 Adult Family Care Residence</li> <li>He-P 818 Adult Day Programs</li> </ol>	<ul style="list-style-type: none"> <li>Review of regulations by legal team completed; see Attachment G in the Appendix.</li> </ul>	Complete	DHHS-LTSS Legal Team

f. He-P 819 Case Management Agencies			
2. Revise the regulations as necessary to ensure that expectations regarding all areas are included		See legal summary in Appendix	DHHS-LTSS, Providers, Stakeholders
3. Revise/approve the regulations following the state's <a href="#">Administrative Procedures Act</a>	<ul style="list-style-type: none"> <li>Updated regulations will be available on the <a href="#">New Hampshire Office of Legislative Services Web site</a>.</li> <li>Regulations will be sent to all providers.</li> </ul>	Sept. 2016 or STP approval	DHHS-LTSS, Stakeholders
4. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for licensing visits while regulations are being revised	<ul style="list-style-type: none"> <li>HCBS Education Tool template form to be used while regulations are being updated</li> </ul>	Sept. 2016 or STP approval	Office of Program Support
5. Share tool and expectations with providers		Sept. 2016 or STP approval	Office of Program Support
6. Provide training to stakeholders regarding new regulatory requirements	<ul style="list-style-type: none"> <li>Training sessions will be offered to providers, participants, families, guardians, and Case Management agencies.</li> </ul>	Ongoing	DHHS-LTSS
7. Revise Licensing tool to correspond with HCBS expectations and regulatory revisions	<ul style="list-style-type: none"> <li>Updated Licensing tools</li> </ul>	Contingent upon regulatory changes	DHHS-LTSS, Office of Program Support
8. Identify implementation date	<ul style="list-style-type: none"> <li>Notification sent to providers</li> </ul>	Contingent upon regulatory changes	Office of Program Support

**CFI REGULATORY GOAL #2**

<b>Process: Update all policies related to the transition process so they correspond to the HCBS expectations</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum: <ul style="list-style-type: none"> <li>Rights policy</li> <li>Health information</li> <li>Person centered planning</li> <li>Staff training</li> </ul>		Contingent on regulatory changes	Providers

2. Policies will be submitted to Office of Program Support at next certification/licensing visit	<ul style="list-style-type: none"> <li>• Updated policies</li> </ul>	At scheduled licensing visit	Providers
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Both the DD/ABD and CFI settings will be monitored for compliance with the new regulatory updates through the certification and licensing processes. The status of sites will be monitored through the data analysis that will occur.

**2) Advisory Task Force**

New Hampshire’s Advisory Task Force was established in March 2015 to provide consumer and stakeholder feedback on the development of the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. That being said, the membership was selected to represent broader groups rather than specific organizations, and eliminates the opportunity for conflicts of interest. All members provided insight into the process from a consumer advocacy perspective. Several members were supported to participate through the provision of a stipend and mileage reimbursement to attend meetings. The 16 member task force includes representatives from:

- Adult Day Services Association
- Brain Injury Association
- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH’s Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network

The Advisory Task Force is facilitated by members of the Waiver Transition Team (see list on page 4) including the Institute on Disability, New Hampshire’s UCED. The Advisory Task Force has met monthly since its inception and has provided valuable feedback to the regulatory inventory review, provider and participant survey processes, and other activities related to the development of a comprehensive Statewide Transition Plan. Meeting minutes can be found at <https://www.dhhs.nh.gov/dcbcs/bds/transition.htm>. The Advisory Task Force will continue to meet quarterly throughout the transition, ensuring the transparency of the process by monitoring progress and participating in the remediation steps as per the remediation plan.



### 3) Completion of Assessments

**Provider Self Assessments** - The initial survey effort included outreach to the providers recorded on the Master List requesting that they complete a self-assessment. There were 1,513 provider self-assessment responses across the three waivers including residential and non-residential providers. The surveys were distributed broadly via email, mail (when no email contact information was available), and through the Area Agency system. The surveys were not mandated and although tracking according to the Master List by site address was possible, not all respondents included their address or the waiver type. The responses were general at best with minimal documentation of compliance across 100% of domains. While we were confident of compliance in many areas, the self-assessments were not as helpful due to the volume of unanswered areas.

**Participant Surveys** – The data from participants was collected in several ways. Surveys were provided to Area Agency staff for DD and ABD Waiver participants and Case Managers and Ombudsman’s Office for CFI participants to assist with the surveys. Additionally, Community Participation providers were asked to assist with data collection. Some participants were able to provide information and enter the data into the survey database while others submitted the information in a paper format. It was then entered into the database by IOD staff. There were 476 general participant survey responses from among the DD/ABD and CFI waivers. In addition, individual participant surveys were conducted, when possible, at each validation site visit. The questions were the same and data was entered into the database. There were 383 additional participant responses from among the DD/ABD and CFI waivers for a total of 859 survey responses.

### 4) Validation Visits

The following chart summarizes the number of settings that were selected for on-site validation visits for both residential and non-residential types of settings.

WAIVER	TYPE OF SETTING	TOTAL # OF SITES	# OF SITES VISITED
ABD/DD	NON-RES	913	164*
	RES	1,071	254*
CFI	NON-RES	13	13
	RES	76	43
<b>TOTAL</b>		2,073	474

\*not mutually exclusive

A representative sample of eligible settings across the waivers was selected for validation site visits. The methodology used to determine the settings selected for on-site validation visits included:

- Input from the Advisory Task Force for settings/sites they thought should be included in the on-site visits.
  - Feedback given was included in the identification of sites if the sites met the criteria for an HCBS setting

- Input from the state’s Certification and Licensing offices
  - Feedback given was included in the identification of sites
- At least one site for each provider of service was identified
  - CFI (typically had one site per provider)
  - DD/ABD (typically had multiple sites per provider)
    - Both those being served on the Developmental Disability and Acquired Brain Disorder waivers were represented in the visits
- For providers that had multiple sites, a random selection process was used:
  - The more sites a provider had, the larger the number of sites chosen for an on-site visit
  - If a provider had both non-residential and residential types of settings at least one site was chosen for each type of setting
- If a setting was identified for an on-site visit and the provider was no longer in business or the setting was serving no waiver participants, an alternative site was chosen
- Participants were selected at the site visit
- For providers who refused participation in the process, the site addresses were given to the Department of Health and Human Services’ Office of Program Support (OPS) which oversees the certification and licensing process
  - OPS completed unannounced on-site visits to complete the validation process.

#### **Validation Team Members Selection and Training Process**

To conduct validation field visits, New Hampshire hired a team of 15 Validation Team members and a Project Coordinator who completed on-site validation visits. The qualities that the team members needed to possess, which were identified by the Advisory Group, included a values-based philosophy, non-judgmental attitude, ability to conduct visits in a neutral manner, consistency in approach, and a commitment to the project’s goal.

Each potential candidate met with the Project Director or Project Coordinator to ensure that they had the qualities required to be part of the Validation Team. The final selection of team members included a variety of experience and backgrounds. The team included:

- Institute on Disability Leadership staff. The Leadership Series is a seven-month training session for adults with disabilities, parents or family members of children with disabilities, and LEND Trainees. It is based on the national Partners in Policymaking model.
- Graduates of the Leadership Series as described above
- Family members of individuals with Intellectual Disabilities or Acquired Brain Disorders
- Former Bureau of Elderly and Adult Services Complaint Investigator
- Bureau of Developmental Services Complaint Investigator (current)
- Community Volunteer
- Former Bureau of Developmental Services Staff
- Former Employment Specialist/Direct Support Professional
- Former Director of Quality Improvement for agency supporting individuals with Intellectual Disabilities and Acquired Brain Disorders

Each team member attended training provided by the Project Coordinator or Project Director. The training was developed by the Project Director in collaboration with the Advisory Group. Training included an overview of the HCBS rule expectations, a review of the provider assessment, participant surveys, and expectations of the on-site visit. Each team member reviewed a list of provider agencies and identified potential conflicts of interest. This information was used to ensure that team members were not assigned sites that could be considered a potential conflict.

Team members were assigned sites by the Project Coordinator. During the visit, the team member completed a provider survey (see Attachment B) with the person responsible for the provision of services, and a participant survey (see Attachment C) with a recipient of services. Team members completed the surveys and noted any issues or concerns that arose. Any issues related to health and safety were immediately brought to the Project Coordinator for follow-up.<sup>1</sup> Data was entered into the qualtrics survey database for compilation and analysis for development of the Statewide Transition Plan.

During each on-site validation visit a provider survey and participant survey was conducted when possible. This allowed a cross-walk between the provider and participant responses at a particular site.

**Data analysis and results**

Based on the information gathered from the provider self-assessments, provider on-site validation visits, and participant surveys (general and site specific) the following chart outlines New Hampshire’s estimate of settings, both residential and non-residential, that fully comply, could comply with modifications, and those that cannot comply or are presumed to be institutional.

<b>WAIVER</b>	<b>TYPE OF SETTING</b>	<b>TOTAL # OF SITES</b>	<b># THAT FULLY COMPLY</b>	<b># THAT COULD BE IN COMPLIANCE WITH REMEDIATION PLAN</b>	<b># THAT ARE PRESUMED NON-HCBS REQUIRE FURTHER ACTION</b>
<b>ABD/DD</b>	NON-RES	913	0	913	0
	RES	1,071	0	1,070	1
<b>CFI</b>	NON-RES	13	0	13	0
	RES	76	0	73	3
<b>TOTAL</b>		2,073	0	2,069	4

The State of New Hampshire has identified one site under the DD/ABD Waivers that would be presumed institutional because it is on the grounds of a public institution. The state has conducted an assessment at the site per the state’s Heightened Scrutiny Process, as outlined in this plan in

<sup>1</sup> There were three issues reported to DHHS-LTSS; these were addressed immediately.

Section V (1), Heightened Scrutiny, in order to request heightened scrutiny. Details of the review can be found in Attachment H in the Appendix.

In addition, three sites under the CFI Waiver have been identified that would be presumed institutional because they are on the grounds of, or immediately adjacent to, a public institution. At this time the state is investigating options that could be implemented regarding these sites. Once that determination is made, the state will either implement the Heightened Scrutiny Process as outlined in Section V (1), Heightened Scrutiny, or notify CMS of its plan of action.

New Hampshire will be supporting all providers with resources and education regarding isolation. The state has developed a separate Isolation Monitoring Process for DD/ABD settings and CFI settings, which can be found in Attachments I and J respectively. The process outlines the specific steps that the state will be implementing through the transition process to ensure that participants are not isolated. Monitoring of the isolation issue will be ongoing and follow up actions will be taken if necessary as outlined in the process.

Across the waivers and settings we found pockets of excellence and near full compliance. The mission of the New Hampshire developmental services system is to join with local communities to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired. Likewise, services and supports provided under the Choices for Independence Waiver are intended to assist people to live as independently as possible in safety and with dignity. However, there is always room for learning and improvement and the following remediation plans outline those opportunities.

The evaluation process resulted in identifying that both the DD/ABD and the CFI waiver systems have many best practice processes in place that could potentially be replicated from one to the other. These efforts are identified in the remediation plans below. The state did recognize that there are more monitoring efforts/processes in place under the DD/ABD waiver and that this is an opportunity for the CFI waiver providers to look at enhanced options for the provision of services. A collaborative approach will be used so that each waiver system can incorporate the other waivers' best practices into the work that is being done.

New Hampshire's Statewide Transition Plan is broken down into three phases. The first phase focuses on systemic efforts designed to educate providers, participants and stakeholders. The second phase will identify systems, practices and policies that can be enhanced, updated and/or implemented. The third phase is an assessment of the state's status toward full compliance, including a self-assessment, additional site visits, and data analysis relevant to the topic areas identified by the HCBS rule. The three phases will occur simultaneously in many cases. A diagram of the state's implementation flow chart can be found as Attachment D in the Appendix. While New Hampshire has many pockets of excellence, the focus of our Transition Plan is to identify how to enhance the current systems, ultimately having a consistent approach and implementation strategy to Home and Community Based Services across all waivers. Due to the ongoing commitment to quality services, the State of New Hampshire has developed remediation goals for all topic areas identified under the HCBS standards. Areas of excellence will be used to support settings that require further enhancement.

### a) DD/ABD Analysis and Results

The following is an analysis of the data collected during the site visits. For the DD/ABD waiver settings, New Hampshire gathered information on 418 settings. There were 334 providers and 327 participants who provided information regarding residential services, day services, or both day and residential services. Some of the sites provided both types of services so the information is not mutually exclusive. The total number of visits reflects 21% of the total number of sites (1,984) providing Home and Community Based Services, which is statistically significant with a high level of confidence.

New Hampshire’s DD/ABD service delivery system is broken down by geographic regions. There are ten regions in the state, each of which has an Area Agency designated by the state to oversee the services being delivered within the region. Many area agencies directly provide residential and non-residential services to participants, while some do not. Area agencies may contract with vendor agencies, as well as home care providers to support participants in both residential and non-residential settings. Typically a vendor, whether an area agency or a private provider, has multiple settings where services are provided. All service settings are monitored through the state’s certification and licensing agency. Area agencies also contract with families when the participant has determined that they want to direct/manage their own services.<sup>2</sup>

There are 59 vendor agencies throughout the state in addition to the ten area agencies. During the on-site visit process, team members went to 57 of the 59 vendors and all 10 of the area agencies. Typically vendors and area agencies have more than one site where they provide services. The state completed visits to 97% of the providers of service which is statistically significant. Site visits will be ongoing during the course of the transition plan. Although additional site visits will occur, it may not change the current transition plan implementation strategies identified in this plan.

Below each graph are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for DD/ABD settings, followed by topic area goals.

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #1</b>			
<b>Process: Create Standardized Service Agreement template for use by all providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Create Service Agreement Template to include: <ul style="list-style-type: none"> <li>a. Expectations of HCBS</li> <li>b. Incorporating the Health Risk Screening Tool (HRST) results</li> <li>c. Incorporating the Supports Intensity Scale (SIS) results</li> </ul>	<ul style="list-style-type: none"> <li>• Draft Service Agreement Template</li> </ul>	Complete	DHHS-LTSS

<sup>2</sup> Contracts are under He-M 521 and 525 and are referenced as non-residential in this plan because the residential services are considered to be in compliance since they occur in a participant’s home. This process is focused on the day services.

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2. Pilot the template		Complete	DHHS-LTSS
3. Revise template based on feedback, as appropriate	<ul style="list-style-type: none"> <li>Finalized Service Agreement Template</li> </ul>	Complete	DHHS-LTSS
4. Share final template with Advisory Task Force		Sept. 2016 or STP approval date	DHHS-LTSS
5. Provide training for providers	<ul style="list-style-type: none"> <li>Training schedule</li> </ul>	Sept. 2016 or STP approval date	DHHS-LTSS
6. Identify implementation date a. Share with providers	<ul style="list-style-type: none"> <li>Implementation notification</li> </ul>	Sept. 2016 or STP approval date	DHHS-LTSS, Office of Program Support
7. Use HCBS Education Tool for documenting when the Service Agreement template isn't used	<ul style="list-style-type: none"> <li>HCBS Education Tool will be used until the regulations are updated (Certification/Licensing tool is imbedded in the regulation and can't be modified without completing the state's Administrative Procedure for regulations)</li> </ul>	Ongoing until regulations are updated	Office of Program Support, Providers
8. Update Certification/Licensing tool to include use of standardized template for Service Agreement	<ul style="list-style-type: none"> <li>Revised Certification/Licensing Tool</li> </ul>	Contingent upon regulatory changes	Office of Program Support
9. Cite deficiencies related to use of template	<ul style="list-style-type: none"> <li>Upon completion of the regulatory revisions</li> </ul>	Contingent upon regulatory changes	Office of Program Support
10. Analyze Data as per General Implementation Strategy # 3	<ul style="list-style-type: none"> <li>Data Report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #2</b>			
<b>Process: Implement HCBS Education Tool to be used during certification/licensing visits while the regulatory revisions are being made. Once the regulations are revised, General Implementation Strategy # 3 will be followed and items noted on the HCBS Education Tool will be considered deficiencies.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Create HCBS Education Tool for certification/licensing visits that occur while the regulations are being revised. <ol style="list-style-type: none"> <li>a. The HCBS Education Tool will identify all expectations outlined by the HCBS rule that are not currently in the regulations.</li> <li>b. Those expectations that are currently in the regulations would continue to be noted as a deficiency (out of compliance with the regulation)</li> </ol>	<ul style="list-style-type: none"> <li>• Draft form</li> </ul>	Sept. 2016 or STP approval date	Office of Program Support, Waiver Transition Team
2. Present draft form to the Advisory Task Force for feedback		Sept. 2016 or STP approval date	Office of Program Support, Waiver Transition Team
3. Revise form, as applicable	<ul style="list-style-type: none"> <li>• Finalized form</li> </ul>	Sept. 2016 or STP approval date	Office of Program Support
4. Offer trainings for providers <ol style="list-style-type: none"> <li>a. Identify implementation date</li> </ol>	<ul style="list-style-type: none"> <li>• Attendance</li> </ul>	Oct. 2016	Office of Program Support, Waiver Transition Team
5. Office of Program Support staff will note any items related to the HCBS expectations	<ul style="list-style-type: none"> <li>• Certification/Licensing results</li> </ul>	Ongoing until regulations are revised	Office of Program Support
6. Analyze HCBS Education Tool data: <ol style="list-style-type: none"> <li>a. Identify trends</li> <li>b. Systemic issues</li> <li>c. Provider issues</li> <li>d. Plan</li> </ol>	<ul style="list-style-type: none"> <li>• Data report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #3</b>			
<b>Process: Update Certification/Licensing Process.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review and revise current certification/licensing process <ul style="list-style-type: none"> <li>i. Include expectation that all sites be HCBS compliant when a certification application is submitted to the Office of Program Support</li> <li>ii. Identify criteria that would facilitate an annual certification rather than a two year certification process</li> </ul>		June 2017	DHHS-LTSS, Office of Program Support
2. Update Application for Certification to include statement that the provider acknowledges that they are in full compliance with HCBS expectations	<ul style="list-style-type: none"> <li>• Revised Application form</li> </ul>	June 2017	Office of Program Support
3. Develop standardized process for those sites that meet the criteria for a skip-a-year certification visit <p>Create standardized forms to be used for the internal review completed during the skip-a-year process by providers:</p> <ul style="list-style-type: none"> <li>a. Include HCBS expectations</li> <li>b. Include regulatory requirements</li> <li>c. Process include a minimum of two HCBS participants</li> <li>d. Plan of correction form</li> </ul>	<ul style="list-style-type: none"> <li>• New process finalized</li> <li>• Standardized forms developed</li> <li>• Implementation timeframe identified</li> </ul>	June 2017	Providers, Office of Program Support
4. Share updated process with Advisory Task Force	<ul style="list-style-type: none"> <li>• Updated forms</li> </ul>	June 2017	Waiver Transition Team
5. Provide training for providers on new procedures: <ul style="list-style-type: none"> <li>a. Standardized process for skip-a-year monitoring</li> <li>b. Standardized forms for skip-a-year process</li> <li>c. Plans of correction</li> <li>d. Implementation date</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory Training for providers</li> </ul>	July - Sept. 2017	Office of Program Support
6. Analyze certification data to include: <ul style="list-style-type: none"> <li>a. Identify trends</li> <li>b. Systemic issues</li> <li>c. Provider issues</li> <li>d. Plan for improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Data Report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team, Statewide QI Group
7. Data analyzed every 6 months, focusing on HCBS requirements to monitor progress and ongoing compliance	<ul style="list-style-type: none"> <li>• Data report</li> </ul>	Ongoing	Waiver Transition Team, Providers,



