

DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

The following documents were reviewed in the systemic assessment: DDS Certification Standards for ACS Waiver Services, Medicaid Manual for DDS ACS Waiver, ACS Waiver renewal application, DDS Policy 1091 Certification Standards for non-center based services. The results shown here indicate whether the language in the aforementioned documents supported the federal regulations, conflicted with the federal regulations, or was silent in regard to the federal regulations. A more detailed crosswalk follows this summary.

DDS Certification Standards for ACS Waiver Services

http://humanservices.arkansas.gov/ddds/ddds_docs/Certification_Standards_for_ACS_Waiver_Services.pdf

Medicaid Manual for DDS ACS Waiver https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/DDSACS/DDSACS_II.doc

ACS Waiver renewal application

http://humanservices.arkansas.gov/ddds/waiverDocs/Application_for_1915c_HCBS_Waiver_%20Draft_AR.006.05.00_Jul_01_2016.html

DDS Policy 1091 Certification Standards for non-center based services <http://170.94.37.152/REGS/016.05.07-002F-9253.pdf>

Ark. Code Ann. § 20-48-602 <http://www.lexisnexis.com/hottopics/arcode/Default.asp>

Ark. Code Ann § 20-48-606 <http://www.lexisnexis.com/hottopics/arcode/Default.asp>

Table 5. DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>The setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards 508.1(B-1-b) Whenever a service or program is being provided to a person with a developmental disability, that service or program shall be provided to promote community integration, in least restrictive of the person’s rights. 508.1(B-3a.6) Ensures the individual’s orientation and integration to the community, its services and resources. 801 ACS non-medical transportation services are provided to enable individuals served to gain access to DDS ACS and other community services, activities, and resources. 1405(D-1a) Facilities must be able to provide individuals access to community resources. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual. 1902(A) (2) The services are focused on home and community integration and engagement in productive activities. 1903(E) (1) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual. 1904(G) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p>	<p>Compliant</p>	

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	<p>DDS ACS Waiver Manual Section II 211.000 The purpose of the ACS waiver is to support beneficiaries of all ages who have a developmental disability, meet the institutional level of care, and require waiver support services to live in the community and thus preventing institutionalization. ... a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>213.000 (A) (5) Community experiences include activities intended to instruct the person in daily living and community living skills in a clinic and integrated setting. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities and supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the beneficiary’s individual needs.</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application (2) The goals of HCBS Waiver are to: 1) Support the person in all major life activities, 2) Promote community inclusion through integrated</p>	<p>Partially Compliant</p> <p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend Waiver manual to incorporate specific HCBS Settings Rule language concerning community integration including giving individuals the same degree of access as those not receiving Medicaid HCBS and remove clinic language from section 213.000.</p> <p>DDS Policy 1091 The State will rewrite Policy 1091 to incorporate specific HCBS Settings Rule language concerning community integration, including giving individuals the same degree of access as those not receiving Medicaid HCBS.</p> <p>ACS Waiver Application The State will amend the ACS Waiver application to incorporate</p>

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	<p>employment options and community experiences. Support of the person includes: 7) Integration into the life and activities of the person's community.</p> <p>Attachment 2 DDS has developed and will promulgate standards that support and promote the belief that individuals must have full access to the benefits of community living and have the opportunity to receive services in the most integrated setting appropriate.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Residential habilitation supports are to assist the person to acquire, retain or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community.</p> <p>Community integration experiences include activities intended to instruct the person in daily living & community living skills in integrated settings. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities & supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the participant's individual needs.</p> <p>Appendix C-2: General Service Specifications (2 of 3) ii. The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. Persons are provided access to community resources and supports and are encouraged to build community relationships.</p>		<p>specific HCBS Settings Rule language concerning community integration, including giving individuals the same degree of access as those not receiving Medicaid HCBS.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>Ark. Code Ann. § 20-48-602 The General Assembly declares that it is the goal of this subchapter to improve the quality of life of all developmentally disabled persons and to integrate developmentally disabled persons into the mainstream of society by ensuring them the availability of community residential opportunities in the residential areas of this state. In order to implement this goal, this subchapter should be liberally construed toward that end.</p> <p>A.C.A. § 20-48-606 (2) Assurance that adequate arrangements are made for the residents of family homes to receive such care and habilitation as are necessary and appropriate to their needs and to further their progress towards independent living and that they have access to appropriate services such as public transportation, health care, recreation facilities, and shopping centers;</p>	Compliant	
<p>The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards</p> <p>1701 Supported employment is designed for individuals for whom competitive employment at or above minimum wage is unlikely or who, because of their disabilities, need intensive ongoing support to perform in a competitive work setting. The services consist of paid employment conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed.</p> <p>1801 Community experiences help to improve community acceptance, employment opportunities and general well-being.</p> <p>1703 In accordance with the federal definition, the provider work setting must provide frequent, daily social interaction among people with and without disabilities.</p>	Silent	<p>DDS Certification Standards</p> <p>The State will rewrite DDS Certification Standards to incorporate the U.S. Labor Department’s supported employment definition developed under Employment First State Leadership Mentoring Program.</p>