			Office of Program Support
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<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #4</b>			
<b>Process: Revise the applicable provider contracts to include compliance with HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review current contract templates for providers		Oct. – Dec. 2016	DHHS-LTSS
2. Revise applicable contracts to include HCBS compliance and that Area Agency contracts with vendors include adherence to all HCBS expectations	<ul style="list-style-type: none"> <li>Applicable contracts will include expectation for compliance with federal HCBS requirements</li> </ul>	Oct. – Dec. 2016	DHHS-LTSS
3. Complete applicable contracts with Area Agencies	<ul style="list-style-type: none"> <li>Updated contracts signed</li> </ul>	June 2017	DHHS-LTSS
4. Area Agencies provide copy of updated vendor/home provider contracts to DHHS-LTSS	<ul style="list-style-type: none"> <li>Updated contracts submitted to DHHS-LTSS</li> </ul>	Aug. 2017	Area Agencies

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #5</b>			
<b>Process: Revise Medicaid enrollment process for DD/ABD providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review current enrollment process for DD/ABD providers		Oct. 2016	DHHS-LTSS
2. Revise process to ensure that it includes: <ol style="list-style-type: none"> <li>Initial and ongoing compliance with HCBS expectations</li> <li>How monitoring of ongoing compliance will occur</li> <li>Impact of not being HCBS compliant</li> </ol>	<ul style="list-style-type: none"> <li>Application process revised</li> </ul>	Dec. 2016	DHHS-LTSS

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #6</b>			
<b>Process: Additional training on HCBS and state expectations for providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup to develop training process	<ul style="list-style-type: none"> <li>Workgroup identified</li> </ul>	Sept. 2016 or STP approval date	Waiver Transition Team
2. Develop training for providers of services impacted by the settings expectations <ol style="list-style-type: none"> <li>Certified and Licensed Residential Homes</li> </ol>	<ul style="list-style-type: none"> <li>Training outline created</li> </ul>	Sept. 2016 or STP approval date	DHHS-LTSS,

<ul style="list-style-type: none"> <li>b. Community Participation Services</li> <li>c. Employment Services</li> <li>d. Participant Directed and Managed Services (with day program)</li> <li>e. Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home</li> </ul>			Waiver Transition Team
3. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> <li>• Training outline</li> </ul>	Sept. 2016 or STP approval date	DHHS-LTSS, Advisory Task Force
4. Revise Service Agreement to include information regarding what the participant should expect	<ul style="list-style-type: none"> <li>• Standardized Service Agreement template</li> </ul>	Complete	DHHS-LTSS
5. Create training schedule	<ul style="list-style-type: none"> <li>• Training offered as needed</li> </ul>	Aug. 2016	DHHS-LTSS
6. All providers attend mandatory training	<ul style="list-style-type: none"> <li>• Attendance taken</li> <li>• Attendance list given to DHHS-LTSS</li> </ul>	Contingent on regulatory update	Providers
7. All providers train their staff	<ul style="list-style-type: none"> <li>• Training documentation be given to Certification/Licensing staff at next licensing visit</li> </ul>	Ongoing	Providers
8. Provider orientation include training on HCBS expectations	<ul style="list-style-type: none"> <li>• Updated orientation training</li> </ul>	Dec. 2016	Statewide Training Group
9. Training be included on Certification/Licensing tool	<ul style="list-style-type: none"> <li>• Updated tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
10. Develop an information sheet on HCBS expectations for the toolkit	<ul style="list-style-type: none"> <li>• Information sheet</li> </ul>	Nov. 2016	Waiver Transition Team
11. Deficiencies will be tracked	<ul style="list-style-type: none"> <li>• Certification/Licensing Data</li> </ul>	Ongoing	Office of Program Support
12. Certification data will be analyzed as per General Implementation Strategy # 3	<ul style="list-style-type: none"> <li>• Data report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

<b>DD/ABD GENERAL IMPLEMENTATION STRATEGY #7</b>			
<b>Process: Develop HCBS toolkit for providers and participants.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify place(s) to maintain the items that will be part of the toolkit a. Electronic version b. Paper copies		Complete	Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	<ul style="list-style-type: none"> <li>Written process</li> </ul>	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items	<ul style="list-style-type: none"> <li>Revision Process</li> </ul>	Sept. 2016 or STP approval date	Waiver Transition Team

Following are the provider and participant survey questions, analysis with percentages and numbers, and graphs with percentages, which represent the assessment results related to specific HCBC settings standards. In the analysis, R = residential and NR = non-residential. Below the graphs are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

**HCBS Standard:** *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

- Participation in activities

Remediation steps related to Participation in Activities are included in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

- Community Participation

The following details the remediation steps related to Community Participation:

<b>DD/ABD TOPIC AREA GOAL #1</b>			
<b>Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>

<p>1. Provider contracts to be reviewed and revised to include the expectation of access and support to attend community activities, as a requirement in residential settings</p> <ul style="list-style-type: none"> <li>• Area Agency template for services provided in family homes (as per He-M 521, He-M 524, and He-M 525) include this expectation</li> </ul>	<ul style="list-style-type: none"> <li>• Updated contracts be submitted to DHHS-LTSS as needed</li> <li>• Area Agency template for contracted services include this requirement</li> </ul>	<p>June 2017</p>	<p>DHHS-LTSS, Providers</p>
<p>2. Contracts be specific to include:</p> <ol style="list-style-type: none"> <li>a. Community access and participation occur during service provision in all service settings.</li> <li>b. How not providing community access and participation with the broader community will be addressed</li> <li>c. Community access and participation needs to be documented, including frequency, choices offered, and choice of support person</li> <li>d. Documentation of community access/participation be included in progress notes</li> <li>e. Community access/participation services be documented specific to the service setting in which they occurred (i.e. residential progress notes reflect community participation that occurred during residential services only)</li> </ol>		<p>June 2017</p>	<p>DHHS-LTSS, Providers</p>
<p>3. Community access/integration requirement be incorporated into the certification/licensing tool</p>	<ul style="list-style-type: none"> <li>• Revised certification/licensing tools</li> </ul>	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>4. DHHS-LTSS Request for Certification forms for residential services provided in the family home (He-M521, He-M 524, He-M525) reflect the expectation of community access/participation</p>	<ul style="list-style-type: none"> <li>• Request for Certification form for 521, 524 and 525 settings be updated</li> </ul>	<p>Jan. 2017</p>	<p>DHHS-LTSS</p>
<p>5. Quarterly satisfaction form be revised to include community access/participation</p>	<ul style="list-style-type: none"> <li>• Revised Quarterly Satisfaction form</li> </ul>	<p>Jan. 2017</p>	<p>Waiver Transition Team</p>

- Community Employment

According to the New Hampshire Developmental Services Employment Report from June 2015 progress continues toward assisting individuals with developmental disabilities and/or acquired brain disorders with accessing employment. Employment data reflects that 36.66% of all individuals served (21-64) are employed. According to the National Report on Employment Services and Outcomes (2014) New Hampshire rates 6<sup>th</sup> for integrated employment and outcomes. For more information go to <https://www.dhhs.nh.gov/dcbcs/bds/documents/bdsemploymentreport062015.pdf>

The following two topic area goals detail the remediation steps related to Community Employment:

<b>DD/ABD TOPIC AREA GOAL #2</b>			
<b>Process: Enhance knowledge about employment and its impact on benefits.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Develop training for participants, families, guardians and service coordinators to address concerns about employment and its impact on benefits	<ul style="list-style-type: none"> <li>• Training outline</li> </ul>	Nov. 2016	NH Statewide Employment Committee, GSIL
2. Offer training to providers and participants on employment with a focus on how employment impacts benefits and options to mitigate the impact a. Training be mandatory for Service Coordinators	<ul style="list-style-type: none"> <li>• Training schedule</li> </ul>	Feb. 2017	NH Statewide Employment Committee
3. Develop a user friendly guide for participants, families and providers	<ul style="list-style-type: none"> <li>• Draft guide brought to Advisory Group for feedback</li> </ul>	May 2017	NH Statewide Employment Committee
4. Revise guide, as appropriate, based on Advisory Group feedback	<ul style="list-style-type: none"> <li>• Final version of guide</li> </ul>	July 2017	NH Statewide Employment Committee, Advisory Task Force
5. Put guide in the provider toolkit		July 2017	Waiver Transition Team

<b>DD/ABD TOPIC AREA GOAL #3</b>			
<b>Process: Continue to enhance the opportunities for participants to find meaningful employment.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Employment Leadership Committee continue its work to increase the number of participants who are working, based on the participant's choice		Ongoing	Employment Leadership Committee
2. Data be collected	• Data Report	Ongoing	Providers
3. Data be analyzed for trends, areas for improvement	• Data Report	Each reporting period	Employment Leadership Committee
4. Data be shared with Advisory Task Force	• Data Report	Each reporting period	Waiver Transition Team, Employment Leadership Committee
5. Quarterly satisfaction form be revised to include questions regarding employment	• Revised Form	Jan. 2017	Waiver Transition Team

- Access to Personal Funds

The following details the remediation steps related to Access to Personal Funds:

<b>DD/ABD TOPIC AREA GOAL #4</b>			
<b>Process: Identify options for easy access to funds for participants.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Update the person centered planning process to include a discussion around spending money and the participant's preference regarding how they access their funds	• Standardized Service Agreement template	Complete	DHHS-LTSS
2. Finalized template will be shared with the Advisory Task Force	• Service Agreement Template	Sept. 2016 or STP approval date	DHHS-LTSS
3. Certification/Licensing tool be updated to include the requirement for documentation of how and when the participant will receive their spending money	• Updated certification/licensing tool once the regulations have been revised	Contingent upon regulatory updates	Office of Program Support
4. Determine implementation date for use of template	• Notification to providers	Contingent upon	Office of Program Support

		regulatory updates	
5. Certification/Licensing staff identify deficiencies related to service agreement including discussion regarding access to personal funds	<ul style="list-style-type: none"> <li>• Certification/Licensing data</li> </ul>	Contingent upon regulatory updates	Office of Program Support
6. Data will be analyzed as per General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> <li>• Data Report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

- Integration and Access to the Community

The remediation steps for Integration and Access to the Community are included in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

**HCBS Standard:** *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

- Choice of Setting

The following details the remediation steps related to Choice of Setting:

<b>DD/ABD TOPIC AREA GOAL #5</b>			
<b>Process: Enhance the participants input into the decision making about their choice of setting.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review the current process for selection of service site, including: <ol style="list-style-type: none"> <li>Who is involved</li> <li>How are options presented</li> <li>Role of participant, guardian, Service Coordinator</li> <li>Identify choices offered in the Service Agreement and if there is a less restrictive alternative</li> <li>Identify ways to ensure that the participant is able to see/visit the service site before making a choice</li> </ol>		Complete	DHHS-LTSS

2. Revise the Service Agreement template to include the choices that were offered and the participant’s decision	<ul style="list-style-type: none"> <li>Standardized Service Agreement template with HCBS expectations in it</li> </ul>	Complete	DHHS-LTSS
3. Certification/Licensing Tool include use of the standardized Service Agreement template a) Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1	<ul style="list-style-type: none"> <li>Deficiency data will show the number of deficiencies related to choice of setting being documented</li> </ul>	Contingent upon regulatory updates	Office of Program Support

**HCBS Standard:** *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

- Freedom from Coercion

The following two Topic Area Goals detail the remediation steps related to Freedom from Coercion:

<b>DD/ABD TOPIC AREA GOAL #6</b>			
<b>Process: Update individual rights booklet &amp; create training for participants to include all regulatory and HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify people to work on updating the rights booklet and develop training options for participants	<ul style="list-style-type: none"> <li>Identify stakeholders to work on process</li> </ul>	Apr. 2017	DHHS-LTSS
2. Revise rights booklet to include new regulatory and HCBS expectations	<ul style="list-style-type: none"> <li>Draft booklet developed</li> </ul>	June 2017	Self-Advocates, Waiver Transition Team
3. Obtain feedback from Advisory Task Force and self-advocates	<ul style="list-style-type: none"> <li>Revise booklet based on feedback</li> </ul>	Aug. 2017	Self-Advocates, Waiver Transition Team
4. Develop a training that can be offered to participants of service, using multi-media options	<ul style="list-style-type: none"> <li>Training outline be shared with Advisory Group</li> </ul>	Aug. 2017	Self-Advocates, Advisory Task Force
5. Pilot training with participants to get feedback	<ul style="list-style-type: none"> <li>Trainings offered</li> </ul>	Sept. 2017	Self-Advocates, DHHS-LTSS



6. Revise training based on participant feedback	<ul style="list-style-type: none"> <li>Finalized version of training will be available in multiple formats</li> </ul>	Oct. 2017	Self-Advocates, DHHS-LTSS
7. Ensure that all providers have access to revised booklet and training options	<ul style="list-style-type: none"> <li>Finalized version of rights booklet will be available to all participants, providers and stakeholders</li> </ul>	Dec. 2017	DHHS-LTSS
8. Training be offered to participants	<ul style="list-style-type: none"> <li>Training schedule and attendance</li> </ul>	Ongoing	Providers
9. Rights booklet be included in the participant toolkit	<ul style="list-style-type: none"> <li>Rights booklet</li> </ul>	Dec. 2017	Waiver Transition Team

<b>DD/ABD TOPIC AREA GOAL #7</b>			
<b>Process: Develop a process for any modifications to the expectations of Home and Community Based Settings (e.g., access to food at any time, privacy expectations, etc.) to ensure that modifications are identified, documented and approved as per HCBS and state expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Develop policy, to include: <ol style="list-style-type: none"> <li>Modifications are participant specific</li> <li>Modifications are not impacting others at the site</li> <li>Documentation is present in person centered planning document as outlined by HCBS</li> <li>Approval by Human Rights Committee and guardian, as appropriate</li> </ol>	<ul style="list-style-type: none"> <li>Provider Policy</li> </ul>	Nov. 2016	Providers
2. All provider staff be trained on the policy: <ol style="list-style-type: none"> <li>During orientation</li> <li>Annually</li> </ol>	<ul style="list-style-type: none"> <li>Provider training</li> </ul>	Ongoing	Providers, Statewide Training Committee
3. Certification/Licensing tool include requirement of the written documentation and approval of modifications. <ol style="list-style-type: none"> <li>Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1</li> </ol>	<ul style="list-style-type: none"> <li>Revised Certification/Licensing tool</li> </ul>	Ongoing	Office of Program Support

4. Certification/Licensing staff will identify through certification/licensing visits if modification expectations are being implemented by providers	<ul style="list-style-type: none"> <li>• Certification/Licensing data</li> </ul>	Ongoing	Office of Program Support
5. Data will be analyzed as outlined in DD/ABD General Implementation Strategy #2	<ul style="list-style-type: none"> <li>• Data analysis</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

- Privacy of Health Information

The following details the remediation steps related to Privacy of Health Information:

<b>DD/ABD TOPIC AREA GOAL #8</b>			
<b>Process: Update policy for obtaining, storing and sharing health information</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Providers update policies regarding how health information is obtained, stored and shared with others, both internally and outside of the provider organization <ul style="list-style-type: none"> <li>a. Policy includes training for new staff</li> </ul>	<ul style="list-style-type: none"> <li>• Updated policy is submitted to the Office of Program Support during the next Certification/Licensing visit.</li> </ul>	Jan 2017	Providers
2. Providers offer training to all staff <ul style="list-style-type: none"> <li>a. Training is documented</li> <li>b. Training topic is included in the orientation process for new staff</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance</li> <li>• Updated orientation expectations</li> </ul>	Ongoing	Providers
3. Policy is available to all participants, representatives and guardians in electronic and paper format	<ul style="list-style-type: none"> <li>• Updated policy for each provider</li> </ul>	Feb. 2017	Providers

- Dignity and Privacy

The following details the remediation steps related to Dignity and Privacy:

<b>DD/ABD TOPIC AREA GOAL #9</b>			
<b>Process: Ensure that there are privacy expectations, including but not limited to:</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
<ul style="list-style-type: none"> <li>• Lockable doors</li> <li>• Choice of roommates</li> <li>• Freedom to furnish and decorate their sleeping or living units</li> </ul>			
1. Meet with the Fire Marshall's office for guidance regarding locks on bedroom and bathroom doors: <ul style="list-style-type: none"> <li>a. Determine if there are any requirements outlined by the NFPA that need to be considered</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting minutes</li> </ul>	Feb. 2017	DHHS-LTSS, Waiver Transition Team,

<p>b. Determine if there are options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants</p>			<p>Office of Program Support</p>
<p>2. Identify how to implement the “lock requirement” of the HCBS expectations</p> <ul style="list-style-type: none"> <li>a. Options for types of locks</li> <li>b. Measures to be taken if there’s an emergency and doors are locked</li> <li>c. Expectations for modifications</li> </ul>	<ul style="list-style-type: none"> <li>• Written documentation of recommended options and steps to be taken in case of an emergency.</li> </ul>	<p>May 2017</p>	<p>Providers</p>
<p>3. Written information to be shared with all providers</p>	<ul style="list-style-type: none"> <li>• Implementation guideline</li> </ul>	<p>May 2017</p>	<p>Providers</p>
<p>4. Identify implementation date of the expectation</p>	<ul style="list-style-type: none"> <li>• Notice sent out to providers about expectations</li> </ul>	<p>May 2017</p>	<p>DHHS-LTSS, Office of Program Support</p>
<p>5. Providers develop policy regarding:</p> <ul style="list-style-type: none"> <li>a. Implementation of locks</li> <li>b. Emergency measures if doors are locked and access is needed</li> <li>c. Process to be used if there are modifications that need to be implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Policy</li> </ul>	<p>June 2017</p>	<p>Providers</p>
<p>6. Policy be submitted to Office of Program Support at the next certification/licensing visit</p>	<ul style="list-style-type: none"> <li>• Policy</li> </ul>	<p>At next scheduled certification or licensing visit</p>	<p>Providers, Office of Program Support</p>
<p>7. Revise Certification/Licensing tool to include locks on doors to bedrooms and bathrooms</p>	<ul style="list-style-type: none"> <li>• Revised Certification/Licensing tool</li> </ul>	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>
<p>8. Certifiers to cite deficiencies if expectations aren’t met</p>	<ul style="list-style-type: none"> <li>• Certification/Licensing data</li> </ul>	<p>Contingent on regulatory updates</p>	<p>Office of Program Support</p>

- Decision Making

The following details the remediation steps related to Decision Making:

<b>DD/ABD TOPIC AREA GOAL #10</b>			
<b>Process: Enhance participants ability to voice their preferences, even when they have a guardian</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify ways to increase the ability of participants to make their own decisions, including: <ul style="list-style-type: none"> <li>a. Role of guardians</li> <li>b. Guardianship options that may give more autonomy to the participant</li> </ul>		Jan. 2017	Statewide Training Committee
2. Develop training for: <ul style="list-style-type: none"> <li>a. Participants</li> <li>b. Guardians</li> <li>c. Families</li> <li>d. Representatives</li> <li>e. Staff</li> </ul>		Jan. 2017	Providers, Statewide Training Committee
3. Offer training <ul style="list-style-type: none"> <li>a. Include training requirement in orientation for new staff</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance</li> </ul>	Ongoing	Providers
4. Create information sheet for participants, families and representatives	<ul style="list-style-type: none"> <li>• Draft information sheet</li> </ul>	Feb. 2017	Providers
5. Information sheet brought to Advisory Task Force for feedback	<ul style="list-style-type: none"> <li>• Revised information sheet</li> </ul>	Mar. 2017	Providers
6. Make information sheet available <ul style="list-style-type: none"> <li>a. On-line</li> <li>b. Paper version</li> </ul>	<ul style="list-style-type: none"> <li>• Places to access information sheet identified</li> </ul>	Mar. 2017	Providers, DHHS-LTSS
7. Include information sheet in provider toolkit	<ul style="list-style-type: none"> <li>• Information sheet in toolkit</li> </ul>	Mar. 2017	Waiver Transition Team

- Communication

Details of the remediation steps related to Communication are addressed in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

**HCBS Standard:** *Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*

- Access to the Environment

The following two topic area goals detail the remediation steps related to Access to the Environment:

<b>DD/ABD TOPIC AREA GOAL #11</b>			
<b>Process: Identify a process to be used if there is limited access to the environment to ensure that all options and resources have been explored for the participant to have full access if possible.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify situations where a participant is unable to access all areas of a provider site		Ongoing	Provider
2. Schedule an evaluation to determine if there are options for enhancing accessibility, if appropriate	<ul style="list-style-type: none"> <li>Evaluation referral</li> </ul>	Ongoing	Provider, Service Coordinator
3. For each participant who is impacted, create written documentation of: <ol style="list-style-type: none"> <li>The area that is not accessible by the participant</li> <li>Why the area is unavailable to participant                             <ol style="list-style-type: none"> <li>Safety</li> <li>Structural limitations</li> <li>Other</li> </ol> </li> <li>If/what the impact is of the restriction on the participant</li> <li>Results of the accessibility evaluation, if applicable                             <ol style="list-style-type: none"> <li>Are environmental modifications needed?</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>Person centered plan will include information</li> </ul>	Ongoing	Service Coordinator
4. Certification/Licensing tool will be revised to include requirement that all modifications be documented in the person centered plan	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
5. Certifiers will note any deficiencies related to this issue during the certification/licensing visits.	<ul style="list-style-type: none"> <li>Certification/Licensing Data</li> </ul>	Contingent on regulatory updates	Office of Program Support
6. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team

<b>DD/ABD TOPIC AREA GOAL #12</b>			
<b>Process: Develop process for participants to have keys or alternative option for accessing their homes if desired.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Investigate options and financial resources for participants to have a secure way to enter their home a. Keypad b. Key c. Other options	• List of options	Mar. 2017	Statewide Quality Improvement Committee
2. Offer options to participants	• Identify options offered	June 2017	Providers, Families, Guardians
3. Document choices and participants response in their person centered plan	• Person centered plan	Ongoing	Providers
4. Certification/Licensing tool be updated to include requirement for documentation of key option(s)	• Revised tool	Contingent on regulatory updates	Office of Program Support
5. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Contingent on regulatory updates	Waiver Transition Team, Office of Program Support

**HCBS Standard:** *Facilitates individual choice regarding services and supports, and who provides them.*

- Individual (Informed) Choice

The following details the remediation steps related to Individual (informed) Choice:

<b>DD/ABD TOPIC AREA GOAL #13</b>			
<b>Process: Update provider policies regarding informed choice.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Providers will update policy to ensure compliance with HCBS expectations	• Updated Policy	Jan. 2017	Providers
2. Provider training will be updated to include new policy requirements	• Updated Policy	Jan. 2017. 2016	Providers
3. Providers will submit updated policy to the Office of Program Support	• Updated Policy	At time of next	DHHS-LTSS

		certification visit	
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> <li>Updated orientation training</li> </ul>	Ongoing	Providers
5. Certification/Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> <li>Certification/Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
7. Data will be analyzed as per General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> <li>Data Analysis report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

- Role in Person Centered Plan

The following details the remediation steps related to Role in Person Centered Plan:

<b>DD/ABD TOPIC AREA GOAL #14</b>			
<b>Process: Enhance the person centered service planning process.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Research available options that could be utilized to create an enriched planning process		June 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
2. Identify training opportunities that could be offered to those who facilitate person centered planning meetings	<ul style="list-style-type: none"> <li>List of options be identified to assist Service Coordinators with person centered planning process</li> </ul>	June 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
3. Identify ways to offer training opportunities <ul style="list-style-type: none"> <li>a. In person</li> <li>b. On-line</li> </ul>		June 2017	Statewide Service Coordinator Supervisors,

			Statewide Training Group
4. Provide training opportunities to those who facilitate planning meetings		Ongoing	Statewide Service Coordinator Supervisors, Statewide Training Group
5. All facilitators of person centered planning meetings be trained	<ul style="list-style-type: none"> <li>Attendance for training</li> </ul>	Sept. 2017	Service Coordinators
6. Develop information sheet for those who facilitate the person centered planning process	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Sept. 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
7. Make information sheet available <ol style="list-style-type: none"> <li>Electronically</li> <li>On paper</li> <li>In the provider toolkit</li> </ol>		Sept. 2017	Statewide Service Coordinator Supervisors, Statewide Training Group
8. The planning process be revised to include: <ol style="list-style-type: none"> <li>The expectation that participants receive a copy of their plan</li> <li>All expectations identified in the remediation plan, as appropriate</li> <li>Incorporation of the HRST and SIS into service planning</li> </ol>	<ul style="list-style-type: none"> <li>Providers update their policy to include expectations</li> </ul>	Mar. 2017	Providers
9. Providers submit updated policy to Office of Program Support	<ul style="list-style-type: none"> <li>Updated policy</li> </ul>	Submitted at next Certification/Licensing visit	Providers, Office of Program Support

**HCBS Standard:** *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual*



*has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

a) Settings Agreements

The following details the remediation steps related to Settings Agreements:

<b>DD/ABD TOPIC AREA GOAL #15</b>			
<b>Process: Develop Lease/Tenancy Agreements for all residential sites.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Obtain a copy of the residency agreement templates used at CFI sites for residential settings to use as an example		June 2017	DHHS-LTSS
2. Meet to discuss options and expectations for residential sites, including: <ul style="list-style-type: none"> <li>a. Templates</li> <li>b. Legal implications</li> <li>c. Contractual implications</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting minutes</li> </ul>	June 2017	DHHS-LTSS, Community Support Network Incorporated (CSNI)
3. Create standardized template: <ul style="list-style-type: none"> <li>a. Includes all of HCBS expectations</li> <li>b. Reviewed by legal counsel for implications</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized template</li> </ul>	Sept. 2017	DHHS-LTSS
4. Share template with providers and Advisory Task Force		Sept. 2017	DHHS-LTSS, Providers
5. Policy created by each provider to include expectations that Settings Agreements are: <ul style="list-style-type: none"> <li>a. Part of person centered planning process</li> <li>b. Signed by provider(s) and participants</li> <li>c. Reviewed with participant even if they have a guardian</li> <li>d. Completed annually</li> <li>e. Each provider have a policy regarding settings agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Policy</li> </ul>	Dec. 2017	DHHS-LTSS, Providers
6. Implementation date determined <ul style="list-style-type: none"> <li>a. All person centered plans to include settings agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Date determined</li> </ul>	Dec. 2017	DHHS-LTSS,

			Office of Program Support
7. Training developed a. Schedule identified		Dec. 2017	DHHS-LTSS
8. Mandatory training occurs for all Service Coordinators	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Mar. 2018	DHHS-LTSS
9. Certification/Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> <li>Certification/Licensing tool revised</li> </ul>	Contingent on regulatory updates	Office of Program Support
10. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> <li>Certification/Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
11. Certification/Licensing data will be analyzed as per DD/ABD General Implementation Strategies #2 and #3	<ul style="list-style-type: none"> <li>Data analysis report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

• *Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

The following details the remediation steps related to Choice of Roommate:

<b>DD/ABD TOPIC AREA GOAL #16</b>			
<b>Process: Identify choice of roommate in Person Centered Planning Process</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Update provider policy to include discussion around choice of roommate as part of the person centered planning process	<ul style="list-style-type: none"> <li>Revised policy</li> </ul>	Jan. 2017	Provider
2. Choice of roommate be documented in the Service Agreement	<ul style="list-style-type: none"> <li>Update service agreement template to include the</li> </ul>	Complete	DHHS-LTSS

	expectation of a choice in roommate		
3. Certification/Licensing tool be revised to include choice of roommate being included in the Service Agreement for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
4. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> <li>Certification/Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
5. Certification/Licensing Data will be analyzed as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> <li>Data Report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team

- *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

c) Own Schedule

Details of the remediation steps related to Own Schedule are addressed in DD/ABD General Implementation Strategy #6, beginning on page 33 which involves training regarding HCBS expectations.

d) Choice Related to Meals/Snacks

The remediation steps related to Choice Related to Meals/Snacks are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33 which involves training regarding HCBS expectations.

e) Visitors

- *Individuals are able to have visitors of their choosing at any time.*

The remediation steps related to Visitors are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33 which involves training regarding HCBS expectations.

a) Physical Environment

- *The setting is physically accessible to the individual.*

The remediation steps related to Physical Environment are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33, which involves training regarding HCBS expectations.

### b) Choices for Independence (CFI) Analysis and Results

The following is an analysis of the data collected during the site visits. For the CFI waiver settings, New Hampshire gathered information on 56 settings that provide services. There were 56 providers and 56 participants who gave information regarding residential services or day services. There were 43 residential providers and 43 participants interviewed as well as 13 non-residential providers and 13 participants. The total number of visits reflects 59% of the total number of residential sites (73) and 100% of the number of non-residential sites (13) providing Home and Community Based Services, which is statistically significant with a high level of confidence. Below is an analysis of the data collected during the site visits and related remediation steps including policy/practice changes, provider training and education, and other steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for CFI settings, followed by topic area goals.

<b>CFI GENERAL IMPLEMENTATION STRATEGY #1</b>			
<b>Process: Establish a workgroup of CFI waiver providers to lead the efforts toward HCBS compliance.</b>	<b>Verification/ Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify CFI waiver providers and participants to be part of the work group		Sept. 2016 or STP approval date	CFI Providers, Waiver Transition Team
2. Develop a work plan for achieving the goals outlined in the remediation plan	• Work Plan	Sept. 2016 or STP approval date through Dec. 2016	Workgroup, Waiver Transition Team
3. Follow work plan to ensure full compliance with HCBS expectations		Ongoing	Workgroup, Waiver Transition Team
4. Give updates to the Advisory Task Force		Quarterly updates	Workgroup

<b>CFI GENERAL IMPLEMENTATION STRATEGY # 2</b>			
<b>Process: Develop standardized forms and policies for CFI providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Establish workgroup of CFI providers		Sept. 2016 or STP approval	Waiver Transition Team, CFI Providers
2. Identify policies and forms that can be standardized	<ul style="list-style-type: none"> <li>List of forms and policies</li> </ul>	Oct. 2016	Workgroup
3. Create templates	<ul style="list-style-type: none"> <li>Templates for HCBS policies and CFI provider forms</li> </ul>	Nov. 2016 – Feb. 2017	Workgroup, Providers
4. Share templates with providers	<ul style="list-style-type: none"> <li>Draft templates</li> </ul>	Mar. 2017	Workgroup, Providers
5. Revise templates, if appropriate	<ul style="list-style-type: none"> <li>Revised templates</li> </ul>	Apr. 2017	Workgroup
6. Put policies and templates into the provider toolkits	<ul style="list-style-type: none"> <li>Standardized policies and forms</li> </ul>	May 2017	Waiver Transition Team
7. Policies related to HCBS expectations will be submitted to OPS at the next licensing visit	<ul style="list-style-type: none"> <li>Updated policies</li> </ul>	Ongoing	Providers Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> <li>Data report</li> </ul>		Waiver Transition Team, Office of Program Support

<b>CFI GENERAL IMPLEMENTATION STRATEGY #3</b>			
<b>Process: Revise the Medicaid enrollment process for CFI providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review current enrollment process for CFI providers		Oct. 2016	DHHS-LTSS
2. Revise enrollment process based on survey data	<ul style="list-style-type: none"> <li>Revised process</li> </ul>	Dec. 2016	DHHS-LTSS
3. Distribute new process to current providers		Dec. 2016	DHHS-LTSS
4. Develop Information sheet for current and new providers <ul style="list-style-type: none"> <li>a. Identify the steps for current providers to choose to dis-enroll as a provider of CFI services</li> </ul>		Dec. 2016	DHHS-LTSS

<b>CFI GENERAL IMPLEMENTATION STRATEGY #4</b>			
<b>Process: Develop training on HCBS and state expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup to create training	<ul style="list-style-type: none"> <li>• Workgroup member list</li> </ul>	Sept.- Oct. 2016	DHHS-LTSS, Waiver Transition Team
2. Develop training for providers of services <ul style="list-style-type: none"> <li>a. Assisted Living Facilities</li> <li>b. Adult Day Services</li> <li>c. Case Management Agencies</li> <li>d. Adult Family Care Residences</li> </ul>	<ul style="list-style-type: none"> <li>• Training outline created</li> </ul>	Sept.- Oct. 2016	Workgroup
3. Share training outline with Advisory Task Force		Nov. 2016	Workgroup
4. Revise training based on feedback	<ul style="list-style-type: none"> <li>• Revised training outline</li> </ul>	Nov. – Dec. 2016	Workgroup
5. Develop training for participants of services, their families and/or guardians <ul style="list-style-type: none"> <li>a. Include how to make a complaint</li> </ul>	<ul style="list-style-type: none"> <li>• Finalized training outline created</li> </ul>	Nov. - Dec. 2016	Workgroup
6. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> <li>• Meeting minutes</li> </ul>	Jan. 2017	Workgroup
7. Revise training based on feedback	<ul style="list-style-type: none"> <li>• Revised training outline</li> </ul>	Jan. 2017	Workgroup
8. Create training schedule <ul style="list-style-type: none"> <li>a. For providers</li> <li>b. For participants</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule will be available on DHHS website and ARCH website</li> </ul>	Jan. 2017	Workgroup
9. All providers attend training	<ul style="list-style-type: none"> <li>• Attendance taken</li> <li>• Attendance list given to DHHS-LTSS</li> </ul>	Feb. – Mar. 2017	Providers
10. All providers train their staff as applicable <ul style="list-style-type: none"> <li>a. Requirement for all new staff</li> </ul>	<ul style="list-style-type: none"> <li>• Training documentation be given to Licensing staff at next licensing visit</li> </ul>	Ongoing	Providers
11. HCBS Information sheet be created for providers and participants <ul style="list-style-type: none"> <li>a. Information sheet be put in the provider toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Information sheet</li> </ul>	Dec. 2016	Workgroup
12. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> <li>• Certification/ Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support

13. Certification/Licensing Data will be analyzed per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> <li>Data Report</li> </ul>	Ongoing	Office of Program Support, Waiver Transition Team
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<b>CFI GENERAL IMPLEMENTATION STRATEGY #5</b>			
<b>Process: Develop a standardized tool for licensing visits that includes HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Revise regulations, as recommended (see regulatory review)	<ul style="list-style-type: none"> <li>Updated regulations</li> </ul>	See regulatory review	DHHS
2. Review and revise current licensing tool to include compliance with HCBS expectations	<ul style="list-style-type: none"> <li>Standardized tool</li> </ul>	Sept. 2016 or STP approval	Office of Program Support
3. Mandatory training for providers on new procedures and expectations for licensing <ul style="list-style-type: none"> <li>a. Tool for licensing visits</li> </ul>	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Contingent on regulatory update	Office of Program Support, Providers

**CFI GENERAL IMPLEMENTATION STRATEGY #6 - Deleted**

<b>CFI GENERAL IMPLEMENTATION STRATEGY #7</b>			
<b>Process: Develop HCBS toolkit for providers and participants.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify place(s) to maintain the items that will be part of the toolkit <ul style="list-style-type: none"> <li>a. Electronic version</li> <li>b. Paper copies</li> </ul>		Complete	Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	<ul style="list-style-type: none"> <li>Written process</li> </ul>	Sept. 2016 or STP approval date	Waiver Transition Team
3. Toolkit to include process for updating of items.	<ul style="list-style-type: none"> <li>Revision Process</li> </ul>	Sept. 2016 or STP approval date	Waiver Transition Team

<b>CFI GENERAL IMPLEMENTATION STRATEGY #8</b>			
<b>Process: Update the complaint process for CFI participants.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup	<ul style="list-style-type: none"> <li>Workgroup membership</li> </ul>	Dec. 2016	Waiver Transition Team BEAS, Ombudsman's office
2. Develop process for complaint resolution	<ul style="list-style-type: none"> <li>Draft process</li> </ul>	Feb. 2017	Waiver Transition Team, BEAS, Ombudsman's office
3. Written process be included in provider and participant toolkits	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Feb. 2017	Waiver Transition Team
4. Information regarding the complaint process be given to all participants at their annual person centered planning meeting	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	At next person centered planning meeting	Providers

**HCBS Standard:** *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

1. Participation in Activities

The remediation steps related to Participation in Activities are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

2. Community Participation

The following two CFI Topic Area Goals detail the remediation steps related to Community Participation:



<b>CFI TOPIC AREA GOAL #1</b>			
<b>Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Create a work group to address: <ol style="list-style-type: none"> <li>a. Increased/improved opportunities for participants to engage in activities that are meaningful within the setting</li> <li>b. Ways that providers are able to offer opportunities for the participants to access the community on a regular basis</li> <li>c. Training opportunities for providers to learn how to engage Participants in ongoing, meaningful activities, including how to engage those with dementia and other medical issues</li> <li>d. Identify/develop resources that would assist in creating these opportunities such as identifying activities/resources that are available within the community and including them in the toolkit</li> </ol>	<ul style="list-style-type: none"> <li>• Workgroup identified</li> </ul>	Feb. 2017	Providers, Waiver Transition Team, NHARCH
2. Develop an information sheet with resources to assist existing and new providers	<ul style="list-style-type: none"> <li>• Information sheet</li> </ul>	Apr. 2017	Workgroup
3. Each provider develop a plan on how they will implement ongoing opportunities for on-site and community activities on a frequent, ongoing basis	<ul style="list-style-type: none"> <li>• Provider plans</li> </ul>	June 2017	Providers

<b>CFI TOPIC AREA GOAL #2</b>			
<b>Process: Investigate opportunities to support innovative options for community participation and integration in order to prevent isolation.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup to identify and develop innovative opportunities		Dec. 2016	Waiver Transition Team DHHS-LTSS
2. Workgroup identify resources that could support community integration and participation for providers	<ul style="list-style-type: none"> <li>• List of resources</li> </ul>	Jan.-Feb. 2017	Workgroup

3. Workgroup to develop resource guide that identifies innovative options for providers	• Draft Resource Guide	Feb. 2017	Workgroup, DHHS-LTSS
4. Present guide to DHHS-LTSS		Feb. 2017	Workgroup, DHHS-LTSS
5. Revise guide, if needed	• Final Resource Guide	Mar. 2017	Workgroup
6. Share Resource Guide with Advisory Task Force	• Resource Guide	April 2017	Workgroup

### 3. Community Employment

The following details the remediation steps related to Community Employment:

<b>CFI TOPIC AREA GOAL #3</b>			
<b>Process:</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Add employment supports as a covered service under the CFI waiver.	• Approved waiver	Complete	DHHS-LTSS

### 4. Access to Personal Funds

The following details the remediation steps related to Access to Personal Funds:

<b>CFI TOPIC AREA GOAL #4</b>			
<b>Process: Identify ways that participants can have access to funds.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Providers work with participants, guardians, representative payees to identify how the participants can have funds available to them <ul style="list-style-type: none"> <li>a. Identify in the person centered plan how the process of spending money will be handled and the participant’s preferences</li> <li>b. Work with participant to identify ways for them to have money in their home for easy access</li> </ul>	• Person centered plan	Feb. 2017	Providers, Guardians, Participants, CFI workgroup
2. Licensing tool will be revised to include the expectation that access to funds will be documented in the person centered plan	• Revised licensing tool	Contingent on regulatory updates	Office of Program Support

3. Licensors will document any deficiencies related to access to funds	<ul style="list-style-type: none"> <li>Licensing tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
4. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

5. Integration and Access to the Community

This section focused on the location of the setting and whether it is integrated in the community or presumed to be institutional.

The remediation steps related to Integration and Access to the Community are included in CFI Topic Area Goal #1 and Topic Area Goal #2 beginning on page 57.