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	<p>DDS ACS Waiver Manual Section II</p> <p>211.000 ... a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>215.000 Supported employment is paid employment that is conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed.</p> <p>Integration requires that a beneficiary work in a place where no more than eight people with disabilities work together and where co-workers without disabilities are present in the work setting or in the immediate vicinity.</p> <p>215.100Supported Employment Exclusions</p> <p>Supported employment requires related activities to be identified and included in outcomes with an accompanying work plan submitted as documentation of need for service.</p> <p>Payment for employment services excludes:</p> <p>A. Incentive payments made to an employer of waiver beneficiaries to encourage or subsidize an employer’s participation in the program.</p> <p>B. Payments that are passed through to waiver beneficiaries.</p> <p>C. Payments for training that are not directly related to the waiver beneficiary’s employment.</p> <p>D. Reimbursement if the beneficiary is not able to perform the essential functions of the job. The functions of a job coach are to “coach,” not to do the work for the person.</p> <p>E. ACS waiver supported employment services when the same services are otherwise funded under the Rehabilitation Act of 1973 or Public Law 94-</p>	<p>Compliant</p>	<p>DDS ACS Waiver Manual</p> <p>The State will amend the Waiver Manual to incorporate the U.S. Labor Department’s supported employment definition developed under Employment First State Leadership Mentoring Program.</p>

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	<p>142. This means that such services must be exhausted before waiver-supported employment services can be approved or reimbursement can be claimed.</p> <p>F. Services provided in a sheltered workshop or other similar type of vocational service furnished in a specialized facility.</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application (2) The goals of HCBS Waiver are to: 1) Support the person in all major life activities, 2) Promote community inclusion through integrated employment options and community experiences.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Supported employment services consist of intensive, ongoing supports that enable participants for whom competitive employment at or above the minimum wage is unlikely, or who because of their disabilities need on-going supports to perform in a competitive work setting. Supported employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed...Supported employment</p>	<p>Silent</p> <p>Compliant</p>	<p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate the U.S. Labor Department's supported employment definition developed under Employment First State Leadership Mentoring Program.</p>

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	<p>provides integrated work settings where there is frequent, daily social interaction among people without disabilities.</p> <p>Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>		
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards</p> <p>508.1(B-1-b) Whenever a service or program is being provided to a person with a developmental disability, that service or program shall be provided to promote community integration, in least restrictive of the person’s rights.</p> <p>508.1(B-3a.6) Ensures the individual’s orientation and integration to the community, its services and resources.</p> <p>801 ACS non-medical transportation services are provided to enable individuals served to gain access to DDS ACS and other community services, activities, and resources.</p> <p>1405(D-1a) Facilities must be able to provide individuals access to community resources. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p> <p>1902(A) (2)</p> <p>1903(E) (1) Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.</p> <p>1904(G) Individuals must have access to the community in which they are being served. The site</p>	<p>Compliant</p>	

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	<p>ACS 1915(C) Waiver Application (2) The goals of HCBS Waiver are to: 1) Support the person in all major life activities, 2) Promote community inclusion through integrated employment options and community experiences. Support of the person includes: 7) Integration into the life and activities of the person's community.</p> <p>Attachment 2 DDS has developed and will promulgate standards that support and promote the belief that individuals must have full access to the benefits of community living and have the opportunity to receive services in the most integrated setting appropriate.</p> <p>Appendix C Participant Services C-1/C-3: Service Specification Residential habilitation supports are to assist the person to acquire, retain or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community.</p> <p>Community integration experiences include activities intended to instruct the person in daily living & community living skills in integrated settings. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities & supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the participant's individual needs.</p> <p>Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential</p>	<p>Compliant</p>	

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	<p>settings comply with the characteristics described in the Final Rule... Persons are provided access to community resources and supports and are encouraged to build community relationships.</p> <p>A.C.A. § 20-48-602 The General Assembly declares that it is the goal of this subchapter to improve the quality of life of all developmentally disabled persons and to integrate developmentally disabled persons into the mainstream of society by ensuring them the availability of community residential opportunities in the residential areas of this state. In order to implement this goal, this subchapter should be liberally construed toward that end.</p> <p>A.C.A. § 20-48-606 (2) Assurance that adequate arrangements are made for the residents of family homes to receive such care and habilitation as are necessary and appropriate to their needs and to further their progress towards independent living and that they have access to appropriate services such as public transportation, health care, recreation facilities, and shopping centers;</p>	Compliant	
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS Certification Standards</p> <p>401.1 (B) At a minimum, the following rights shall be ensured: Having control over their own financial resources.</p> <p>401.1 (C) Being able to receive, purchase, have and use their own personal property.</p> <p>405 (A) The organization shall develop and implement policies/procedures demonstrating it has a system in place to protect the financial interests of the persons served.</p> <p>405 (B) Persons served and/or their guardians have access to records of their funds at all times.</p>	Compliant	

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	<p>405 (C) The organization shall implement policies that define:</p> <ol style="list-style-type: none"> 1. How the persons served will give informed consent for the expenditure of funds. 2. How the persons served will access the records of their funds. 3. How funds will be segregated for accounting purposes. 4. Safeguards in place to ensure that funds are used for the designated and appropriate purposes. 5. How interest will be credited to the accounts of the persons served. <p>405 (E) The organization shall provide protection of financial interests as identified and/or addressed in service plans of individuals served. Protection of financial interests provides that:</p> <ol style="list-style-type: none"> 1. Funds from public and private support are received by the individuals. 2. Individuals receive and spend their money in a normalized fashion. 7. Individuals shall participate in or make purchases individually, depending on each individual's ability. <p>411 Individuals shall have the right to obtain and retain private property.</p> <ol style="list-style-type: none"> 1. Personal possessions are regarded as the private property of the individuals and shall not be taken away unless danger to safety of the individual or to others is present. <p>DDS ACS Waiver Manual Section II 213.000 A. Residential Habilitation Supports 2. Money management consists of training, assistance or both in handling personal finances, making purchases and meeting personal financial</p>	<p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning control over</p>