**HCBS Standard:** *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

6. Choice of Setting

The following details the remediation steps related to Choice of Setting:

<b>CFI TOPIC AREA GOAL #5</b>			
<b>Process: Enhance the participants input into the decision making about their choice of setting.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Review the current process for selection of service site, including: <ol style="list-style-type: none"> <li>Who is involved</li> <li>How are options presented</li> <li>Role of participant/ guardian/Case Manager</li> <li>Identify choices offered for service provider in the Person centered plan</li> <li>Identify ways to ensure that the participant is able to see/visit the service site before making a choice</li> </ol>		Feb. 2017	Providers, Guardians, Participants

2. Providers develop policy outlining how this process will occur	<ul style="list-style-type: none"> <li>Updated policies</li> </ul>	Mar. 2017	Providers
3. Develop information sheet for participants	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Mar. 2017	Case Management Agencies
4. Documentation of the choices available to the participant and their decision about the site be included in the person centered planning document	<ul style="list-style-type: none"> <li>Updated person centered planning template</li> </ul>	June 2017	Providers

<b>CFI TOPIC AREA GOAL #6</b>			
<b>Process: To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting<sup>3</sup> when identifying the options available regarding where to live.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup		Oct. 2016	Providers, Waiver Transition Team
2. Identify all available options for residential settings, including options used under the DD/ABD waiver	<ul style="list-style-type: none"> <li>List of current and potential options</li> </ul>	Dec. 2016	Workgroup
3. Develop plan for implementing new options, including resources and technical assistance needed	<ul style="list-style-type: none"> <li>Draft plan</li> </ul>	Jan.-Mar. 2017	Workgroup
4. Present plan to DHHS-LTSS for feedback		Apr. 2017	Workgroup, Waiver Transition Team
5. Use feedback to revise plan	<ul style="list-style-type: none"> <li>Revised plan</li> </ul>	May 2017	Workgroup
6. Revise plan	<ul style="list-style-type: none"> <li>Finalized plan</li> </ul>	May 2017	Workgroup
7. Implement plan	<ul style="list-style-type: none"> <li>Increased options for participants</li> </ul>	Ongoing	Providers, DHHS-LTSS, Waiver Transition Team
8. Educate providers, including Case Management Agencies, about the options	<ul style="list-style-type: none"> <li>Training</li> </ul>	Aug. 2017	Workgroup,

<sup>3</sup> Olmstead v. L.C., 527 U.S. 581, 119 S.Ct. 2176 (1999) ("the Olmstead decision"), the Supreme Court construed Title II of the Americans with Disabilities Act (ADA) to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions (least restrictive environment).

			DHHS-LTSS, Waiver Transition Team
9. Create information sheet with options for CFI participants	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Aug. 2017	Workgroup
10. Put information sheet in the participant toolkit	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Aug. 2017	Waiver Transition Team

**HCBS Standard:** *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

7. Freedom from Coercion

The following two topic area goals detail the remediation steps related to Freedom from Coercion:

<b>CFI TOPIC AREA GOAL #7</b>			
<b>Process: Develop training for participants, their families and guardians regarding rights and HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Convene work group to create a training regarding expectations that participants should have regarding: <ul style="list-style-type: none"> <li>a. Privacy</li> <li>b. Dignity</li> <li>c. Respect</li> <li>d. Freedom from coercion and restraint</li> <li>e. Access to food at any time</li> <li>f. Patient's Bill of Rights</li> <li>g. Complaint process</li> <li>h. Ombudsman's role</li> </ul>		Feb. 2017	Providers
2. Develop training	<ul style="list-style-type: none"> <li>Training outline</li> </ul>	Apr. 2017	Workgroup
3. Training outline brought to Advisory Task Force for feedback		Apr. 2017	Workgroup, Advisory Task Force
4. Training revised based on feedback	<ul style="list-style-type: none"> <li>Revised training</li> </ul>	Apr. 2017	Workgroup
5. Offer training at provider sites for participants, guardians, and families.	<ul style="list-style-type: none"> <li>Training Schedule</li> </ul>	May - Sept. 2017	Providers, Workgroup
6. Training be offered to staff: <ul style="list-style-type: none"> <li>a. At orientation</li> <li>b. Annually</li> </ul>	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Ongoing	Providers

7. Licensing tool include training requirement	<ul style="list-style-type: none"> <li>Updated licensing tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
8. Deficiencies be noted for lack of training	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
9. Analyze licensing data as per CFI General Implementation Strategy # 5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

<b>CFI TOPIC AREA GOAL #8</b>			
<b>Process: Create a process to use for any modifications to the expectations of Home and Community Based Settings.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Convene a workgroup to develop modification policy		Feb. 2017	Workgroup
2. Develop standardized policy for CFI waiver providers regarding modifications of HCBS expectations <ul style="list-style-type: none"> <li>a. Access to alcohol was a common theme where restrictions are in place in the provider settings</li> <li>b. Written policy must include all the requirements outlined by CMS</li> <li>c. Modifications must be documented in the participant’s person-centered plan</li> </ul>	<ul style="list-style-type: none"> <li>Draft process developed</li> <li>Draft process brought to Advisory Task Force</li> </ul>	May 2017	Providers
3. Train providers on the expectations	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Aug. 2017	Providers
4. All provider staff be trained on the policy. <ul style="list-style-type: none"> <li>a. Upon hiring</li> <li>b. Annually</li> </ul>	<ul style="list-style-type: none"> <li>Attendance will be taken at trainings</li> </ul>	Ongoing	Workgroup
5. Licensing tool be updated to include requirements	<ul style="list-style-type: none"> <li>Updated tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support

7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support
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8. Privacy of Health Information

The following details the remediation steps related to Privacy of Health Information:

<b>CFI TOPIC AREA GOAL #9</b>			
<b>Process: Update policy for obtaining, storing and sharing health information.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Providers update policies regarding how health information is obtained, stored and shared with others, both internally and outside of the provider organization a. Policy include training for new staff	<ul style="list-style-type: none"> <li>Updated policy is submitted to the Office of Program Support during the next licensing visit</li> </ul>	Dec. 2016	Providers, Office of Program Support
2. Providers offer training to all staff a. Training is documented b. Training is included in orientation for new staff	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Ongoing	Providers
3. List of staff trained given to Office of Program Support at the next licensing visit	<ul style="list-style-type: none"> <li>Training List</li> </ul>	Ongoing	Providers
4. Policy is available to all participants, families and guardians: a. Electronic format b. Paper format	<ul style="list-style-type: none"> <li>Updated Policy</li> </ul>	Ongoing	Providers
5. Licensing tool be updated to include requirements	<ul style="list-style-type: none"> <li>Updated tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
6. Licensors cite deficiencies as appropriate	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

9. Dignity and Privacy

The following details the remediation steps related to Dignity and Privacy:

<b>CFI TOPIC AREA GOAL #10</b>			
<b>Process: Ensure that the opportunity is available for locks on bedroom doors.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Meet with the state’s Fire Marshal’s office for direction on how to proceed with locking of bedroom and bathroom doors a. Are there any expectations outlined by the NFPA that need to be considered b. Are there options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants	<ul style="list-style-type: none"> <li>Meeting minutes</li> </ul>	Feb. 2017	DHHS-LTSS Waiver Transition Team, Office of Program Support
2. Identify how to implement the lock requirement of the HCBS expectations a. Options for types of locks b. Measures to be taken if there’s an emergency and doors are locked	<ul style="list-style-type: none"> <li>Written documentation of recommended options and steps to be taken in case of an emergency</li> </ul>	Mar. 2017	Providers
3. Implementation guidelines be shared with all providers	<ul style="list-style-type: none"> <li>Implementation guidelines</li> </ul>	Mar. 2017	Providers
4. Identify implementation date of the expectation	<ul style="list-style-type: none"> <li>Notice sent out to providers about expectations</li> </ul>	Mar. 2017	DHHS-LTSS, Office of Program Support
5. Providers develop policy regarding: a. Implementation of locks b. Emergency measures if doors are locked and access is needed c. Documentation of participant’s choice regarding locks	<ul style="list-style-type: none"> <li>Policy</li> </ul>	June 2017	Providers
6. Revise licensing tool to documentation of the participant’s decision regarding lockable doors on their bedroom and bathroom	<ul style="list-style-type: none"> <li>Revised licensing tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
7. Licensing to cite deficiencies if expectations aren’t met	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support



8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support
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### 10. Decision Making

The following details the remediation steps related to Decision Making:

<b>CFI TOPIC AREA GOAL #11</b>			
<b>Process: Enhance participant’s ability to make their own decisions.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify ways to increase the ability of participants to make their own decisions, including <ul style="list-style-type: none"> <li>a. Role of guardians</li> <li>b. Guardianship options that may give more autonomy to the participant</li> </ul>		Feb. 2017	Providers
2. Develop training for: <ul style="list-style-type: none"> <li>a. Participants</li> <li>b. Guardians</li> <li>c. Families</li> <li>d. Staff</li> </ul>		Apr. 2017	Providers
3. Offer training <ul style="list-style-type: none"> <li>a. Include training requirement in orientation for new staff</li> </ul>	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Ongoing	Providers
4. Create information sheet for participants, families and guardians	<ul style="list-style-type: none"> <li>Draft information sheet</li> </ul>	Apr. 2017	Providers
5. Information sheet brought to Advisory Task Force for feedback	<ul style="list-style-type: none"> <li>Revised information sheet</li> </ul>	Apr. 2017	Providers, Advisory Task Force
6. Make information sheet available <ul style="list-style-type: none"> <li>a. Electronic version</li> <li>b. Paper version</li> <li>c. Toolkit</li> </ul>		May 2017	Providers, DHHS-LTSS

### 11. Communication

The remediation steps related to Communication are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

**HCBS Standard:** *Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*

12. Access to the Environment

The following two topic area goals detail the remediation steps related to Access to the Environment:

<b>CFI TOPIC AREA GOAL #12</b>			
<b>Process: Develop process for participants to have the opportunity for keys to their homes and/or rooms.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Investigate options for participants to have a secure way to enter their home and/or room: a. Keypad b. Key c. Other options		Feb. 2017	Providers
2. Offer choices to participants regarding keys		June 2017	Providers, Families, Guardians
3. Document choices and participants response in their person centered plan	<ul style="list-style-type: none"> <li>Person centered plan</li> </ul>	Ongoing	Providers
4. Licensing tool be updated to include requirement for documentation of key option(s)	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
5. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

<b>CFI TOPIC AREA GOAL #13</b>			
<b>Process: Implement a process to identify and document when access is limited in a provider setting.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify situations where a participant is unable to access all areas of a provider site	<ul style="list-style-type: none"> <li>Person centered plan will be updated</li> </ul>	Feb. 2017	Providers
2. For each participant who is impacted, create written documentation of: a. The area that is not accessible by the participant b. Why the area is unavailable to participant c. If/what the impact is of the restriction on the participant	<ul style="list-style-type: none"> <li>Modification policy documentation will be in place</li> </ul>	Apr. 2017	Providers

3. Follow the modification policy, as appropriate	<ul style="list-style-type: none"> <li>All required documentation will be part of the person centered plan</li> </ul>	Ongoing	Providers
4. Documentation will be included in the person centered plan		Ongoing	Providers
5. Licensing tool will be revised to include requirement that all situations be documented in the person centered plan	<ul style="list-style-type: none"> <li>Revised licensing tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
6. Licensors will note any deficiencies related to this expectation during the licensing visits	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Ongoing	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

**HCBS Standard:** *Facilitates individual choice regarding services and supports, and who provides them.*

13. Individual (Informed) Choice

The following details the remediation steps related to Individual (informed) Choice:

<b>CFI TOPIC AREA GOAL #14</b>			
<b>Process: Update provider policies regarding informed choice.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Providers will update policy to ensure compliance with HCBS expectations	<ul style="list-style-type: none"> <li>Updated Policy</li> </ul>	Feb. 2017	Providers
2. Provider training will be updated to include new policy requirements		Apr. 2017	Providers
3. Providers will submit updated policy	<ul style="list-style-type: none"> <li>Submission to OPS at next licensing visit</li> </ul>	Ongoing	DHHS-LTSS
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> <li>Updated orientation training</li> </ul>	Ongoing	Providers
5. Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	Contingent on	Office of Program Support

		regulatory updates	
6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Ongoing	Office of Program Support
7. Analyze Licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

14. Role in Person Centered Plan

The following details the remediation steps related to Role in Person Centered Planning:

<b>CFI TOPIC AREA GOAL #15</b>			
<b>Process: Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify work group to enhance the current process of person centered planning. Work group will include a variety of stakeholders		Feb. 2017	Providers
2. Investigate other types of processes being used for person centered planning (DD/ABD services, etc.) <ul style="list-style-type: none"> <li>a. Create standardized forms for all providers to use</li> </ul>		Apr. 2017	Workgroup
3. Develop standardized: <ul style="list-style-type: none"> <li>a. Person centered planning process</li> <li>b. Person centered planning template</li> </ul>	<ul style="list-style-type: none"> <li>Draft process and document</li> </ul>	June 2017	Workgroup
4. Share draft process and obtain feedback/input		July 2017	Workgroup
5. Revisions will be made based on feedback	<ul style="list-style-type: none"> <li>Finalized process and template</li> </ul>	July 2017	Workgroup
6. Develop training for the revised process	<ul style="list-style-type: none"> <li>Training outline</li> </ul>	Aug. 2017	Workgroup
7. Offer training to all stakeholders who would be impacted: <ul style="list-style-type: none"> <li>a. New process</li> <li>b. Standardized forms</li> <li>c. Implementation date</li> <li>d. Tracking of process through licensing</li> </ul>	<ul style="list-style-type: none"> <li>Training schedule will be developed</li> <li>Notifications will be sent to those impacted by the changes</li> </ul>	Oct. 2017	Workgroup

8. Create information sheet for provider toolkit	<ul style="list-style-type: none"> <li>Information sheet</li> </ul>	Oct. 2017	Workgroup
9. Revise licensing tool to include the use of standardized forms for planning of services	<ul style="list-style-type: none"> <li>Updated licensing tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
10. Licensors will monitor the ongoing use of the new process through annual licensing visits		Ongoing	Office of Program Support
11. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

**HCBS Standard:** *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

a) Settings Agreements

The following details the remediation steps related to Settings Agreements:

<b>CFI TOPIC AREA GOAL #16</b>			
<b>Process: Update Settings Agreements for all residential sites, to be sure all HCBS expectations are met.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Expectations to include: <ul style="list-style-type: none"> <li>a. Settings Agreements are part of person centered planning process</li> <li>b. Signed by provider(s) and participants                             <ul style="list-style-type: none"> <li>i. Reviewed with participant even if they have a guardian</li> </ul> </li> <li>c. Completed annually</li> <li>d. Each provider have a policy</li> </ul>		Mar. 2017	Providers

2. Provider policy updated to include all HCBS and state expectations regarding settings agreements	<ul style="list-style-type: none"> <li>Updated policies</li> </ul>	Mar. 2017	Providers
3. Policies and revised templates sent to DHHS-LTSS	<ul style="list-style-type: none"> <li>Updated Settings Agreement Policy for each provider</li> </ul>	Given to OPS at next licensing visit	Providers, Office of Program Support
4. Implementation date determined a. All person centered plans to include settings agreement	<ul style="list-style-type: none"> <li>Date shared with providers</li> </ul>	Apr. 2017	DHHS-LTSS
5. Training to occur regarding expectations for the person centered planning process and settings agreements	<ul style="list-style-type: none"> <li>Attendance taken</li> </ul>	Aug. 2017	Providers
6. Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> <li>Updated tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
7. Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> <li>Licensing data</li> </ul>	Contingent on regulatory updates	Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

- Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

The remediation steps related to Choice of Roommate are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

c) Own Schedule

The remediation steps related to Own Schedule are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

d) Choice Related to Meals/Snacks

The remediation steps related to Choice Related to Meals/Snacks are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- *Individuals are able to have visitors of their choosing at any time.*

e) Visitors

The remediation steps related to Visitors are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- *The setting is physically accessible to the individual.*

f) Physical Environment

The remediation steps related to Physical Environment are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

**IV. Monitoring and Ongoing Compliance**

**1. DD/ABD MONITORING GOALS**

Below are the monitoring and ongoing compliance steps that will be used to ensure that all sites are in compliance and continue to be in compliance with the Home and Community Based Settings expectations. We have broken the monitoring goals into two categories, short-term and ongoing. Short-term goals include timelines, ongoing monitoring goals do not include timelines because they will continue indefinitely.

**SHORT-TERM:**

<b>DD/ABD SHORT-TERM MONITORING GOAL #1</b>			
<b>Process: Re-evaluate the status of the state's compliance with the HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Revise self-assessment tool	<ul style="list-style-type: none"> <li>• Updated tool</li> </ul>	July 2020	Waiver Transition Team

2. Send out mandatory self-assessment survey to providers and optional participant/guardian survey		Jan 2021	Waiver Transition Team
3. Analyze data a. NCI surveys b. Certification/Licensing data c. Survey responses d. Self-assessment data e. Complaint data f. Employment data g. Satisfaction data	• Data report	Mar. 2021	Waiver Transition Team
4. Identify areas of concern for providers: a. Systemic areas b. Provider specific	• Assessment form		Waiver Transition Team
5. Develop remediation plan for areas of concern a. Systemic areas b. Provider specific	• Remediation Form	Mar. 2021	Waiver Transition Team
6. Share results and action plan with Advisory Task Force for feedback		Mar. 2021	Waiver Transition Team, Advisory Task Force
7. Implement remediation form	• Action steps completed	Apr. 2021 through Mar. 2022	Waiver Transition Team, Other stakeholders, as appropriate
8. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	• Relocation of participant	Prior to March 2022	DHHS-LTSS, Waiver Transition Team

<b>DD/ABD SHORT-TERM MONITORING GOAL #2</b>			
<b>Process: To ensure transparency of the transition process provide annual report to stakeholder groups regarding status of Statewide Transition Plan.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Develop reporting format	• Report Template	June 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	• Annual Report	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	• Annual Report posted	Oct. 2016 2017 2018	Waiver Transition Team



<b>DD/ABD SHORT-TERM MONITORING GOAL #3</b>			
<b>Process: Re-designation and governance processes for Area Agencies be used for monitoring during the transition period.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Revise re-designation process	• Revised process	Complete	DHHS-LTSS
2. Complete re-designation process on two Area Agencies per year during transition period	• Re-designation reports	Annually	DHHS-LTSS
3. Feedback to Area Agencies include focus areas related to the HCBS	• Re-designation reports	Annually	DHHS-LTSS
4. Areas of concern be brought to the Advisory Task Force	• Re-designation reports	Annually	Waiver Transition Team

<b>SHORT-TERM MONITORING GOAL #4</b>			
<b>Process: Enhance the efficiency of the certification/licensing process by standardizing the forms used by providers.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify/convene workgroup		Oct. 2016	DHHS-LTSS, Waiver Transition Team, Office of Program Support
2. Identify forms that can be standardized for all providers	• List of forms	Dec. 2016	Workgroup, Office of Program Support
3. Share list of forms with all providers for feedback		Jan.2017	Workgroup
4. Create standardized forms	• Draft forms	Jan – Apr. 2017	Workgroup, Office of Program Support
5. Share forms with all providers for feedback		May 2017	Workgroup
6. Revise forms based on feedback	• Finalized forms	June 2017	Workgroup
7. Distribute forms to providers		July 2017	Workgroup
8. Offer training to all providers	• Attendance Sheets	Aug. 2017	Workgroup, Office of Program Support

9. Determine implementation date a. Notify providers		July 2017	Office of Program Support
10. Implement use of standardized forms for certification process		Sept. 2017	Providers, Office of Program Support
11. Certification/licensing tool revised to include use of standardized forms	<ul style="list-style-type: none"> <li>Updated tool</li> </ul>	Contingent on regulatory updates	Office of Program Support
12. Certifiers/Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> <li>Certification/licensing data</li> </ul>	Ongoing	Office of Program Support
13. Analyze certification/licensing data as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> <li>Data report</li> </ul>	Ongoing	Waiver Transition Team, Office of Program Support

**ONGOING:**

<b>DD/ABD ONGOING MONITORING GOAL #5</b>		
<b>Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	<ul style="list-style-type: none"> <li>Meeting minutes taken</li> <li>Minutes include status on remediation steps</li> <li>Minutes continue to be posted on-line</li> </ul>	DHHS-LTSS, Advisory Task Force
2. Enhance membership of Advisory Task Force to include additional stakeholders a. Representative from a public guardian organization	<ul style="list-style-type: none"> <li>New member added to roster of Advisory Task Force</li> </ul>	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> <li>Advisory Task Force members bring status updates to larger Advisory Group</li> </ul>	Advisory Task Force

<b>DD/ABD ONGOING MONITORING GOAL #6</b>		
<b>Process: Complete additional site visits.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	<ul style="list-style-type: none"> <li>A list of additional site visits will be kept</li> </ul>	DHHS-LTSS, Office of Program Support,

		Waiver Transition Team
2. Sites for visits will be determined by a combination of the following: a. New sites being certified/licensed b. Sites where concerns are identified c. Random selection		DHHS-LTSS, Office of Program Support, Waiver Transition Team
3. Sites will be given a remediation follow up form, as appropriate	<ul style="list-style-type: none"> <li>Remediation Form (see Attachment E in Appendix)</li> </ul>	On-site team member
4. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	<ul style="list-style-type: none"> <li>Remediation Form</li> </ul>	Provider
5. Remediation Plan will be reviewed	<ul style="list-style-type: none"> <li>Remediation Form</li> </ul>	Waiver Transition Team
6. Verification will be done	<ul style="list-style-type: none"> <li>Remediation Form</li> </ul>	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	<ul style="list-style-type: none"> <li>Remediation Form</li> </ul>	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	<ul style="list-style-type: none"> <li>Remediation Form</li> </ul>	Provider, Waiver Transition Team

**DD/ABD ONGOING MONITORING GOAL #7- Deleted**

<b>DD/ABD ONGOING MONITORING GOAL #8</b>		
<b>Process: Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Revise quarterly satisfaction requirements to include questions regarding the HCBS expectations a. Include the providers of service on the form to be used in the analysis of the data	<ul style="list-style-type: none"> <li>Revised expectations</li> </ul>	DHHS-LTSS
2. Create standardized format for collecting the data	<ul style="list-style-type: none"> <li>Statewide standardized format</li> </ul>	DHHS-LTSS, Workgroup
3. Make providers aware of new expectations		DHHS-LTSS
4. Develop process for analyzing the data a. Statewide report b. Provider specific reports	<ul style="list-style-type: none"> <li>Data collection</li> </ul>	DHHS-LTSS
5. Present reports to providers a. Area Agencies b. Private Provider Network		DHHS-LTSS

6. Develop Action Steps for follow up, as needed a. By provider b. Systemic		DHHS-LTSS, Providers
7. Present information to Advisory Task Force		DHHS-LTSS, Advisory Task Force

<b>DD/ABD ONGOING MONITORING GOAL #9</b>		
<b>Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Develop process for analyzing complaint data		DHHS-LTSS
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	<ul style="list-style-type: none"> <li>• Report format developed</li> </ul>	DHHS-LTSS, Office of Client and Legal Services
3. Continue to review follow-up actions taken by provider in response to complaints	<ul style="list-style-type: none"> <li>• Six month report</li> </ul>	DHHS-LTSS, Waiver Transition Team

<b>DD/ABD ONGOING MONITORING GOAL #10</b>		
<b>Process: Analyze statewide employment data to monitor the status of New Hampshire's efforts regarding employment as it relates to the HCBS expectations.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Develop process for analyzing the employment data	<ul style="list-style-type: none"> <li>• Process identified</li> </ul>	Statewide Employment Group, Waiver Transition Team
2. Identify areas of follow up and create action steps, as appropriate	<ul style="list-style-type: none"> <li>• Reporting format developed</li> </ul>	Statewide Employment Group, Waiver Transition Team
3. Share information with: a. Providers b. Advisory Task Force		Statewide Employment Group, Waiver Transition Team

**DD/ABD ONGOING MONITORING GOAL #11 - Deleted**

**2. CHOICES FOR INDEPENDENCE MONITORING GOALS**

**SHORT-TERM:**

<b>CFI SHORT-TERM MONITORING GOAL #1</b>			
<b>Process: Follow-up assessment of statewide status on transition process for HCBS compliance.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Revise self-assessment tool	<ul style="list-style-type: none"> <li>• Updated tool</li> </ul>	July 2020	Waiver Transition Team
2. Send out mandatory self-assessment survey to providers and optional participant/guardian survey		Jan 2021	Waiver Transition Team
3. Analyze data <ul style="list-style-type: none"> <li>a. Licensing data</li> <li>b. Survey responses</li> <li>c. Self-assessment data</li> <li>d. Complaint data</li> <li>e. Quality assessment data</li> </ul>	<ul style="list-style-type: none"> <li>• Data report</li> </ul>	Mar. 2020	Waiver Transition Team
4. Identify areas of concern for providers: <ul style="list-style-type: none"> <li>a. Systemic areas</li> <li>b. Provider specific</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment form</li> </ul>		Waiver Transition Team
5. Develop remediation plan for areas of concern <ul style="list-style-type: none"> <li>a. Systemic areas</li> <li>b. Provider specific</li> </ul>	<ul style="list-style-type: none"> <li>• Remediation Form</li> </ul>	Mar. 2021	Waiver Transition Team
6. Share results and action plan with Advisory Task Force for feedback		Mar. 2021	Waiver Transition Team, Advisory Task Force
7. Implement remediation form	<ul style="list-style-type: none"> <li>• Action steps completed</li> </ul>	Apr. 2021 through Mar. 2022	Waiver Transition Team, Other stakeholders, as appropriate
8. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	<ul style="list-style-type: none"> <li>• Relocation of participant</li> </ul>	Prior to March 2022	DHHS-LTSS, Waiver Transition Team

<b>CFI SHORT-TERM MONITORING GOAL #2</b>			
<b>Process: Analyze the rates paid to providers under the CFI waiver to ensure that there continues to be options for participants.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup		Feb 2017	DHHS-LTSS
2. Review current pay rate for services under the CFI waiver		Mar.- June 2017	Workgroup
3. Develop options for change		Jul. – Sept. 2017	Workgroup
4. Present options to senior management at DHHS		Nov. 2017	Workgroup, DHHS-LTSS

<b>CFI SHORT-TERM MONITORING GOAL #3</b>			
<b>Process: To ensure transparency of the transition process provide annual report to stakeholder groups regarding status of Statewide Transition Plan.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Develop reporting format	<ul style="list-style-type: none"> <li>Report Template</li> </ul>	Sept. 2016	Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	<ul style="list-style-type: none"> <li>Annual Report</li> </ul>	Annually in Sept.	Waiver Transition Team
3. Post annual report on DHHS website	<ul style="list-style-type: none"> <li>Annual Report posted</li> </ul>	Oct. 2016 2017 2018	Waiver Transition Team

**CFI SHORT-TERM MONITORING GOAL # 4 - Deleted**

**ONGOING:**

<b>CFI ONGOING MONITORING GOAL #5</b>		
<b>Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	<ul style="list-style-type: none"> <li>Meeting minutes taken</li> <li>Minutes include status on remediation steps</li> </ul>	DHHS-LTSS, Advisory Task Force

	<ul style="list-style-type: none"> <li>Minutes continue to be posted on-line</li> </ul>	
2. Enhance membership of Advisory Task Force to include additional stakeholders a. Representative from a public guardian organization	<ul style="list-style-type: none"> <li>New member added to roster of Advisory Task Force</li> </ul>	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> <li>Advisory Task Force members bring status updates to full Advisory Task Force</li> </ul>	Advisory Task Force

<b>CFI ONGOING MONITORING GOAL #6</b>			
<b>Process: Develop quality monitoring process for Adult Day Services settings.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup		Jan. 2017	DHHS-LTSS, Quality Assurance and Improvement Office, Waiver Transition Team
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process	<ul style="list-style-type: none"> <li>Draft assessment process</li> </ul>	Feb. Apr. 2017	Workgroup
3. Develop assessment tool	<ul style="list-style-type: none"> <li>Draft assessment tool</li> </ul>	May 2017	Workgroup
4. Bring tool and assessment to providers for feedback		June 2017	Workgroup
5. Revise tool, as appropriate	<ul style="list-style-type: none"> <li>Revised tool</li> </ul>	July 2017	Workgroup
6. Train providers on process and tool	<ul style="list-style-type: none"> <li>Attendance</li> </ul>	Sept. 2017	Workgroup, DHHS-LTSS
7. Determine implementation date		Sept. 2017	Waiver Transition Team
8. Implement process		Oct. 2017	DHHS-LTSS, Providers
9. Analyze data from process a. Identify systemic areas for improvement	<ul style="list-style-type: none"> <li>Data Analysis</li> </ul>	Ongoing	Waiver Transition Team

b. Identify provider specific areas for improvement			
10. Data analysis shared with a. Providers b. Advisory Task Force	• Data report	Ongoing	DHHS-LTSS, Providers

<b>CFI ONGOING MONITORING GOAL #7</b>			
<b>Process: Develop quality monitoring process for Assisted Living Settings.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup		Sept. or STP approval date	DHHS-LTSS Quality Assurance and Improvement Office, Waiver Transition Team, CFI Workgroup
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan f. Frequency of process	• Draft assessment process	Nov. 2016	Workgroup
3. Develop assessment tool	• Draft assessment tool	Dec. 2016 – Jan. 2017	
4. Bring tool and assessment process to providers for feedback		March 2017	Workgroup
5. Revise tool, as appropriate	• Revised tool	Apr. 2017	Workgroup
6. Train providers on process and tool	• Attendance	May 2017	Workgroup DHHS-LTSS
7. Determine implementation date		May 2017	Waiver Transition Team
8. Implement Process		June 2017	DHHS-LTSS, Providers
9. Analyze data from process a. Identify systemic areas for improvement	• Data Analysis	Ongoing	Waiver Transition Team



b. Identify provider specific areas for improvement			
10. Data analysis shared with a. Providers b. Advisory Task Force	• Data report	Ongoing	DHHS-LTSS, Providers

<b>CFI ONGOING MONITORING GOAL #8</b>		
<b>Process: Implement ongoing quality monitoring process for Case Management Agencies.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Review of 20 cases per office to include: a. Interview with staff b. Participants c. Record review		DHHS-LTSS; Quality Assurance and Improvement Office, Providers
2. Analyze data: a. Statewide report b. Agency report c. Systemic issues	• Data Report	DHHS-LTSS; Quality Assurance and Improvement Office
3. Providers complete corrective action plan for areas of concern	• Corrective Action Plans	Providers
4. Reviews occur annually		DHHS-LTSS; Quality Assurance and Improvement Office, Providers

<b>CFI ONGOING MONITORING GOAL #9</b>		
<b>Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Develop process for analyzing complaint data		DHHS-LTSS, DHHS-BEAS, Ombudsman's Office
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	• Report format developed	DHHS-LTSS, BEAS
3. Review follow-up actions taken by provider in response to complaints	• Six month report	DHHS-LTSS

<b>CFI ONGOING MONITORING GOAL #10</b>			
<b>Process: Enhance the Risk Identification, Mitigation and Planning (RIMP) Process.</b>	<b>Verification/Validation</b>	<b>Timeline</b>	<b>Entity Responsible</b>
1. Identify workgroup		Sept. 2016 or STP approval date	DHHS-LTSS; Quality Assurance and Improvement Office,
2. Review/revise the current RIMP process		Jan. – March 2017	Workgroup
3. Update process, including: a. When it will be used b. Who will be part of the process c. Outcome of process d. Who will be responsible for outcomes	<ul style="list-style-type: none"> <li>• Revised policy</li> <li>• Updated referral form</li> <li>• Updated planning tool</li> </ul>	Jan. – March 2017	Workgroup
4. Present updated policy, form and tool to the Advisory Task Force		Meeting after process created	Workgroup Advisory Task Force
5. Train providers on the process	<ul style="list-style-type: none"> <li>• Attendance</li> </ul>	June 2017	Workgroup
6. Put the policy, form and tool in the provider toolkit for providers to access		June 2017	Waiver Transition Team
7. Provide data to stakeholder groups annually	<ul style="list-style-type: none"> <li>• Data Report</li> </ul>	Ongoing	Waiver Transition Team

**CFI ONGOING MONITORING GOAL #11 - Deleted**

<b>CFI ONGOING MONITORING GOAL #12</b>		
<b>Process: Complete additional site visits.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	<ul style="list-style-type: none"> <li>• A list of additional site visits will be kept</li> </ul>	DHHS-LTSS, Office of Program Support, Waiver Transition Team
2. Sites for visits will be determined by a combination of the following: a. New sites being certified/licensed		DHHS-LTSS, Office of Program Support, Waiver Transition Team

b. Sites where concerns are identified c. Random selection		
3. Sites will be given a remediation follow up form, as appropriate	• Remediation Form (see Attachment E in Appendix)	On-site team member
4. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	• Remediation Form	Provider
5. Remediation Plan will be reviewed	• Remediation Form	Waiver Transition Team
6. Verification will be done	• Remediation Form	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	• Remediation Form	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	• Remediation Form	Provider, Waiver Transition Team

#### V. Settings Not in Compliance

Based on the state’s assessment there is one site in the DD/ABD Waiver and three sites in the CFI Waiver that are considered presumptively non-home and community based due to location. The state has completed a review on the DD/ABD site below as per the New Hampshire’s Heightened Scrutiny process as outlined in section “1” below, and is requesting heightened scrutiny for that site. The state will be completing additional assessment regarding the issue of isolation as part of the remediation plan and will initiate the heightened scrutiny process, or Relocation process, as needed. The state will focus its efforts on enhancing providers’ ability to ensure that participants are not isolated. Monitoring will occur through certification/licensing visits, service coordination visits, provider documentation and participant satisfaction information. Any site that is determined to be isolating will have the opportunity to develop and implement a remediation plan, or the Heightened Scrutiny process may be initiated, or the relocation process may be implemented.

The following chart details the settings that are presumed to be institutional because they are on the grounds of, or immediately adjacent to, a public institution, and for which the state will request heightened scrutiny or seek other alternatives to assure their compliance with the HCBS expectations.

<b>SITES PRESUMED NOT IN COMPLIANCE DUE TO LOCATION</b>					
<b>WAIVER</b>	<b>PROVIDER</b>	<b>TYPE OF SETTING</b>	<b>ADDRESS</b>	<b>TOWN/CITY</b>	<b>ZIP CODE</b>
<b>DD/ABD</b>	EASTER SEALS	RES	87 PLEASANT ST	CONCORD	03301

<b>CFI</b>	CHESHIRE COUNTY	RES	201 RIVER ROAD	WESTMORELAND	03467
	MERRIMACK COUNTY	RES	325 DANIEL WEBSTER HWY	BOSCAWEN	03303
	ROCKINGHAM COUNTY	RES	117 NORTH ROAD	EXETER	03833

**1. Request for Heightened Scrutiny**

New Hampshire has implemented the following process for any requests that will be made to CMS for heightened scrutiny. The process is for current and future requests for heightened scrutiny and therefore does not have the validation and/or timeframe categories included. New Hampshire has revised its Heightened Scrutiny Process based on CMS changes. Additionally, New Hampshire developed a separate process for settings on the Choices for Independence waiver that meet the criteria for Heightened Scrutiny. Based on feedback from the Advisory Task Force, a flow chart was developed for each process and they can be found attachments B and C.

<b>Process: DD/ABD Heightened Scrutiny Process</b>	<b>Entity Responsible</b>
1. Site is identified as needing heightened scrutiny review based on the CMS criteria and/or stakeholder input. Setting is put on the potential heightened scrutiny list	DHHS-LTSS
2. Notification that there is a need for a heightened scrutiny review is made: <ul style="list-style-type: none"> <li>• To the individual/family/guardian</li> <li>• Provider of services, and/or</li> <li>• Area Agency</li> </ul>	DHHS-LTSS
3. Provider completes Provider Self-Assessment Tool	Provider
4. Waiver Transition Team reviews information	WTT
5. On-site visit occurs to gather information to validate responses in Provider Self-Assessment, including: <ul style="list-style-type: none"> <li>• Interview with participants based on the exploratory questions designed by CMS</li> <li>• Interviews with staff based on the exploratory questions designed by CMS</li> <li>• Review of documentation                             <ul style="list-style-type: none"> <li>• Schedules</li> <li>• Provider qualifications for staff</li> <li>• Staff training</li> <li>• Service definitions</li> <li>• Modifications to expectations</li> </ul> </li> </ul>	DHHS-LTSS
6. Complete summary of review to determine next steps for the setting which include: <ul style="list-style-type: none"> <li>• Remove setting from the potential heightened scrutiny list</li> <li>• Setting be forwarded to the Commissioner for review</li> </ul>	WTT

7. Put information into New Hampshire’s “Request for Heightened Scrutiny” format if applicable	Waiver Transition Team
8. Determine whether to proceed with the request for heightened scrutiny	DHHS-LTSS
9. Notification will be made to the provider agency as to whether the request will be made to CMS for heightened scrutiny	DHHS-LTSS
<p>10. If a request will be made to CMS for heightened scrutiny, the state will:</p> <p>a) Share Request for Heightened Scrutiny information through the public notice procedure outlined by CMS, to include:</p> <p>(a) A list of the affected settings by name and location and the number of individuals served in each setting.</p> <p>(b) Any and all justification from the state why the setting is home and community based and not institutional (reviewer reports, interview summaries, etc.)</p> <p>(c) Provide enough detail such that the public has an opportunity to support or rebut the state’s information</p> <p>(d) Be subject to a public comment period. State will respond to the public comments when they submit the proposed transition plan. Responses will include explanations as to why the state is or is not changing its decision</p>	DHHS-LTSS
11. Develop responses to public comments	DHHS-LTSS
<p>12. Submit Heightened Scrutiny request to CMS. Submission will include:</p> <ul style="list-style-type: none"> <li>• Summary of interviews</li> <li>• Reviewer reports</li> <li>• Pictures, if appropriate</li> <li>• Public comments and state responses</li> <li>• Regulatory information</li> <li>• Consumer experience survey information</li> </ul>	DHHS-LTSS
13. Determination is made by CMS regarding approval of request	CMS
<p>14. If CMS <b>approves</b> request:</p> <ul style="list-style-type: none"> <li>• Provider and/or Area Agency is notified</li> <li>• Individual/family guardian is notified</li> <li>• Office of Program Support is notified</li> </ul>	DHHS-LTSS
<p>15. In the event that CMS <b>does not</b> approve request and the request is under the Transition Plan, the state will:</p> <ul style="list-style-type: none"> <li>• Use the remaining transition period to bring the setting into compliance with all requirements or,</li> <li>• Transition individuals from that setting to a compliant setting or,</li> <li>• Transition the coverage authority to one not requiring provision in a home or community based setting, or</li> <li>• Transition to non-Medicaid reimbursement</li> </ul>	CMS

16. In the event that CMS does not approve request and the site is included in a new 1915(c) waiver, new 1915(i) state plan amendment, or new 1915(k) CFC SPA, federal funding will cease until full compliance is obtained. Upon full compliance, reimbursement will be reinstated	CMS
17. Given approval, the state will ensure ongoing compliance through steps identified in the Statewide Transition Plan	DHHS-LTSS
18. Changes to those sites approved for heightened scrutiny will require notification to CMS for the following: <ul style="list-style-type: none"> <li>• An increase in licensing capacity or</li> <li>• The establishment of additional disability-oriented settings in close proximity (e.g., next door), or</li> <li>• Changes in the ways in which community integration is realized</li> </ul>	DHHS-LTSS, Office of Program Support
19. Office of Program Support will notify DHHS if changes to the site have been made	Office of Program Support
20. Notification of changes will be made to CMS	DHHS-LTSS
21. CMS will determine if a re-evaluation of the setting is needed based on changes to the site	CMS
22. State will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan	DHHS-LTSS