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	<p>obligations;</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C: Participant Services C-1/C-3: Service Specification Money management consists of training, assistance or both in handling personal finances, making purchases & meeting personal financial obligations; Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>	<p>Silent</p> <p>Partially Compliant</p>	<p>personal resources to the same degree as those not receiving Medicaid HCBS.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning control over personal resources to the same degree as those not receiving Medicaid HCBS.</p> <p>ACS Waiver Application The State will amend the ACS Waiver Application to incorporate specific HCBS Settings Rule language concerning control over personal resources to the same degree as those not receiving Medicaid HCBS.</p>
<p>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.</p>	<p>DDS Certification Standards 401 (D) Actively and meaningfully making decisions affecting their life. 402.4 (A) All possible service options, including those not presently provided by the program. 502.1 An individual or their legal guardian may choose a single provider (business entity) to deliver both case management and direct services. 508 (A) The organization shall include the person served and/or legal guardian as an active participant giving direction in all aspects of the planning and</p>	<p>Partially Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to include specific HCBS Settings Rule language concerning setting selection and setting options.</p>

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	<p>revision processes. The person may have other representatives present as desired.</p> <p>(B) Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization.</p> <p>508.1 The Individualized Plan of care:</p> <p>A. Shall be developed and implemented with the input of the person served and/or their legal guardian.</p> <p>B. Shall Identify:</p> <ol style="list-style-type: none"> 1. Most appropriate environment <ol style="list-style-type: none"> a. Documentation of discussion of most appropriate environment appropriate for individual strengths and needs b. In general, the concept of most appropriate environment means that whenever a service or a program is being provided to a person with a developmental disability, that program or service shall be provided to promote community integration, in least restrictive of the person’s rights and provides a setting in which he/she can function effectively. It should be the setting that is most like normal and in which the individual can function with necessary supportive assistance. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible. <ol style="list-style-type: none"> 1. Individuals shall be in contact as much as possible with those who do not have disabilities 2. Plan of cares will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual. <p>Document this item with a summary of the</p>		

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	<p>discussion by the entire team about the most appropriate alternatives</p> <p>DDS ACS Waiver Manual Section II 201.000 Waiver beneficiaries have the freedom of choice of service providers.</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application 5. Assurances D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group is: 1. Informed of any feasible alternatives under the waiver; and, 2. Given the choice of either institutional or home and community-based waiver services. Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. Appendix C: C-5: Home and Community-Based Settings DDS staff offers each person a choice of both case management and direct service providers.</p>	<p>Partially Compliant</p> <p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning setting selection and setting option.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning setting selection and setting option.</p> <p>DDS ACS Waiver Application The State will amend the ACS Waiver Application to incorporate specific HCBS Settings Rule language concerning setting selection and setting option.</p>

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	<p>3. Providers must develop a written behavior management policy to ensure the rights of individuals. The policy must include a provision for alternative methods to avoid the use of restraints and seclusions.</p> <p>The behavior management plan must specify what behaviors will constitute the use of restraints or seclusion, the length of time to be used, who will authorize the use of restraints or seclusion and the methods for monitoring the individual.</p> <p>Behavior management plans cannot include procedures that are punishing, physically painful, emotionally frightening, depriving or that put the individual at a medical risk.</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix G-2: Safeguards Concerning Restraints and Restrictive interventions (a) (i) DDS does not permit medications to be used to modify behavior or for the purpose of chemical restraint. Chemical Restraint means the use of</p>	<p>Silent</p> <p>Partially Compliant</p>	<p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language regarding individual’s rights of privacy; dignity, respect, and freedom from coercion and restraint.</p> <p>DDS ACS Waiver Application The State will amend the ACS Waiver application to include additional specific HCBS Settings Rule language concerning individual’s rights of privacy; dignity, respect, and freedom from coercion and restraint.</p>

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	<p>medication for the sole purpose of preventing, modifying, or controlling challenging behavior that is not associated with a diagnosed co-occurring psychiatric condition...</p> <p>DDS does not permit the use of mechanical restraints. Mechanical Restraint means any physical apparatus or equipment used to limit or control challenging behavior. This apparatus or equipment cannot be easily removed by the person and may restrict the free movement, or normal functioning, or normal access to a portion or portions of a person's body, or may totally immobilize a person...</p> <p>DDS Standards stipulate that providers prohibit maltreatment or corporal punishment of individuals. DDS Standards also require that providers guarantee an array of rights which includes the right to be free from the use of a physical or chemical restraint, medications, or isolation as punishment for the convenience of the provider except when a physical restraint is necessary for the health and safety of the individual.</p> <p>Appendix G-2 (b) (i) Restrictive interventions that include aversive techniques, restrict an individual's right, involve a mechanical or chemical restraint are prohibited.</p>		
<p>The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>DDS Certification Standards</p> <p>401.1 (D) At a minimum, the following rights shall be ensured: Actively and meaningfully making decisions affecting their life.</p> <p>401.1 (F) Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.</p> <p>401.1 (G) Being able to practice the religion of their choice.</p>	<p>Compliant</p>	

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	<p>401.1 (M) Informed consent or refusal or expression of choice regarding:</p> <ol style="list-style-type: none"> 1. Service delivery 2. Release of Information 3. Concurrent services 4. Composition of the service delivery team 5. Involvement in research projects, if applicable. <p>DDS ACS Waiver Manual Section II</p> <p>201.000 Waiver beneficiaries have the freedom of choice of service providers.</p> <p>211.000 The goal is to create a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule... Persons are granted access to visitors at times convenient to the individual. Individuals are allowed a choice of roommates, if they are in a shared bedroom.</p>	<p>Partially Compliant</p> <p>Silent</p> <p>Partially Compliant</p>	<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning individual initiative, autonomy and independence in making life choices.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning individual initiative, autonomy and independence in making life choices.</p> <p>DDS ACS Waiver Application The State will amend the ACS Waiver application to incorporate specific HCBS Settings Rule language concerning individual initiative, autonomy and independence in making life choices.</p>