<b>Heightened Scrutiny Process for settings on the Choices for Independence Waiver</b>	<b>Entity Responsible</b>
1. Setting is identified as meeting at least one of the criteria for potential heightened scrutiny	Waiver Transition Team (WTT)
2. Notification that there is a setting requiring review for potential heightened scrutiny is made to: <ul style="list-style-type: none"> <li>• Provider of services</li> </ul>	WTT
3. Training is provided as appropriate, including: <ul style="list-style-type: none"> <li>• The Heightened Scrutiny Process</li> <li>• Provider Self-Assessment Form</li> <li>• Provider Self-Assessment Instruction Guide</li> </ul>	WTT
4. Provider Self-Assessment (PSA) is completed and discussion occurs regarding: <ul style="list-style-type: none"> <li>• Areas of compliance</li> <li>• Areas needing improvement</li> </ul>	Provider WTT
5. Development/implementation of action plan	Provider
6. Provider notifies Waiver Transition Team that action steps are complete	Provider
7. On-site visit is scheduled <ul style="list-style-type: none"> <li>• Including notification of guardians</li> </ul>	Provider WTT
8. On-site visit occurs <ul style="list-style-type: none"> <li>• Participant specific data gathered at this time</li> <li>a) On-site process will include as appropriate: <ul style="list-style-type: none"> <li>• Participant/guardian interviews</li> <li>• Provider interview</li> </ul> </li> </ul>	WTT

<b>Heightened Scrutiny Process for settings on the Choices for Independence Waiver</b>	<b>Entity Responsible</b>
<ul style="list-style-type: none"> <li>• Documentation review:               <ol style="list-style-type: none"> <li>1. Schedules</li> <li>2. Provider qualifications for staff</li> <li>3. Staff training</li> <li>4. Service definitions</li> <li>5. Modifications to expectations</li> </ol> </li> </ul>	
<p>9. Based on validation of evidence during on-site review, the Final Recommendation Form is completed indicating:</p> <ol style="list-style-type: none"> <li>1. The setting be removed from the potential heightened scrutiny list               <ol style="list-style-type: none"> <li>a. Reasons must be identified</li> </ol> </li> <li>2. Further action steps be taken to ensure compliance as identified on request form               <ol style="list-style-type: none"> <li>a. An updated action plan be submitted to the WTT</li> </ol> </li> <li>3. Submit completed summary request form for HS to the commissioner</li> </ol>	WTT
<p>10. If a request will be made for heightened scrutiny the Heightened Scrutiny Summary Form will be completed.</p>	WTT
<p>11. The Heightened Scrutiny Summary Form will be reviewed by the Commissioner</p> <ul style="list-style-type: none"> <li>• If approved, HS request will go out for public comment</li> <li>• If not approved, additional follow up will be done to address areas of concern</li> </ul>	Department of Health and Human Services Long-Term Supports and Services (DHHS-LTSS)
<p>12. Information is posted for 30 days for public comment, as per CMS expectations</p>	WTT
<p>13. Public comments are responded to and are submitted as part of the heightened scrutiny request to CMS</p>	WTT
<p>14. CMS reviews the Heightened Scrutiny request</p>	Centers for Medicare and Medicaid Services
<p>15. CMS approves the heightened scrutiny request:</p> <ul style="list-style-type: none"> <li>• Provider, individual/family, guardian and Office of Legal and Regularly Services are notified. DHHS-LTSS will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan</li> </ul>	CMS  DHHS - LTSS
<p>16. CMS denies the heightened scrutiny request:</p> <ul style="list-style-type: none"> <li>• DHHS-LTSS will use the remaining transition period to bring the setting into compliance following the heightened scrutiny process. Transition individuals from that setting to a compliant setting following the relocation process</li> <li>• Transition to non-Medicaid reimbursement</li> <li>• Transition coverage authority to one not requiring provision in a home and community-based setting</li> </ul>	DHHS-LTSS

<b>Heightened Scrutiny Process for settings on the Choices for Independence Waiver</b>	<b>Entity Responsible</b>
17. DHHS-LTSS will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan	DHHS-LTSS
18. Changes to those sites approved for heightened scrutiny will require notification to CMS for the following: <ul style="list-style-type: none"> <li>• An increase in licensing capacity or</li> <li>• The establishment of additional disability-oriented settings in close proximity (e.g., next door), or</li> <li>• Changes in the ways in which community integration is realized</li> </ul>	DHHS-LTSS, Office Legal and Regulatory Services (OLRS)
19. Office of Legal and Regulatory Services will notify DHHS if changes to the setting have been made	OLRS
20. Notification of changes will be made to CMS	DHHS-LTSS
21. CMS will determine if a re-evaluation of the setting is needed based on changes to the setting	CMS

## 2. Relocation of Beneficiaries

New Hampshire’s plan is to ensure that all sites are in compliance with the HCBS expectations by the end of the transition period. If there is an indication that any provider will be unable to ensure compliance, the process below will be implemented:

<b>DD/ABD RELOCATION PROCESS</b>		
<b>Process: Relocate any participants if the site will not meet the HCBS expectations by the transition deadline.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Develop a process for the relocation of participants, including: <ol style="list-style-type: none"> <li>a. Timeline for notification</li> <li>b. How information will be provided about alternative choices</li> <li>c. Documentation of options and choice included in the person centered planning</li> <li>d. Transition plan expectations for participant regarding critical services and supports</li> <li>e. Relocation plan follow up survey</li> </ol>	<ul style="list-style-type: none"> <li>• Draft Relocation Process</li> </ul>	Waiver Transition Team
2. Create an information sheet for the Toolkit to educate participants, including: <ol style="list-style-type: none"> <li>a. HCBS expectations regarding relocation</li> <li>b. Implications of staying in a non-compliant setting</li> </ol>	<ul style="list-style-type: none"> <li>• Information sheet</li> </ul>	Waiver Transition Team



3. Share process/information sheet with Advisory Task Force	<ul style="list-style-type: none"> <li>Meeting minutes</li> </ul>	Advisory Task Force
4. Revise process/information sheet based on feedback, as appropriate	<ul style="list-style-type: none"> <li>Final Relocation Process</li> </ul>	Waiver Transition Team
5. Put information sheet into Toolkit	<ul style="list-style-type: none"> <li>Final information sheet</li> </ul>	Waiver Transition Team
6. Identify those participants who will need to transition	<ul style="list-style-type: none"> <li>Relocation list</li> </ul>	DHHS-LTSS, Waiver Transition Team
7. Contact participants, guardians, families and providers of the anticipated relocation		DHHS-LTSS
8. Follow relocation process		Service Coordinator, Provider, Participant, Family, Guardian
9. Complete follow up survey regarding the relocation process	<ul style="list-style-type: none"> <li>Completed survey</li> </ul>	Waiver Transition Team
10. Follow up with any issues identified during the survey		Waiver Transition Team

<b>CFI RELOCATION PROCESS</b>		
<b>Process: Relocate any participants if the site will not meet the HCBS expectations by the deadline.</b>	<b>Verification/Validation</b>	<b>Entity Responsible</b>
1. Develop a process for the relocation of participants, including: <ol style="list-style-type: none"> <li>a. Timeline for notification</li> <li>b. How information will be provided about alternative choices</li> <li>c. Documentation of options and choice included in the person centered planning</li> <li>d. Transition plan expectations for participant regarding critical services and supports</li> <li>e. Relocation plan follow up survey</li> </ol>	<ul style="list-style-type: none"> <li>Draft Relocation Process</li> </ul>	Waiver Transition Team
2. Create an information sheet for the Toolkit to educate participants, including:	<ul style="list-style-type: none"> <li>Information Sheet</li> </ul>	Waiver Transition Team

<p>a. HCBS expectations regarding relocation b. Implications of staying in a non-compliant setting</p>		
<p>3. Share process and information sheet with Advisory Task Force</p>	<ul style="list-style-type: none"> <li>Meeting minutes</li> </ul>	<p>Advisory Task Force</p>
<p>4. Revise process/information sheet based on feedback, as appropriate</p>	<ul style="list-style-type: none"> <li>Final Relocation Process</li> </ul>	<p>Waiver Transition Team</p>
<p>5. Put information sheet into Toolkit</p>	<ul style="list-style-type: none"> <li>Final information sheet</li> </ul>	<p>Waiver Transition Team</p>
<p>6. Identify those participants who will need to transition</p>	<ul style="list-style-type: none"> <li>Relocation list</li> </ul>	<p>DHHS-LTSS, Waiver Transition Team</p>
<p>7. Contact participants, guardians, families and providers of the anticipated relocation</p>		<p>DHHS-LTSS</p>
<p>8. Follow relocation process</p>		<p>Case Manager, Provider, Participant, Family, Guardian,</p>
<p>9. Complete follow up survey regarding the relocation process</p>	<ul style="list-style-type: none"> <li>Completed survey</li> </ul>	<p>Ombudsman's Office</p>
<p>10. Follow up with any issues identified during the survey</p>		<p>Waiver Transition Team</p>

## **VI. Public Comment and Related Changes**

The following information contains material developed by the Department regarding its proposed revised Statewide Transition Plan. Contents include public notices, revised Statewide Transition Plan documents. The following information was provided in the Manchester Union Leader and Nashua Telegraph on Monday, December 31, 2018.

### **Revised Statewide Transition Plan Home and Community Based Services Settings Requirements**

Pursuant to 42 C.F.R. §441.301(c)(6)(iii), notice is hereby given that the New Hampshire Department of Health and Human Services intends to submit a revised Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS) to detail its assessment and remediation plan for ensuring that New Hampshire’s Medicaid-funded Home and Community-Based Services (HCBS) are provided in settings whose qualities meet new federal requirements at 42 C.F.R. §441.301(c)(4), which became effective March 17, 2014. All states are required to develop a plan to show how they will establish compliance with the new regulations.

#### ***Summary of Updated Draft Statewide Transition Plan***

The regulations do not specifically define HCBS settings; rather they describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services and applies to both residential and day services settings.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community just as people who live in the community, but who do not receive HCBS, do.

New Hampshire has revised its Statewide Transition Plan (STP) based on CMS feedback, to show how it will establish compliance with these new regulations. An executive summary within the STP explains the revisions made to the document.

A copy of the revised draft Statewide Transition Plan can be found at <https://www.dhhs.nh.gov/dcbcs/bds/transition.htm>

Hard copies of the Statewide Transition Plan can be picked-up at NH Department of Health and Human Services, 105 Pleasant Street, Main Building, Concord, NH 03301-3857.

To learn more about home and community based care settings requirements, please visit the CMS website: <https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html>

***Opportunity for Public Input***

Public comments may be submitted until midnight on Friday, February 1, 2019. Comments may be submitted by email to [HCBCtransitionplan@dhhs.nh.gov](mailto:HCBCtransitionplan@dhhs.nh.gov) or by regular mail to Maureen DiTomaso, NH Department of Health and Human Services, 105 Pleasant Street, Main Building, Concord, NH 03301-3857.

***Response to Public Input***

The summary of public comments, including the full array of comments whether in agreement or not with the state’s determination of the system-wide compliance and/or compliance of specific settings/types of settings; a summary of modifications to the Statewide Transition Plan made in response to public comment; and in cases where the state’s determination differs from public comment, the additional evidence and rationale the state used to confirm the determination will be found in Attachment D in the Appendix at the completion of the public comment period.

**VII. APPENDIX:**

- A. New Hampshire’s full response to CMS feedback on areas where improvement is needed for final approval.
- B. DD/ABD Goal Summary - Revised
- C. CFI Goals Summary - Revised
- D. Public Comments and Response (*to be added at the completion of the public comment period*).

**ADDITIONAL CMS FEEDBACK ON AREAS WHERE IMPROVEMENT IS NEEDED IN ORDER TO RECEIVE FINAL APPROVAL OF THE STATEWIDE TRANSITION PLAN**

A

**NH'S RESPONSE - JUNE 2018**

**Public Notice**

**CMS COMMENT:**

The State will need to go out for public comment once these changes are made and prior to resubmitting to CMS for final approval.

**NH RESPONSE (5/9/18):**

New Hampshire's response and revised statewide transition plan will be sent out for public comment if after CMS review, it is determined that public comment is necessary.

**Site-Specific Assessment, Remediation and Validation/Evaluation Activities**

**CMS COMMENT:**

CMS requests the state clarify in the STP (a) its approach that all settings are initially presumed to be out of compliance with one or more of the federal HCBS settings criteria and thus require modifications to come into full compliance; and (b) describe how it is working with settings to remediate areas of non-compliance; and then (c) specify how it is going to validate that settings are in full compliance with the rule once by the end of the transition period.

**NH RESPONSE (4/5/18):**

CMS requests the state clarify in the STP (a) its approach that all settings are initially presumed to be out of compliance with one or more of the federal HCBS settings criteria and thus require modifications to come into full compliance;

Most of the HCBS expectations that were identified in 2014 have been part of the DD/ABD service delivery system in NH well before 2014. Due to that, it was easy to determine that all settings were out of compliance for three specific reasons which are outlined below. NH recognizes that the areas on non-compliance are systemic in nature. Remediation for those areas, as well as enhancements for all expectations are outlined by topic area goals within the statewide transition plan. NH will be using the transition period to educate, review and re-evaluate before 2022 so that all settings are in compliance.

NH recognized that there were three primary expectations identified by CMS that were not being met under the DD/ABD waivers:

- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
  - Specifically, NH was out of compliance in the documentation portion of this requirement, making all settings out of compliance. Since the submission of the STP, NH has implemented a Service Agreement template which incorporates this requirement, as outlined in General Implementation Strategy #1, located on page 28, resulting in 100% compliance with this expectation.
- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the

**ADDITIONAL CMS FEEDBACK ON AREAS WHERE IMPROVEMENT IS NEEDED IN ORDER TO RECEIVE FINAL APPROVAL OF THE STATEWIDE TRANSITION PLAN**

A

**NH'S RESPONSE - JUNE 2018**

State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

- None of the participants receiving residential services in a Home and Community Based setting had a lease or tenancy agreement making no setting in compliance. NH's remediation plan is outlined through DD/ABD Topic Area Goal #15 located on page 65.
- Each individual has privacy in their sleeping or living unit:
  - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors
    - None of the residential settings that are considered Home and Community Based have locks on the participant's doors making all settings out of compliance. NH's remediation plan is outlined through DD/ABD Topic Area Goal #9 located on page 53.

Additionally, New Hampshire recognized the following areas were not in compliance for providers under the CFI waiver:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS, to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
  - Access to the community is an area of need for participants under the CFI waiver. NH's remediation plan is outlined through the CFI Topic Area Goal # 1 located on page 83.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
  - Specifically, NH was out of compliance in the documentation portion of this requirement, making all settings out of compliance. NH's remediation plan is outlined through the CFI Topic Area Goal # 15 located on page 109.

b) CMS requests the state describe how it is working with settings to remediate areas of non-compliance;

New Hampshire has identified goals related to all of the expectations that CMS requires. These goals will be implemented with the focus on education and collaboration with all NH participants, providers, families and stakeholders. NH will be using the transition period to educate, review and re-evaluate before 2022 so that all settings are in compliance.

(c) CMS requests the state specify how it is going to validate that settings are in full compliance with the rule once by the end of the transition period

**ADDITIONAL CMS FEEDBACK ON AREAS WHERE IMPROVEMENT IS NEEDED IN ORDER TO RECEIVE FINAL APPROVAL OF THE STATEWIDE TRANSITION PLAN**

A

**NH'S RESPONSE - JUNE 2018**

Through the implementation of Short-Term Monitoring Goal #1 the state will complete a re-evaluation of all settings using the process outlined on pages 117-118 for DD/ABD waiver participants and on pages 125-126 for the CFI waiver participants.

***CMS Response (5/9/18):** CMS appreciates the state's response regarding (a) its approach that all settings are initially presumed to be out of compliance with one or more of the federal HCBS settings criteria and thus require modifications to come into full compliance and requires no further clarification.*

*CMS requests additional clarification and information regarding (b) describe how it is working with settings to remediate areas of non-compliance. CMS is concerned with the state's response that the state will be using the transition period to "educate, review and re-evaluate before 2022 so that all settings are in compliance", and the state's timelines in the remediation strategies and goals that are "contingent upon regulatory changes" and "ongoing" (pp. 31-33, 42, 50 and 54 as examples). In the updated STP, please ensure that timeline dates in the state's remediation and monitoring strategies and goals are provided and planned to ensure the re-evaluation of compliance is completed in sufficient time to allow for heightened scrutiny and the transition of beneficiaries as needed prior to March 2022.*

- ***NH Response (6/27/18):** The re-evaluation goal has been updated to reflect the new compliance deadline. Please see Short-Term Monitoring Goal #1 for both the DD/ABD and CFI waivers. See pages 71 and 77.*

***CMS Response (5/9/18):** CMS requests additional clarification and information regarding (c) CMS requests the state specify how it is going to validate that settings are in full compliance with the rule once by the end of the transition period. Specifically, in the updated STP:*

- *Please provide details regarding how the state has verified that 100% of all DD/ABD settings are now in compliance with the Service Agreement requirement as outlined in General Implementation Strategy #1 and when that assessment was completed.*
  - ***NH Response (6/27/18):** As identified in the STP, NH developed a statewide service agreement template which includes documentation of the HCBS requirement that setting options be identified and documented in the person centered service plan (for NH, the service agreement). The template was implemented statewide in September of 2016. At a minimum, service agreements occur annually. It has been over a year since the template's implementation, which means that there is 100% compliance with this expectation.*
- *The Short-Term Monitoring Goals #1 for DD/ABD and CFI waiver participants indicates that multiple data sources will be utilized to assess and validate compliance with the rule including: NCI surveys; Certification/Licensure data; Survey responses; Self-assessment data; Complaint data; Employment data; Satisfaction data; and, Quality assessment data. While this represents a broad and comprehensive view of experience with HCBS settings, the STP and the information presented in the Short-term Monitoring Goals #1 do not provide the detail necessary to demonstrate that all HCBS settings will be assessed for all of the HCBS Settings criteria, and, where provider self-assessment is utilized for a setting, that setting has been validated for compliance by at least one other independent method of assessment by the state. The goals as presented are not explicit regarding (a) what secondary data will be used for which type of setting, and (b) that each setting will specifically be validated by a secondary independent method.*

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- ***NH Response (6/27/18):*** To clarify, each setting will complete a self-assessment. The validation will occur through certification data, satisfaction data, complaint data, employment data, and NCI surveys during the transition period. The self-assessment will be an additional tool to show that the setting is in compliance.

**Provider Self-Assessment:**

**CMS COMMENT:**

Please update the STP to describe the types of enhancements made to the state's initial assessment tools/process, as indicated on a call with CMS, to assure a more accurate reflection of setting compliance, and how the state is engaging with providers to discuss areas of non-compliance.

**NH RESPONSE (4/5/18):**

In preparation for the re-evaluation there will be updated tools/process to use for assessing compliance with the HCBS expectations as noted in DD/ABD Short-Term Monitoring Goal #1 located on page 117-118 and CFI Short-Term Monitoring Goal #1 located on pages 125-126. Additionally NH will be monitoring compliance through the short-term monitoring goals identified for the DD/ABD waivers as well as the CFI waiver.

***CMS Response (5/9/18):*** Please update the STP with details regarding the weighted scoring methodology identified in the Short-Term Monitoring Goals # 1 step 1. Please also provide additional details regarding how the state is engaging with providers during the remediation process to discuss areas of non-compliance.

- ***NH Response (6/27/18)*** In reviewing the implementation of Short-Term Monitoring Goals #1, NH realized that a weighted scoring methodology was not an appropriate tool to use with the re-evaluation process. The Short-Term Monitoring Goals have been updated to reflect the change. Please see pages 71 and 77.
- *The waiver transition process has been and continues to be a collaboration between DHHS and the stakeholders of NH. Providers are part of the Advisory Task Force and have given input into the transition process from the very beginning. Feedback from providers has influenced the writing of the STP, the training development and the ongoing monitoring of the process. During the re-evaluation process, areas of remediation will be identified by provider and shared with the provider for corrective action steps. Additionally, the providers will receive feedback throughout the transition process through the certification visits/feedback.*

**Remediation:**

**CMS COMMENT:**

Per the STP, the state is using the certification and licensing reviews to determine if any sites will need remediation to come into compliance with the settings criteria for the Developmental Disabilities, Acquired Brain Disorders and Choices for Independence (DD/ABD and CFI) waivers (pages 32, 78). Please provide more information about how this process will work and how the state will ensure that all issues for each site are identified and remediated (ie. all areas of non-compliance are corrected) by March 2022.



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**NH RESPONSE (4/5/18):**

The state would like to clarify that it is not using the certification and licensing reviews to determine if any sites will need any remediation. On page 26 of the STP New Hampshire identified that **all** settings require remediation. Remediation will occur through the goals identified in the statewide transition plan and the re-evaluation process will identify if any settings still require remediation.

- The reference to page 32, (for DD/ABD waivers), is the general implementation strategy goal **additional training on HCBS and state expectations for providers**. Within that goal are steps to ensure that provider staff are trained, and the monitoring to ensure that staff are trained will be completed by the Office of Legal and Regulatory Services through the certification and licensing processes.
- The reference to page 78, (for the CFI waivers), is the general implementation strategy goal to **update licensing process**. The purpose of this strategy is to ensure that the actions outlined are implemented. Within that goal are steps to ensure that provider staff are trained, and the monitoring that staff are trained will be completed by the Office of Legal and Regulatory Services through the certification and licensing processes.

**CMS Response (5/9/18):** *Specific to how the state will ensure that all issues for each site are identified and remediated, CMS notes that the state uses the following as Verification/Validation methods in a number of goals to implement remediation strategies:*

- *Modifications to the Certification/Licensing Tool;*
- *Certifiers/Licensors identify any deficiencies related to the remediation goal; and,*
- *Analyze licensing/certification data as per the remediation strategy.*

*Specifically, this can be found in some form in DD/ABD General Implementation Strategy # 1, 2, 3, and 6; DD/ABD Topic Area Goal # 1, 4, 5, 7, 9, 11, 12, 13 and 15; CFI General Implementation Strategy # 4, 5, and 6; and CFI Topic Area Goal # 4, 7, 8, 9, 10, 12, 13, 14, 15 and 16. Please provide more information about how this process will work and how the state will ensure that all issues for each site are identified and remediated by March 2022.*

- ***NH Response (6/27/18):*** *NH's certification process occurs annually and includes a written outcome of any deficiency where it is noted that a regulatory requirement is not being met (which will include the HCBS expectations). For each deficiency a provider must submit a plan of correction on how they will rectify the deficiency. All plans of correction must be approved by the Office of Legal and Regulatory Services. Steps for incorporating certification data into the state's implementation and monitoring efforts include the updating of the certification tool to include the HCBS requirements, (General Implementation Strategy #3), collecting the data and analyzing the data for trends, and following up with providers through the certification process and plan of correction.*

**Validation:**

**CMS COMMENT:**

- CMS reminds the state that the provider self-assessments of all HCBS settings (both residential and non-residential) must be validated by the state using at least one independent

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form of verification. Additionally, as CMS understands it, the state has opted to work with settings on completing remediation plans *prior to* conducting a final evaluation of each setting to validate full compliance.

In summary, please confirm the following:

- **Methodology:** Please clearly outline the process the state is taking to develop the methodology to determine the level of compliance of settings with the federal HCBS requirements and to confirm that a setting comes into full compliance, as well as the process by which the state is engaging stakeholders in the development of the methodology.

**NH RESPONSE (4/5/18):**

New Hampshire's strategy for working with settings is centered on the recognition that NH has had the HCBS expectations as part of the regulatory expectations for years so these were not new to waiver participants or providers. NH also identified that settings were not in compliance when the initial evaluation was completed because of the three areas noted previously. The Waiver Transition Team, in collaboration with its Advisory Taskforce and NH stakeholders developed the statewide transition plan to outline areas for improvement, or implementation to support settings in reaching full compliance. A summary of goals to be implemented can be found in attachments K and L. An integral part of the implementation strategy is the ongoing collaboration between the Waiver Transition Team, the Advisory Taskforce, NH stakeholders and DHHS. The Advisory Taskforce meets on a quarterly basis to monitor the progress being made with the statewide transition plan.

The statewide transition plan includes three strategies for identifying the level of compliance of HCBS settings. They include:

- Short-term monitoring strategies which will occur during the transition process and will identify the status of settings during the transition process.
- At the conclusion of the transition process, on-going monitoring strategies, as outlined in the statewide transition plan will be implemented to ensure that all settings continue to maintain compliance.
- Additionally, NH will complete a re-evaluation of settings to ensure that the goals that were implemented succeeded in reaching 100% compliance for all HCBS settings. The timeframe for the re-evaluation process allows for time if there are settings that still require remediation.

**CMS Response (5/9/18):** *As the state is completing remediation prior to assessment of all Settings criteria, CMS requests additional information to clarify the re-evaluation of settings to identify (a) the specific type of data to be used for each setting type, (b) that each setting will be evaluated, and (c) that each setting is validated by at least one other method independent of the provider. The Short-Term Monitoring Goal #1 for DD/ABD and CFI waiver participants indicates that multiple data sources will be utilized to assess and validate compliance with the rule including: NCI surveys; Certification/Licensure data; Survey responses; Self-assessment data; Complaint data; Employment data; Satisfaction data; and, Quality assessment data. While this represents a broad and comprehensive view of experience with HCBS settings, the STP and the information presented in the Short-term Monitoring Goals #1 do not provide the detail necessary to demonstrate that all HCBS settings will be assessed for all of the HCBS Settings criteria, and, where*

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*provider self-assessment is utilized for a setting, each of those settings has been validated for compliance by at least one other independent method of assessment by the state.*

- **NH Response (6/27/18):** Please see response on the previous page.

**Validation Strategies:**

**CMS COMMENT:**

The state has stated that a survey will be completed to demonstrate that each setting complies fully with the HCBS settings criteria. Please confirm whether the survey will be conducted onsite or electronically, and who will complete the survey (ie. state staff/personnel, consumers, providers, etc.). Please note that each setting must be validated independent of the provider. If the survey is being completed by providers and no additional onsite reviews are completed, please (a) confirm the types of documentation and evidence that providers will be required to submit to substantiate the survey responses; and (b) include any additional validation activities that will be completed independent of the provider.

**NH RESPONSE (4/5/18):**

As noted in the statewide transition plan, Short-Term Monitoring Goal #1 outlines the validation mechanisms that will be used in addition to the self-assessments. These tools will be used as an ongoing resource during the transition period, not just as a one-time validation tool. They include but are not limited to:

<b>Validation Process</b>	<b>Collected by:</b>	<b>Method</b>
Certification/Licensing data	State's Certification / Licensing unit	On-site visit
Survey responses	Bureau of Developmental Services	Paper Survey
Self-assessment data	HCBS setting	Self - assessment tool
Complaint data	Office of Client and Legal Services - DHHS	Data report
Employment data	Bureau of Developmental Services	Electronic data collection
Satisfaction data	Service Coordinator	Interview
Family Forums	Bureau of Developmental Services	Interview
Individual Forums	Bureau of Developmental Services	Interview

***CMS Response (5/9/18):*** Please see the previous comment regarding re-evaluation of settings following the completion of the state's remediation strategies.

- **NH Response (6/27/18):** Please see response on the previous page.

For the DD waiver, please confirm the proportion/percentage of consumers surveyed, and how consumers are selected for participation. Please also provide additional information about the modes by which consumer feedback is collected (ie. electronic, in-person or telephonic interviews, hard-copy mail); confirm what individuals are allowed to support consumers in completing/submitting their feedback; and the

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conditions by which consumer feedback will be collected in order to preserve consumer confidentiality in the process. Finally, please also confirm how the state will reconcile discrepancies between consumer feedback and the information being provided by a provider that a setting has come into compliance with a specific HCBS criterion in question.

**NH RESPONSE (4/5/18):**

The use of the validation methods outlined will ensure that all participants receiving HCBS will be represented in the re-evaluation process. The validation methods will be information that has been gathered throughout the transition process so that status of a setting will be evident through analysis of the information.

*CMS Response (5/9/18): No further information is required.*

**Timeline:**

**CMS COMMENT:**

Please confirm the timeline for the remediation activities across settings, as well as the site-specific evaluation/validation process on the backend for all HCBS settings.

**NH RESPONSE (4/5/18):**

Remediation activities, as described in the STP, include:

- General Implementation Strategies (systemic strategies that will be used during and after the transition period)
- Topic Area Goals (these are the HCBS expectation areas identified by CMS)
- Short-Term Monitoring (to occur during the transition period)
- Ongoing Monitoring (to occur once the transition period is complete)
- Heightened Scrutiny (to occur during the transition period)
  - Each of the remediation activities noted above have timeframes associated with them that will need to be adjusted due to the delay in receiving feedback on the plan.
- The re-evaluation process will occur as outlined in the STP on page 117 for DD/ABD and page 125 for CFI. Included within the steps are the validation processes that will be included in determining whether a setting is in full compliance.

*CMS Response (5/9/18): Please confirm that the remediation timeline found in CFI Short-Term Monitoring Goal # 1 includes Adult Day Settings which are also described in Goal # 6 and Assisted Living settings also described in Goal # 7.*

- ***NH Response (6/27/18):*** Short-Term Monitoring Goal #1 applies to all HCBS settings under the CFI waiver, including Adult Day Services and Assisted Living Facilities.

**CMS COMMENT:**

New Hampshire has described a process for communicating and assisting to relocate beneficiaries from noncompliant settings should this be necessary. CMS requests the following additional information:

- Indicate when the determination will be made that a setting cannot come into compliance with the federal HCBS settings criteria to assure there is enough time to successfully transition all impacted to compliant settings by March 2022.

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**NH RESPONSE (4/5/18):**

The determination will be made as outlined in the DD/ABD Relocation Process and CFI Relocation Process located on page 136 for the DD/ABD waiver participants and page 137 for CFI waiver participants.

*CMS Response (5/9/18): The Short-term Monitoring Goals # 1 step 9 indicate the implementation of relocation processes will be completed prior to March 2019. Please confirm this date in the updated STP.*

- *NH Response (6/27/18): The Short-term Monitoring Goals have been updated to reflect the new compliance deadline of March 2022.*

**CMS COMMENT:**

- Please also identify the estimated number of beneficiaries that the state predicts may need assistance in transitioning out of a non-compliant setting.

**NH RESPONSE (4/5/18):**

This number will not be known until the re-evaluation process occurs and/or a provider identifies that they will be unable to meet compliance by the deadline. As identified on in the chart located on page 26, New Hampshire's plan is to ensure that all settings are in compliance, thus alleviating the need for relocation of participants.

*CMS Response (5/9/18): Based on the re-evaluation process, please also identify the estimated number of beneficiaries that the state predicts may need assistance in transitioning out of a non-compliant setting in the updated STP.*

- *NH Response (6/27/18): As indicated during the most recent phone call with CMS, NH estimates that zero participants will need to utilize the relocation process.*

**CMS COMMENT:**

Describe how all beneficiaries impacted will receive reasonable notice and due process, including a minimum timeframe for that notice.

**NH RESPONSE (4/5/18):**

If there are participants who need to relocate, the plan for relocation will be individualized based on their needs and facilitated through the person centered planning process as outlined in the Relocation Processes located on pages 136 and 137. NH does not feel that many if any will need to relocate.

*CMS Response (5/9/18): Please provide timelines for the workplan outlined in the Relocation Processes located on pages 136 and 137 to describe how all beneficiaries impacted will receive reasonable notice and due process, including a minimum timeframe for that notice.*

- *NH Response (6/27/18) NH will develop a Relocation Process for the relocation of participants if/when a setting will not be in compliance by the deadline of March 2022 as identified in the Relocation Process section of the STP.*

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**CMS COMMENT:**

Please explain how the state will ensure that beneficiaries are given the opportunity, the information, and the supports to make an informed choice of an alternate setting that aligns with the federal HCBS requirements.

**NH RESPONSE (4/5/18):**

If there are participants who must relocate, available options of HCBS compliant settings will be provided to them. Additionally, as outlined in the Relocation Process (step # 5) a relocation information sheet will be included in the Participant Toolkit.

*CMS Response (5/9/18): No further information is required.*

**Individual, Private Homes:**

**CMS COMMENT:**

The state may make the presumption that privately-owned or rented homes and apartments of individual HCBS beneficiaries living with family members, friends, or roommates meet the HCBS settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption, but does need to include details within the STP as to how the state will monitor these settings to assure ongoing compliance with the federal HCBS settings criteria in the future.

**NH RESPONSE (4/5/18):**

NH agrees and presumes compliance with the options noted above. Compliance will be met/monitored through use of the service agreement template, complaint process, participant directed and managed services certification request and quarterly satisfaction surveys. As identified in the statewide transition plan all settings will be monitored for isolation according to the isolation monitoring process.

*CMS Response (5/9/18): Please specifically include in the updated STP that these strategies also apply to private, individual residences. The STP refers to community residences and provider sites.*

- ***NH Response (6/27/18):** NH included a statement on page 7 stating “The following service areas are considered to be in compliance based on the Setting Rule Review. These services are provided in the participant’s home and are residential services only.” These are Participant Directed and Managed Services (PDMS) and Personal Care Services (PCS). The homes are owned by the individual or their family and the services are based there but not necessarily provided there so the presumption is that they are compliant.*

**CMS COMMENT:**

Also note, settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual), these settings are considered provider-owned or -controlled settings and should be evaluated as such.

**NH RESPONSE (4/5/18):**

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NH described the settings included in its Settings Rule Review on page 6 of the statewide transition plan. Included in the review were settings certified under He-M 1001, Community Residences. The definition for a Community Residence on page 6 states, "A community residence is defined as an agency residence or family residence that provides residential supports (typically, adult foster care home or staffed residence), and is certified under He-M 1001." Participants living in adult foster care settings are included in NH's statewide transition plan process and the evaluation of those settings is included in the plan, as identified in the chart located on page 13.

***CMS Response (5/9/18):*** Please confirm that the state has included settings where the beneficiary lives in a private residence owned by an unrelated caregiver who is paid for providing HCBS services under participant-directed service models.

- ***NH Response (6/27/18):*** The setting type referenced is included in the settings identified by the state to be home and community based and is part of the transition process.

**Reverse Integration:**

**CMS COMMENT:**

CMS requests additional details from the state as to how it will assure that settings (and non-residential settings, in particular) will comply with the HCBS settings criteria specific to assuring access of HCBS beneficiaries to the broader community. States cannot comply with this requirement simply by bringing individuals without disabilities from the broader community into the setting. Compliance requires a plan to assure that beneficiaries have access to and can participate in activities in the broader community. Reverse integration, or a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries in the facility-based setting is not considered by CMS by itself to be a sufficient strategy for complying with the community integration requirements outlined in the HCBS settings rule. CMS encourages New Hampshire to provide sufficient detail as to how it will assure non-residential settings implement adequate strategies for promoting access of HCBS beneficiaries to the broader community.

**NH RESPONSE (4/5/18):**

Under the Developmental Services and Acquired Brain Disorder waivers, day service participants are served following He-M 507, Community Participation Services. This regulation outlines the expectations for those participants receiving "day services" (non-residential services). Reverse integration is not considered community integration. Since this regulation was revised in October of 2013 the expectations that New Hampshire has for this type of service are as follows:

He-M 507.03 Service Principles.

- (a) All community participation services shall be designed to:
  - (1) Support the individual's participation in a variety of integrated community activities and settings;
  - (2) Assist the individual to be a contributing and valued member of his or her community through vocational and volunteer opportunities;

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(3) Meet the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community opportunities for volunteerism, employment, personal development, socialization, recreation, communication, mobility, and personal care;

(4) Help the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as:

- a. Traveling safely in the community;
- b. Managing personal funds;
- c. Participating in community activities; and
- d. Other life skills identified in the service agreement;

(5) Promote the individual's health and safety;

(6) Protect the individual's right to freedom from abuse, neglect, and exploitation; and

(7) Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

(b) Community participation services shall be primarily provided in community settings outside of the home where the individual lives.

(c) An individual or guardian may select any person, any provider agency, or another area agency as a provider to deliver the community participation services identified in the individual's service agreement.

(d) All providers shall:

- (1) Comply with the rules pertaining to community participation services;
- (2) Enter into a contractual agreement with the area agency; and
- (3) Operate within the limits of funding authorized by the agreement.

For those participants receiving Community Participation Services (CPS), validation of community activities is noted in monthly progress notes, daily schedules, daily notes, and ongoing choice in accessing preferred activities in the community.

Participants under the Choices for Independence Waiver, receive non-residential services in Adult Medical Day Centers. NH has limited number of these settings. NH recognizes the need to work with CMS and the centers as this is an integral, cost effective model. The centers are integrated and participants are with non-HCBS recipients. Access to the community is related to participant's person-centered plans and goals.

***CMS Response (5/9/18):** Please also provide the state's plan to assure that beneficiaries have access to and can participate in activities in the broader community for participants receiving services in Adult Medical Day Centers in the updated STP.*



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- *NH Response (6/27/18) NH is finalizing the steps they will take to ensure compliance w\by 2022. Once this has been determined, an update will be sent to CMS.*

**Non-Disability Specific Settings:**

**CMS COMMENT:**

The STP should indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services. Please provide additional clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services, regardless of where individuals live in the state.

**NH RESPONSE (4/5/18):**

The majority of residential settings (85%) for participants on the DD/ABD waivers are Adult Foster Care settings. These settings are non-disability specific and allow a family living environment for participants. This same type of setting environment is available and being explored for participants on the Choices for Independence waiver. This is one of the “pockets of excellence” that was noted in the STP that is being enhanced within the CFI waiver.

*CMS Response (5/9/18): In addition to this “pockets of excellence description”, please include the additional steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services especially to non-residential settings options.*

- ***NH Response (6/27/18)** NH believes that the adult foster care model is the least restrictive environment for residential settings and is non-disability specific. NH has focused its residential efforts on the adult foster care system and the reduction of staffed residences, resulting in 85% of the settings providing residential services are in a shared family environment.*
- *The Community Participation Services provided to individuals are entirely community based and are completely integrated into the broader community. The focus of these services are individualized and include employment and volunteer activities as determined by the participant. A community based system has been the priority of NH since the closing of the Laconia State School (NH's institution for people who live with an intellectual/developmental disability) in 1991.*
- *NH is working with its provider network to increase the number of providers available to provide supports in all areas of the state.*

**Monitoring of Settings**

**CMS COMMENT:**

New Hampshire's STP includes 11 ABD/DD *Monitoring Goals* and 12 CFI *Monitoring Goals*. As the public commented, the state is undertaking some important activities, such as the publication of an annual report during the transition period and an analysis of the rates paid to CFI providers. The state does not

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discuss when it will make the determination that a site cannot implement the necessary remediation, which will require communication with beneficiaries regarding alternate compliant settings or alternate funding streams.

- CMS requests that New Hampshire provide additional interim milestones for its Monitoring Goals prior to March 2022 addressing the concerns noted above.

**NH RESPONSE (4/5/18):**

As noted previously, if the Relocation Process is to be used, it will not be implemented until the re-evaluation process has been completed. The Relocation Process will include information about alternate, compliant settings.

Outside of the short-term, and ongoing monitoring strategies identified in the statewide transition plan NH is unclear what additional information is being requested.

*CMS Response (5/9/18): No further information is required.*

**CMS COMMENT:**

- CMS also requests that it revise the ongoing Monitoring Goals #8 for ABD/DD waivers and #7 and #8 for the CFI waiver to include the frequency of the assessments.