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	<p>Appendix D-1 (d)(7) Participant Engagement From the time an individual first makes contact with DDS to apply for HCBS Waiver services, they are informed of their rights to make choices about each aspect of the services that are available. It is the responsibility of every person at the state and the provider level to make sure that the individual is aware of and exercises their rights and to ensure that the process is driven to the maximum extent possible by the individual.</p>		
<p>The setting facilitates individual choice regarding services and supports, and who provides them.</p>	<p>DDS Certification Standards 401.1 (D) At a minimum, the following rights shall be ensured: Actively and meaningfully making decisions affecting their life. 401.1 (M) Informed consent or refusal or expression of choice regarding: 1. Service delivery 2. Release of information 3. Concurrent Services 4. Composition of the service delivery team. 402.4 (A) All possible service options, including those not presently provided by the program. 502.1 An individual or their guardian may choose a single provider (business entity) to deliver both case management and direct services. 508.1 The Individualized Plan of care: A. Shall be developed and implemented with the input of the person served and/or their legal guardian. 508.1(3)(a) Individuals shall have a person-centered plan of care. The planning process shall support the individual in decision making and choosing options by: 1. Actively involving the individual in the person-</p>	<p>Compliant</p>	

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	<p>centered plan development and implementation 2. Reflect the individual’s choice of services which are relevant to the individual’s age, abilities, life goals/outcomes 511 Change in Direct Service or Case Management Provider An individual/guardian may initiate a request to change direct service provider/case management provider by contacting (written or verbally) the assigned DDS Coordinator or Specialist, or their case manager.</p> <p>DDS ACS Waiver Manual Section II 201.000 Waiver beneficiaries have the freedom of choice of service providers. 211.000 The goal is to create a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration.</p> <p>DDS Policy 1091 Silent</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule. 6. Additional Requirements (E) Free Choice of</p>	<p>Compliant</p> <p>Silent</p> <p>Compliant</p>	<p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning individual’s choice of services and supports and who provides them.</p>

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	<p>Provider. In accordance with 42 CFR 431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan...</p> <p>Appendix C: C-5: Home and Community-Based Settings DDS staff offers each person a choice of both case management and direct service providers. The chosen case management provider assesses the person’s needs and wants and facilitates the development of the person-centered plan, which is approved by DDS staff.</p> <p>Appendix D-1: Service Plan Development (d) The team must document each identified risk and write PCSP with individualized mitigation strategies. The strategies must be designed to respect the needs and preferences of the participant.</p> <p>Appendix D-1: Service Plan Development (f) DDS ensures that person may choose providers of each service in the service plan... DDS staff supports the person to make a choice of provider without any specific recommendations that could sway the person's choice.</p>		
<p>Provider owned or controlled residential settings: 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 under the landlord/tenant law of the State, county, city, or other designated entity. For setting in which landlord tenant laws</p>	<p>DDS Certification Standards</p> <p>DDS ACS Waiver Manual Section II</p>	<p>Silent</p> <p>Silent</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p> <p>DDS ACS Waiver Manual The State will amend DDS ACS Waiver Manual to incorporate</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
<p>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.</p>	<p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>	<p>Silent</p> <p>Silent</p>	<p>specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p> <p>ACS Waiver Application The State will amend DDS ACS Waiver application to incorporate specific HCBS Settings Rule language concerning a legally enforceable agreement and protections from eviction.</p>
<p>Provider owned or controlled residential settings: 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.</p>	<p>DDS Certification Standards 1405 (G) Bedroom areas:</p> <ol style="list-style-type: none"> 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms. 2. Shall have doors that do not have vision panels. <ol style="list-style-type: none"> a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual’s documented individual behavior needs. 3. When shared by one or more individuals, the program shall actively address the need to designate space for privacy and individual interests <p>1406 (E) Bedroom areas:</p> <ol style="list-style-type: none"> 1. Are arranged so that privacy is assured for individuals. 	<p>Partially Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate more specific language concerning lockable units.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests.</p> <p>1903 (H) Bedroom areas:</p> <ol style="list-style-type: none"> 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms. 2. Shall have doors that do not have vision panels. <ol style="list-style-type: none"> a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual's documented individual behavior needs. 3. When shared by one or more individuals, the program shall actively address the need to designate space for privacy and individual interests. <p>1904 (E) Bedroom areas:</p> <ol style="list-style-type: none"> 1. Are arranged so that privacy is assured for individuals. 2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests. 3. Are compatible with the physical needs of the individuals. <p>DDS ACS Waiver Manual Section II</p> <p>DDS Policy 1091</p>	<p>Silent</p> <p>Silent</p>	<p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning lockable units.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning lockable units.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) ...provide access to typical facilities in a home such as a kitchen with cooking facilities, small dining areas, and provide for privacy and easy access to resources and activities in the community...Each group home contains bedrooms and bathrooms that allow privacy.</p>	Partially Compliant	<p>ACS Waiver Application The State will amend ACS Waiver application to include more specific language concerning lockable units.</p>
<p>Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.</p>	<p>DDS Certification Standards 1902 (A)(3) Participants shall be safe and secure in their homes and communities, taking into account their informed and expressed choices.</p> <p>DDS Waiver Manual Section II</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential</p>	<p>Silent</p> <p>Silent</p> <p>Silent</p> <p>Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate specific HCBS Settings language concerning choice of roommates.</p> <p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings language concerning choice of roommates.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings language concerning choice of roommates.</p>

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	<p>settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) Individuals are allowed a choice of roommates, if they are in a shared bedroom.</p>		
<p>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>DDS Certification Standards</p> <p>1903 (I)(1-3) The individual shall decorate his/her bedroom in an individual style which will respect the care of the property.</p> <p>1. Persons served determine the décor in their private quarters. 2. Persons self-direct and provide input regarding decor in the home. Individual preferences shall be taken into consideration. 3. Persons served are given opportunities to access the community to purchase decorative items for their home. Staff provides assistance and counsel regarding budgeting for long-range planning.</p> <p>DDS ACS Waiver Manual Section II</p> <p>DDS Policy 1091</p>	<p>Compliant</p> <p>Silent</p> <p>Silent</p>	<p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to incorporate specific HCBS Settings language concerning freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings language concerning freedom to furnish and decorate their sleeping and living units within the lease or other</p>

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	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) The living and dining areas are provided with furnishings that promote the functions of daily living and social activities.</p>	Partially Compliant	<p>agreement.</p> <p>DDS ACS Waiver Application The State will amend ACS Waiver application to incorporate specific HCBS Settings language concerning freedom to furnish and decorate their sleeping and living units within the lease or other agreement.</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>DDS Certification Standards 401.1 (D) At a minimum, the following rights shall be ensured: Actively and meaningfully making decisions affecting their life.</p> <p>DDS ACS Waiver Manual Section II</p> <p>DDS Policy 1091</p>	<p>Silent</p> <p>Silent</p> <p>Silent</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to include specific language concerning the freedom of individual's to control their own schedule and access to food at any time.</p> <p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to include specific HCBS Settings Rule language concerning the freedom of individual's to control their own schedule and access to food at any time.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to include specific HCBS Settings Rule language concerning the freedom of individual's to control their own schedule and access to food at any time.</p>

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	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p>	Partially Compliant	<p>ACS Waiver Application The State will amend ACS Waiver application to include specific HCBS Settings Rule language concerning the freedom of individual's to control their own schedule and access to food at any time.</p>
<p>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</p>	<p>DDS Certification Standards 401.1 (F) Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.</p> <p>DDS ACS Waiver Manual Section II</p> <p>DDS Policy 1091</p> <p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential</p>	<p>Partially Compliant</p> <p>Silent</p> <p>Silent</p> <p>Compliant</p>	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to include specific HCBS Settings Rule language concerning individual's right to have visitors of their choosing at any time.</p> <p>DDS ACS Waiver Manual The State will amend ACS Waiver Manual to include specific HCBS Settings Rule language concerning individual's right to have visitors of their choosing at any time.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to include specific HCBS Settings Rule language concerning individual's right to have visitors of their choosing at any time.</p>

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>settings comply with the characteristics described in the Final Rule.</p> <p>Appendix C-2 (c)(ii) Persons are granted access to visitors at times convenient to the individual.</p>		
<p>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</p>	<p>DDS Certification Standards</p> <p>1404.1 (A)(1) Accessibility Requirements The organization shall ensure architectural accessibility at each facility based on the individual’s needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.</p> <p>1404.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1405 (B) Individuals shall be allowed free use of all space within the group living facility/alternative living site with due regard for privacy, personal possessions of other residents/staff, and reasonable house rules.</p> <p>1405 (G) (4) Physical arrangements shall be compatible with the physical needs of the individuals.</p> <p>1406 (H)(6) Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual’s living in the home.</p> <p>1608.1 (A)(1) Accessibility Requirements A. The organization shall ensure architectural accessibility at each facility based on the individual’s needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to</p>	<p>Compliant</p>	

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	<p>meet the individual's needs.</p> <p>1608.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1901.1(A)(1) Accessibility Requirement A. The organization shall ensure architectural accessibility at each facility based on the individual's needs.</p> <p>1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual's needs.</p> <p>1901.2 (D) Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.</p> <p>1903 (J)(6) Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual's living in the home.</p> <p>DDS ACS Waiver Manual Section II</p> <p>DDS Policy 1091</p>	<p>Silent</p> <p>Silent</p>	<p>DDS ACS Waiver Manual The State will amend the ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning physical accessibility.</p> <p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning physical accessibility.</p>

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	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>Appendix D-1 (e) The Standards also require that case management and direct service provider minimize certain personal safety risks by imposing certain "physical plant" requirements without compromising the natural, home-like atmosphere in any setting in which the individual resides.</p>	Partially Compliant	<p>DDS ACS Waiver Application The State will amend ACS Waiver application to incorporate more specific HCBS Settings Rule language concerning physical accessibility.</p>
<p>Provider owned or controlled residential settings: Any modifications of the additional residential conditions except for the setting be physically accessible requirement, must be supported by a specified need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: 1) identify a specific and individualized assessed need; 2) document the positive interventions and supports used prior to any modifications to the person-centered service plan; 3) document less intrusive methods of meeting the need that have been tried but did not work; 4) include a clear description of the condition that is directly proportionate to the specific assessed need; 5) include regular collection and review of data to measure the ongoing effectiveness of the modification; 6) include established time</p>	<p>DDS Certification Standards 502 A case manager shall be designated in writing and shall organize the provision of services for every individual served. The case manager shall provide the individual or parent/guardian with the name and contact information in writing. A. For every individual served, the case manager shall: 1. Assume responsibility for intake into program, assessment of service needs and supports, planning and services to the person 2. Coordinate the plan of care 3. Cultivate the individual's participation in the services and supports 4. Monitor and update services and supports to assure that: a. The person is adequately oriented b. Services proceed in an orderly, purposeful, and timely manner 504 Medical prescription for services and level of care shall be obtained annually A. An initial prescription for services and level of</p>	Partially Compliant	<p>DDS Certification Standards The State will rewrite DDS Certification Standards to incorporate specific HCBS Settings Rule language concerning modifications of the residential conditions being documented in the person-centered service plan. All of the requirements will be included.</p>