**NH RESPONSE (4/5/18):**

As noted on page 122 of the statewide transition plan, the **DD/ABD Ongoing Monitoring Goal #8** indicates that the quarterly satisfaction surveys are completed quarterly.

*CMS Response (5/9/18): Please provide milestone dates for steps 1, 2, 3, 4, 5, and 7.*

- *NH Response (6/27/18): As noted on page 71 of NH's STP, the Ongoing Monitoring of Goals identified in the plan that do not have a completion date are those that will continue indefinitely.*

**NH RESPONSE (4/5/18):**

As noted on page 129 of **CFI Ongoing Monitoring Goal #7**, the frequency of the process will be determined when the workgroup determines the how the assessment process will be implemented (step#2f).

*CMS Response (5/9/18): The timeline date to determine the frequency of the process was to be November 2016 in the STP. Please update the timelines in the next submission of the STP if this decision has not yet been completed, or, provide the frequency of the assessment as requested.*

- *NH Response (6/27/18): The timeline has not been determined as of this response.*

**NH RESPONSE (4/5/18):**

Within CFI Ongoing Monitoring Goal #8, found on page 129, the frequency of the assessments is annually.

*CMS Response (5/9/18): No further information is required.*

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**Heightened Scrutiny**

**CMS COMMENT:**

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit evidence for heightened scrutiny review, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved. These settings include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services.

New Hampshire states in the revised STP that the state's assessment identified four settings (pp.132-133) that met the first two prongs of the heightened scrutiny. The state also reports that it will be examining settings that have the effect of isolating, i.e. the third prong of the heightened scrutiny definition, as part of its certification and licensing process and reports a future process for conducting these reviews on pages 133-136. In addition, the evidence for the one ABD/DD site (an Easter Seals residence in Concord, NH) is included as Attachment H within the existing draft STP (and will be reviewed by the CMS HCBS Implementation Team separate and distinct from feedback on the STP). Please address the following requests regarding heightened scrutiny in the STP:

**CMS COMMENT:**

- Please articulate how the final decision will be made on whether or not to proceed to move a setting to CMS for HS review, i.e., what the threshold is and/or what determining the state is using to derive to a final decision that a setting has overcome its institutional characteristics or qualities that isolate, fully complies with the federal HCBS settings criteria (particularly around assuring access of HCBS beneficiaries to the broader community) and yes or no for moving the packet forward to CMS.

**NH RESPONSE (4/5/18):**

New Hampshire has revised its Heightened Scrutiny Process and it includes the process for determining if a setting will be submitted to CMS for Heightened Scrutiny. The process includes a provider self-assessment with evidence submission, and an on-site validation visit. A two person team will review the data submitted, and a two person team will complete the validation visit. The information will be summarized and NH's Waiver Transition Team will review the summary and determine if a heightened scrutiny request should proceed to the Commissioner. Please see the Heightened Scrutiny Process on page 133 for further details.

*CMS Response (5/9/18): Please provide additional details as it applies to step (6) in the state's Heightened Scrutiny Process on page 135 in the STP regarding what the threshold is and/or what determining factors the state is using to derive to a final decision that a setting has overcome its institutional characteristics or qualities that isolate, fully complies with the federal HCBS settings criteria (particularly around assuring*

**ADDITIONAL CMS FEEDBACK ON AREAS WHERE IMPROVEMENT IS NEEDED IN ORDER TO RECEIVE FINAL APPROVAL OF THE STATEWIDE TRANSITION PLAN**

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*access of HCBS beneficiaries to the broader community) and yes or no for moving the packet forward to CMS.*

- ***NH Response (6/27/18):*** *The revised Heightened Scrutiny Process can be found on page 85-86. The determination to proceed with a Heightened Scrutiny request will be made after reviewing the information gathered from the provider self-assessment, on-site review and setting summary as outlined in the Heightened Scrutiny Process.*

**CMS COMMENT:**

- On page 43, the DD/ABD *Provider Results* reports that six residential providers reported that they were on the grounds or immediately adjacent to a public institution. However, the state estimates only one facility meets the definition requiring a heightened scrutiny review (see pg. 26). Please clarify that the state is including all settings that fall into prongs 1 and 2 in its internal review process, and that any not being submitted by the state to CMS for HS review are settings the state has determined cannot or will not overcome their institutional presumption and come into compliance with the federal HCBS rule.

**NH RESPONSE (4/5/18):**

The providers who responded that they were next to a public institution were referencing schools and libraries which do not meet the CMS definition of a public institution. New Hampshire referenced the confusion around the definition of public institution on page 44 of the STP where it states:

“These questions may have been generally misunderstood related to community integration, specifically as it related to being near a public institution. In their responses both participants and providers identified libraries, schools, etc. as being public institutions, when in fact, these settings do not meet the CMS definition of public institution. Details on settings that meet, do not yet meet, and do not meet as they are presumed institutional due to location are referenced on page 26. Additionally, the specific settings that are presumed institutional due to location are identified on page 133.”

***CMS Comment (5/9/18):*** *No further information is required.*

**CMS COMMENT:**

- With regard to the third prong concerning isolation in settings, New Hampshire describes the DD/ABD Isolation Monitoring process in Appendix I. The state affirms that it will coordinate activities around identification and vetting of settings that isolate (Prong 3) within the state's overall monitoring processes. CMS requests that the state include additional details in its initial estimate of the number/type of settings that may fall under this prong, and its timeline for completing this assessment process.

**NH RESPONSE (4/5/18):**

In addition to implementing the Isolation Monitoring Process outlined in Attachment I, NH has been proactive in its approach to identifying settings that could be potentially isolating and have put them on the state's potential heightened scrutiny list. As discussed with CMS previously, these settings will go through the heightened scrutiny process and may be removed from the state's list because they have proven that they are not isolating.

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**CMS COMMENT:**

Please provide a timeline of milestones for completing the heightened scrutiny process for other settings flagged by the state under prongs 1, 2 and 3.

**NH RESPONSE (4/5/18):**

According to the webinar attended by members of the Waiver Transition Team, the completion of heightened scrutiny requests can occur all at once, or on a rolling basis. New Hampshire will be completing the heightened scrutiny process on a rolling basis and will submit requests as appropriate.

*CMS Response (5/9/18): Please provide the timelines by which the heightened scrutiny process will be completed so that there is sufficient time to complete potential beneficiary transitions prior to March 2022.*

- *NH Response (6/27/18): The Heightened Scrutiny Process will continue throughout the transition period.*

**CMS COMMENT:**

**Milestones**

CMS will send to the state an updated milestone chart reflecting anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny, relocation and ongoing monitoring of compliance that have been gleaned from the STP. The state should review the milestone chart and return to CMS after completing the template.

**NH RESPONSE:**

On January 2, 2018, New Hampshire received its milestone template.

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<b>PROCESS TYPE</b>	<b>Page # in STP</b>	<b>PROCESS</b>
<b>Regulatory Goal #1</b>	20	Regulatory Revision & Training
<b>Regulatory Goal #2</b>	22	Update all policies related to the transition process so they correspond to the HCBS expectations
<b>General Implementation Strategy #1</b>	29-30	Create standardized service agreement template for use by all providers
<b>General Implementation Strategy #2</b>	31	Implement HCBS Education Tool to be used during certification/licensing visits while the regulatory revisions are being made. Once the regulations are revised, General Implementation Strategy #3 will be followed and issues with HCBS expectations will be considered deficiencies
<b>General Implementation Strategy #3</b>	32	Update Certification/Licensing Process <ul style="list-style-type: none"> <li>Includes new expectations for monitoring of HCBS compliance</li> </ul>
<b>General Implementation Strategy #4</b>	33	Revise the applicable provider contracts to include compliance with HCBS expectations
<b>General Implementation Strategy #5</b>	33	Revise Medicaid enrollment process for DD/ABD providers <ul style="list-style-type: none"> <li>Ensuring enrollment identifies compliance with HCBS expectations</li> </ul>
<b>General Implementation Strategy #6</b>	33-34	Additional training on HCBS and state expectations for providers
<b>General Implementation Strategy #7</b>	35	Develop HCBS Toolkit for providers and participants <ul style="list-style-type: none"> <li>Compile resources for providers and participants relating to HCBS expectations</li> </ul>
<b>Topic Area Goal #1</b>	35-36	Enhance opportunities for activities, community participation and community integration in order to prevent isolation <ul style="list-style-type: none"> <li>HCBS expectations are that individuals participate in local community activities and are part of the broader community, including integrated work sites, volunteer activities, etc.</li> </ul>
<b>Topic Area Goal #2</b>	37	Enhance knowledge about employment and its impact on benefits <ul style="list-style-type: none"> <li>Includes development of training and guide</li> </ul>
<b>Topic Area Goal #3</b>	38	Continue to enhance the opportunities for participants to find meaningful employment
<b>Topic Area Goal #4</b>	38-39	Identify options for easy access to funds for participants <ul style="list-style-type: none"> <li>Include discussion at Service Agreement about spending money and how that process will occur</li> </ul>

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PROCESS TYPE	Page # in STP	PROCESS
Topic Area Goal #5	39-40	Enhance the participants input into the decision making about their choice of setting <ul style="list-style-type: none"> <li>• Include the choice of setting in the Service Agreement and the options that were offered</li> </ul>
Topic Area Goal #6	40-41	Update individual rights booklet & create training for participants to include all regulatory and HCBS expectations
Topic Area Goal #7	41-42	Develop a process for any modifications to the expectations of Home and Community Based Settings (e.g., access to food at any time, privacy expectations, etc.) to ensure that modifications are identified, documented and approved as per HCBS and state expectations.
Topic Area Goal #8	42	Update Policy for obtaining, storing and sharing health information
Topic Area Goal #9	42 - 43	Ensure that there are privacy expectations, including but not limited to: <ul style="list-style-type: none"> <li>• Lockable doors</li> <li>• Choice of roommates</li> <li>• Freedom to furnish and decorate their sleeping or living units</li> </ul>
Topic Area Goal #10	44-45	Enhance participants' ability to voice their preferences, even when they have a guardian. <ul style="list-style-type: none"> <li>• Empower the voice of the individual</li> </ul>
Topic Area Goal #11	45	Identify a process to be used if there is limited access to the environment to ensure that all options and resources have been explored for the participant to have full access if possible <ul style="list-style-type: none"> <li>• To identify if there are ways for the individual to have full access to a site, such as environmental modifications, accessibility evaluation, etc.</li> </ul>
Topic Area Goal #12	46	Develop process for participants to have keys or alternative option for accessing their homes if desired
Topic Area Goal #13	46-47	Update provider policies regarding informed choice
Topic Area Goal #14	47 - 48	Enhance the Person Centered Service Planning Process <ul style="list-style-type: none"> <li>• Individual receive a copy of SA even if they have a guardian</li> </ul>
Topic Area Goal #15	49-50	Develop Settings Agreements for all residential sites <ul style="list-style-type: none"> <li>• Lease or tenancy agreement for those HCBS participants in a residential setting</li> </ul>
Topic Area Goal #16	50-51	Identify choice of roommate in Person Centered Planning Process <ul style="list-style-type: none"> <li>• Documentation of the choice of roommate be included in the Service Agreement</li> </ul>
Short-Term Monitoring Goal #1	71 -72	Re-evaluate the status of the state's compliance with the HCBS expectations <ul style="list-style-type: none"> <li>• Beginning in July 2020</li> <li>• Using survey and data analysis obtained through process</li> </ul>

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<b>PROCESS TYPE</b>		<b>PROCESS</b>
<b>Short-Term Monitoring Goal #2</b>	72	To ensure transparency of the transition process provide annual reports to stakeholder groups regarding status of Waiver Transition Plan <ul style="list-style-type: none"> <li>• Reports compiled in October of 2016, 2017 and 2018</li> <li>• Posted on DHHS website</li> </ul>
<b>Short-Term Monitoring Goal #3</b>	73	Re-designation and Governance process for Area Agencies be used for monitoring during the transition period
<b>Short-Term Monitoring Goal #4</b>	73-74	Enhance the efficiency of the certification/licensing process by standardizing the forms used by providers <ul style="list-style-type: none"> <li>• Standardizing forms will decrease the amount of time that certification/licensing visits will take</li> </ul>
<b>Ongoing Monitoring Goal #5</b>	74	Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made <ul style="list-style-type: none"> <li>• ATF to meet quarterly</li> <li>• ATF members to be part of the processes, as appropriate</li> </ul>
<b>Ongoing Monitoring Goal #6</b>	74 - 75	Complete additional site visits <ul style="list-style-type: none"> <li>• New sites</li> <li>• Sites where concerns are identified</li> <li>• Random selection</li> </ul>
<b>Ongoing Monitoring Goal #8</b>	75-76	Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility, Determination and Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations <ul style="list-style-type: none"> <li>• Quarterly satisfaction form will include HCBS expectations so that participants are aware of them and they can give feedback</li> </ul>
<b>Ongoing Monitoring Goal #9</b>	76	Analyze statewide complaint data to monitor trends, identify focus areas and action plan
<b>Ongoing Monitoring Goal #10</b>	76	Analyze statewide employment data to monitor the status of New Hampshire's efforts regarding employment as it relates to the HCBS expectations



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<b>PROCESS TYPE</b>	<b>Page # in STP</b>	<b>PROCESS</b>
<b>Regulatory Goal #1</b>	22 - 23	Regulatory Revision & Training <ul style="list-style-type: none"> <li>Revise regulations and provide training to stakeholders</li> </ul>
<b>Regulatory Goal #2</b>	23 - 24	Update all provider policies related to the transition process so they correspond to the HCBS expectations.
<b>General Implementation Strategy #1</b>	52	Establish a workgroup of CFI waiver providers to lead the efforts toward HCBS compliance
<b>General Implementation Strategy #2</b>	53	Develop standardized forms and policies for CFI providers
<b>General Implementation Strategy #3</b>	53	Revise Medicaid enrollment process for CFI providers <ul style="list-style-type: none"> <li>This goal's purpose was to identify that HCBS compliance was expected and that if providers wanted to discontinue providing CFI services they could dis-enroll.</li> </ul>
<b>General Implementation Strategy #4</b>	54	Develop training on HCBS and state expectations
<b>General Implementation Strategy #5</b>	55	Develop a standardized tool for licensing visits that includes compliance with HCBS expectations.
<b>General Implementation Strategy #7</b>	55	Develop HCBS Toolkit for providers and participants <ul style="list-style-type: none"> <li>Place to have resources for providers and participants that relate to HCBS expectations</li> </ul>
<b>General Implementation Strategy #8</b>	56	Update the complaint process for CFI participants
<b>Topic Area Goal #1</b>	57	Enhance opportunities for activities, community participation and community integration in order to prevent isolation <ul style="list-style-type: none"> <li>Identify resources and opportunities for providers to support participants to get out into the community more frequently</li> </ul>
<b>Topic Area Goal #2</b>	57 - 58	Investigate opportunities to support innovative options for community participation and integration in order to prevent isolation
<b>Topic Area Goal #3</b>	58	Add employment supports as a covered service under the CFI waiver.
<b>Topic Area Goal #4</b>	58 - 59	Identify ways that participants can have access to funds <ul style="list-style-type: none"> <li>Discussion about money to occur at person centered planning meetings</li> </ul>
<b>Topic Area Goal #5</b>	59 - 60	Enhance the participants input into the decision making about their choice of setting

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<b>PROCESS TYPE</b>	<b>Page # in STP</b>	<b>PROCESS</b>
		<ul style="list-style-type: none"> <li>Identify options that would make it more inclusive and put options and choice made in care plan.</li> </ul>
<b>Topic Area Goal #6</b>	60 - 61	To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting when identifying the options available regarding where to live <ul style="list-style-type: none"> <li>Look at options similar to the DD/ABD participants, such as Adult Foster Care</li> </ul>
<b>Topic Area Goal #7</b>	61 - 62	Develop training for participants, their families and guardians regarding rights and HCBS expectations <ul style="list-style-type: none"> <li>Workgroup to work on training for stakeholders</li> </ul>
<b>Topic Area Goal #8</b>	62 - 63	Create a process to use for any modifications to the expectations of Home and Community Based Settings <ul style="list-style-type: none"> <li>If there are modifications to the expectations, there are requirements that need to be in the person centered plan</li> </ul>
<b>Topic Area Goal #9</b>	63	Update policy for obtaining, storing and sharing health information
<b>Topic Area Goal #10</b>	64 - 65	Ensure that the opportunity is available for locks on bedroom and bathroom doors
<b>Topic Area Goal #11</b>	65	Enhance participants ability to make their own decisions <ul style="list-style-type: none"> <li>Discuss role of guardian and guardianship options that would increase the ability of the participant to make choices</li> </ul>
<b>Topic Area Goal #12</b>	66	Develop process for participants to have the opportunity for keys to their homes and/or rooms
<b>Topic Area Goal #13</b>	66 -67	Implement a process to identify and document when access is limited in provider setting <ul style="list-style-type: none"> <li>To identify if there are ways for the individual to have full access to a site (evaluations, etc.)</li> </ul>
<b>Topic Area Goal #14</b>	67 - 68	Update provider policies regarding informed choice
<b>Topic Area Goal #15</b>	68 -69	Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant <ul style="list-style-type: none"> <li>To include all HCBS expectations</li> <li>Individual receive a copy of their person centered plan even if they have a guardian</li> </ul>
<b>Topic Area Goal #16</b>	69 - 70	Update Settings Agreements for all residential sites, to be sure all HCBS expectations are met <ul style="list-style-type: none"> <li>To include all HCBS expectations</li> </ul>

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<b>PROCESS TYPE</b>	<b>Page # in STP</b>	<b>PROCESS</b>
<b>Short-Term Monitoring Goal #1</b>	77	Re-evaluate the status of the state’s compliance with HCBS expectations <ul style="list-style-type: none"> <li>• Beginning in September 2020</li> <li>• Using survey and data analysis obtained through process</li> </ul>
<b>Short-Term Monitoring Goal #2</b>	78	Analyze the rates paid to providers under the CFI waiver to ensure that there continues to be options for participants <ul style="list-style-type: none"> <li>• Workgroup identified</li> <li>• Look at current process</li> <li>• Identify options for change</li> </ul>
<b>Short-Term Monitoring Goal #3</b>	78	To ensure transparency of the transition process provide annual reports to stakeholder groups regarding status of Statewide Transition Plan <ul style="list-style-type: none"> <li>• Reports compiled in October of 2016, 2017 and 2018</li> <li>• Posted on DHHS website</li> </ul>
<b>Ongoing Monitoring Goal #5</b>	78 - 79	Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made <ul style="list-style-type: none"> <li>• ATF to meet quarterly</li> <li>• ATF members to be part of the processes, as appropriate</li> </ul>
<b>Ongoing Monitoring Goal #6</b>	79 - 80	Develop quality monitoring process for Adult Day Services settings <ul style="list-style-type: none"> <li>• Workgroup formed to develop process</li> </ul>
<b>Ongoing Monitoring Goal #7</b>	80 - 81	Develop quality monitoring process for Assisted Living Settings <ul style="list-style-type: none"> <li>• Workgroup formed to develop process</li> </ul>
<b>Ongoing Monitoring Goal #8</b>	81	Implement ongoing quality monitoring process for Case Management Agencies <ul style="list-style-type: none"> <li>• Implementation of process on a regular basis</li> </ul>
<b>Ongoing Monitoring Goal #9</b>	81	Analyze statewide complaint data to monitor trends, identify focus areas and action plan <ul style="list-style-type: none"> <li>• Develop process</li> </ul>
<b>Ongoing Monitoring Goal #10</b>	82	Enhance the Risk Identification Mitigation and Planning (RIMP) Process <ul style="list-style-type: none"> <li>• Workgroup to review and revise RIMP process</li> </ul>
<b>Ongoing Monitoring Goal #12</b>	82 - 83	Complete additional site visits <ul style="list-style-type: none"> <li>• New sites</li> <li>• Sites where concerns are identified</li> <li>• Random selection</li> </ul>