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<p>limits for periodic reviews to determine if the modification is still necessary or can be terminated; 7) include the informed consent of the individual; and 8) include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>care (within 30 days), signed by qualified medical personnel, shall be on file prior to admission</p> <p>B. Prescription for services and level of care</p> <p>C. Prescription for medications</p> <ol style="list-style-type: none"> 1. For all prescribed medications, the provider shall develop and implement a medication management plan and update as necessary. 2. For all prescribed psychotropic medications due to behaviors, the provider shall develop and implement a behavior management plan and update as necessary. <p>506 When applicable, the provider shall obtain a psychiatric evaluation by a qualified mental health professional within thirty (30) days of admission. Results of the evaluation and any recommendations shall be incorporated into the individual's plan of care within 30 days of receipt of the evaluation report to ensure continuity of service delivery. When a psychiatric evaluation cannot be obtained within thirty (30) days of admission, the provider shall document efforts made to obtain the evaluation. Documentation shall include the date(s) contact(s) was made, the type of contact(s) made, and the results of the contact(s). Documentation shall be maintained in the individual's file for review by DDS.</p> <p>507 A service needs assessment must be completed on every individual seeking services. A copy of the assessment must be maintained on file in the individual's file.</p> <p>A. A Health and Safety Assurances Assessment (HSAA) shall be included as a component of the needs assessment in order to safeguard the individual against physical, mental and behavioral</p>		

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	<p>risks. The person and/or their legal representatives shall be involved in:</p> <ol style="list-style-type: none"> 1. Assessments of health and safety factors (i.e., physical and mental health diagnoses, behavioral episodes, lifestyle choices) as identified by the individual/parent/guardian or as identified in previous evaluations/assessments or behavioral reports. 2. Decisions to accept or reject such risks 3. Identification of actions to be taken to minimize risks 4. Identification of individuals responsible for those actions <p>508 Every individual shall have a written Individualized Plan of care</p> <p>A. The organization shall include the person served and/or legal guardian as an active participant giving direction in all aspects of the planning and revision processes. The person may have other representatives present as desired.</p> <p>B. Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization</p> <p>C. Individual choice shall be determined by a comprehensive assessment which addresses:</p> <ol style="list-style-type: none"> 1. Relevant medical history 2. Relevant psychological information 3. Relevant social information 4. Information on previous direct services and supports 5. Education 6. Strengths 7. Abilities 		

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	<p>8. Needs</p> <p>9. Preferences</p> <p>10 .Desired outcomes</p> <p>11. Cultural background</p> <p>12. Other issues, as identified</p> <p>508.1 The Individualized Plan of care:</p> <p>A. Shall be developed and implemented with the input of the person served and/or their legal guardian.</p> <p>B. Shall Identify:</p> <p>1. Most appropriate environment</p> <p>a. Documentation of discussion of most appropriate environment appropriate for individual strengths and needs</p> <p>b. In general, the concept of most appropriate environment means that whenever a service or a program is being provided to a person with a developmental disability, that program or service shall be provided to promote community integration, in least restrictive of the person’s rights and provides a setting in which he/she can function effectively. It should be the setting that is most like normal and in which the individual can function with necessary supportive assistance. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible.</p> <p>1. Individuals shall be in contact as much as possible with those who do not have disabilities</p> <p>2. Plans of care will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual.</p> <p>Document this item with a summary of the discussion by the entire team about the most</p>		

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	<p>appropriate alternatives</p> <p>508.2 Short-term objectives (3-6 months' time frame) may be either habilitative in nature or service related objectives. Short-term objectives shall be develop and implemented, as needed, for each of the annual goals. Objectives describe sequential steps and expected outcomes needed to reach the annual goal(s).</p> <p>A. Each objective must have criteria for success that states what the individual must do to complete the objective.</p> <p>B. Short-term objectives will have methods/materials for implementation and give a simple statement describing the procedures to be used in individual training.</p> <p>C. The person responsible for implementation of each short-term and service-objective shall be specified. Utilization of title is recommended. This could be the individual or legal guardian.</p> <p>D. Short-term objectives shall have an initiation date, a target date, and, when completed, a completion date</p> <p>E. Target dates (for habilitation goals):</p> <ol style="list-style-type: none"> 1. The target date shall be individualized and noted at the same time of the initiation date and the projected date when the individual can realistically be expected to achieve an objective. 2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and objectives. If the starting or target dates need to be revised, mark through, initial and put in a new date. 3. The ending date shall be entered in as the person 		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>completes each objective.</p> <p>704 The CM shall make regular contact with the individual as required by the ACS Waiver Plan. The CM must document all contact in the individual's file. Documentation shall include the date and time of the visit, location, who was present during the visit, a summary of the visit, any requests by the individual for change in services or new services, and shall be signed by the CM and the individual. At a minimum, the CM must make one contact annually at the individual's place of residence.</p> <p>A. For Limited Service Level, a minimum of one contact per month with at least one face-to-face contact per quarter must be conducted.</p> <p>B. For Extensive Service Level, a minimum of one face-to-face visit per month must be conducted.</p> <p>C. For Pervasive Service Level, a minimum of one personal visit and one other contact per month must be conducted.</p> <p>DDS ACS Waiver Manual Section II 230.200 Eligibility Assessment Based on intellectual and behavioral assessment submitted by the provider, the ICF/IID level of care determination is performed by the Division of Developmental Disabilities. The ICF/IID level of care criteria provides an objective and consistent method for evaluating the need for institutional placement in the absence of community alternatives. The level of care determination must be completed and the beneficiary deemed eligible for ICF/IID level of care prior to receiving ACS Waiver services. Recertification, based on intellectual and behavioral assessments submitted by the provider at</p>	<p>Partially Compliant</p>	<p>DDS ACS Waiver Manual Section II The State will amend DDS ACS Waiver Manual to incorporate specific HCBS Settings Rule language concerning modifications of the residential conditions being documented in the person-centered service plan. All of the requirements will be included</p>

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	<p>appropriate age milestones, will be performed by DDS to determine the beneficiary's continuing need for an ICF/IID level of care. The annual level of care determination is made by a QMRP (physician).</p> <p>230.400 Person Centered Service Plan Prior to expiration of the interim plan of care, each beneficiary eligible for ACS waiver services must have an individualized, specific, written person centered service plan developed by a multi-agency team and approved by the DDS authority. The members of the team will determine services to be provided, frequency of service provision, number of units of service and cost for those services while ensuring the beneficiary's desired outcomes, needs and preferences are addressed. Team members and a physician, via the DDS 703 form, certify the beneficiary's condition (level of care) and appropriateness of services initially and at the annual continued stay review. The person centered service plan is conducted once every 12 months in accordance with the continued stay review date or as changes in the beneficiary's condition require a revision to the person centered service plan. The person centered service plan must be designed to assure that services provided will be:</p> <ul style="list-style-type: none"> A. Specific to the beneficiary's unique circumstances and potential for personal growth. B. Provided in the least restrictive environment possible. C. Developed within a process assuring participation of those concerned with the beneficiary's welfare. <p>Participants of the multi-agency team included the beneficiary's chosen case manager, the beneficiary or legal representative and additional persons whom</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>the beneficiary chooses to invite to the planning meeting, as long as all rules pertaining to confidentiality and conflict of interest are met...</p> <p>D. Monitored and adjusted to reflect changes in the beneficiary's needs. A person centered service plan revision may be requested at any time the beneficiary's needs change.</p> <p>E. Provided within a system which safeguards the beneficiary's rights.</p> <p>F. Documented carefully, with assurance that appropriate records will be maintained.</p> <p>G. Will assure the beneficiary's and others' health and safety. The person centered service plan development process identifies risks and makes sure that they are addressed through backup plans and risk management agreements. A complete description of backup arrangements must be included in the person centered service plan.</p> <p>230.410 (C) Person Centered Service Plan Required Documentation Narrative justification for the revision to the initial plan of care must, at a minimum justify the need for requested services. Narrative justification for annual continued stay reviews must address utilization of services used or unused within the past year, justify new services requested and address risk assessment.</p> <p>DDS Policy 1091</p>	<p>Silent</p>	<p>DDS Policy 1091 The State will rewrite DDS Policy 1091 to incorporate specific HCBS Settings Rule language concerning modifications of the residential conditions being documented in the person-centered service plan. All of the requirements will be</p>

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	<p>ACS 1915(C) Waiver Application Appendix C-2: General Service Specifications (ii) The State has undertaken activities as described in the transition plan to ensure that all residential settings comply with the characteristics described in the Final Rule.</p> <p>2. Brief Waiver Description All services must be delivered based on an individual person-centered service plan (PCSP), which is based on service needs assessments, has measurable goals, specific objectives, measures progress through data collection, and is overseen and updated by the person's case manager through consultation with the team, which includes the person receiving services.</p> <p>Appendix B-6 (d) The initial determination of eligibility for both the HCBS Waiver and ICF/IID requires the same type of evaluations. These include an evaluation of functional abilities that does not limit eligibility to persons with certain conditions, an evaluation of the areas of need for the person, a social history, and psychological evaluation applicable to the category of developmental disability, which are intellectual disability, cerebral palsy, epilepsy, autism, spina bifida, Down syndrome or other condition that causes a person to function as though they have an intellectual disability or developmental disability. The DDS Psychology Team is responsible for determining initial eligibility for the HCBS Waiver. This eligibility process mirrors eligibility for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) institutional care. The same criteria as specified in "B1b" is applied for both</p>	<p>Compliant</p>	<p>included</p>

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	<p>HCBS Waiver and ICF/IID initial evaluations and reevaluations... Annually, and before the end of the current PCSP year, DDS notifies the HCBS Waiver case management provider of the need for PCSP renewal and the date for the next full evaluation by the DDS Psychology Team. For a full evaluation by the DDS Psychology Team, the provider must submit IQ testing report, if required, and adaptive functioning test results, based on age and the DDS 703 Physician's form.</p> <p>Appendix D (d) a. Interim Service Plan (ISP): When a person accesses HCBS Waiver services for the first time, the person is issued a prior approved interim service plan for up to 60 days. The Interim Service plan may include case management and supportive living for direct case supervision.</p> <p>DDS staff tracks the expiration dates of ISPs and ensure that a PCSP is complete before the interim plan expires.</p> <p>b. PCSP:</p> <p>1. Development, Participation and Timing The case manager is responsible for scheduling and coordinating the PCSP development meeting, including inviting other participants and making sure that the location and the participants are acceptable to the HCBS Waiver participant. If the HCBS Waiver participant objects to the presence of any individual, that person may not attend the meeting. Aside from any objections from the HCBS Waiver participant or their legal guardian, the team may consist of professionals who might assist with generic resources, professionals who conducted assessments or evaluations, and friends and persons</p>		

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	<p>who support the participant may attend the meetings. DDS staff will attend if the participant invites them. The case manager is responsible for managing and resolving any disagreements which occur during the PCSP development meeting.</p> <p>2. Assessment Types, Needs, Preferences, Goals and Health Status</p> <p>Prior to development of the PCSP, DDS requires that the case manager secures a functional assessment and any evaluations that are specific to the needs of the individual. In addition to psychological testing to include a measure of IQ and the adaptive behavior assessments conducted to establish eligibility, the case manager may secure social histories, medical, physical and mental histories, a current physician evaluation, an assessment of educational needs, physical, speech and occupational therapy evaluations, as well as a risk assessment. Licensed professionals conduct applicable assessments. Other assessments which do not require a licensed person, are conducted by persons who are most familiar with the individual.</p> <p>3. Information regarding availability of services</p> <p>The DDS staff informs the participant of available waiver services at the time of initial application. After the case manager has completed the functional assessment and met with the individual to discuss which services are needed based on the services, DDS meets with the individual again to offer choice of provider for each service need identified that will be addressed through the provision of HCBS services in the PCSP. The case manager has the responsibility to present information regarding service availability during the PCSP development</p>		

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	<p>process.</p> <p>4. Addressing goals, needs and preferences and assignment of responsibilities DDS prescribes the elements of the PCSP that requires that PCSP developers address how the team discussed, planned for and incorporated the individual's goal, needs (including health care needs), and preferences, as well as any cultural considerations. DDS requires that the developers designate who is responsible for implementation of and monitoring the PCSP. DDS requires that the PCSP be reviewed and prior authorized prior to implementation of services. During the onsite review of each provider, Certification and Licensure staff reviews PCSPs to make sure all elements are included.</p> <p>5. Coordination of services The case manager has the responsibility for coordinating and monitoring the implementation of all services identified in the PCSP, including waiver, state plan and generic services. The case manager must coordinate with the direct service providers to ensure quality service delivery.</p> <p>6. Updating PCSP The case manager is responsible for making sure that the PCSP is updated at least annually. They are also responsible for making sure that the PCSP is reviewed quarterly so that the team may identify goals that may need to be added, removed or revised and that there are no unnecessary or inappropriate services and supports. The team uses the data gathered by the implementer of the PCSP as they work with the individual to determine if goals should change. The team also relies on input from the individual regarding whether they want to work</p>		

42 CFR HCBS Settings Requirements	Evidence	Compliance Level	Remediation Strategies
	<p>on new or revised goals. The participant may request an update of their PCSP at any time.</p> <p>7. Participant Engagement</p> <p>From the time an individual first makes contact with DDS to apply for HCBS Waiver services, they are informed of their rights to make choices about each aspect of the services that are available. It is the responsibility of every person at the state and the provider level to make sure that the individual is aware of and exercises their rights and to ensure that the process is driven to the maximum extent possible by the individual. During the person-centered planning meeting, every person present is responsible for supporting and encouraging the individual to express their wants and desires and to then incorporate those into the PCSP.</p> <p>Appendix D-2 (a) DDS Standards also require that the case manager, along with the team, must review the PCSP at least quarterly. The team must review the participant's objectives and determine if they are accomplished, to be continued, or should be modified or discontinued. The team must use participant's input, data collection and case notes to make decisions as they review the PCSP.</p>		

Summary of DDS Provider Owned/Controlled Residential Settings Policy Crosswalk

Upon review of the *DDS Certification Standards for ACS Waiver Services*, the following federal regulations were supported: setting is integrated in and supports access to the greater community; includes opportunities to engage in community life; opportunities to control personal resources; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; setting facilitates individual choice regarding services and supports, and who provides them; freedom to furnish and decorate their sleeping or living units; is physically accessible to the individual.

The following federal regulations were partially supported minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened: setting includes opportunities to seek employment and work in competitive integrated settings; is selected by the individual from among setting options including non-disability specific settings; individual has privacy in their sleeping or living unit; individuals sharing units have a choice of roommates in that setting; individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; individuals are able to have visitors of their choosing at any time; modifications must be supported by a specified need and justified in the person-centered service plan.

The DDS Certification Standards were silent concerning the federal regulation requiring a lease or legally enforceable agreement and protections from eviction under the landlord/tenant law; and individuals sharing units have a choice of roommates in that setting. Federal language and requirements do not currently exist in state policy and need to be added.

Upon review of the *Medicaid Waiver Manual*, the following federal regulation was supported: setting facilitates individual choice regarding services and supports.

The following federal regulations were partially supported, minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened: is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community; setting includes opportunities to seek employment and work in competitive integrated settings; includes opportunities to engage in community life; opportunities to control personal resources; is selected by the individual from among setting options including non-disability specific settings; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; modifications must be supported by a specified need and justified in the person-centered service plan.

The following federal regulations were silent. Federal language and requirements do not currently exist in state policy and need to be added: 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 under the landlord/tenant law; individual has privacy in their sleeping or living unit; individuals sharing units have a choice of roommates in that setting; freedom to furnish and decorate their sleeping or living units; individuals have the freedom and support to control their own schedules and

activities, and have access to food at any time; individuals are able to have visitors of their choosing at any time; is physically accessible to the individual.

Upon review of the *ACS Waiver application*, the following federal regulations were supported: setting includes opportunities to seek employment and work in competitive integrated settings; includes opportunities to engage in community life; setting facilitates individual choice regarding services and supports, and who provides them; individuals sharing units have a choice of roommates in that setting; individuals are able to have visitors of their choosing at any time.

The following federal regulations were partially supported minor changes required. State language and requirements have similar language to the final rules, but need to be strengthened : setting is integrated in and supports access to the greater community; opportunities to control personal resources; is selected by the individual from among setting options including non-disability specific settings; ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected; optimizes, autonomy, and independence in making life choices; individual has privacy in their sleeping or living unit; freedom to furnish and decorate their sleeping or living units; individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; is physically accessible to the individual; modifications must be supported by a specified need and justified in the person-centered service plan.

The ACS Waiver application was silent concerning the federal regulation requiring a lease or legally enforceable agreement and protections from eviction under the landlord/tenant law. Federal language and requirements do not currently exist in the waiver application and need to be added. DDS Policy 1091 Certification Standards for non-center based services was silent regarding all federal regulations. This policy will be re-written to incorporate the specific HCBS settings language required to comport with the federal regulations.