STATEWIDE TRANSITION PLAN

TO IMPLEMENT THE SETTING REQUIREMENTS
FOR HOME AND COMMUNITY BASED WAIVER SERVICES
ADOPTED BY CMS ON 3/17/ 2014

Revised 9-08-2016

Summary of Purpose

On March 17, 2014, the Centers for Medicaid and Medicare Services (CMS) promulgated new federal regulations for Home and Community Based (HCB) Waiver Service Settings requirements. The federal regulations are 42 CFR 441.301(c)(4)-(5). CMS posted additional guidance to help states assess compliance and remediate areas that are not fully in compliance. More information on the rules can be found on the CMS website at www.medicaid.gov/hcbs. Each waiver has a separate, detailed transition plan posted on the Department's website: http://www.health.wyo.gov/ddd/index.html.

Overview of Transition Planning and Setting Assessment Process

The waiver settings that are a part of this Statewide Transition Plan include the Wyoming Assisted Living Facility (ALF), Acquired Brain Injury (ABI), Supports, and Comprehensive Medicaid Waivers. (*Long Term Care and Children's Mental Health Waivers do not have settings that need a transition plan.)* In a report to CMS under this new requirement, the state must include:

- An inventory and description of all HCB service settings;
- A summary of how each setting meets or does not meet the federal HCB settings requirements;
- A list of any areas of non-compliance that need to be addressed to bring the setting into compliance;
- A waiver-specific transition plan to bring all HCB settings for that waiver into compliance, including a plan to monitor ongoing compliance; and
- A 30-day public comment period on the transition plan with a response summary of comments received.

To learn more…

The Department has developed an informational guide for advocates, participants, guardians and family members regarding the new HCB standards. This guide is being distributed by case managers and includes a survey for participants and guardians to give the state feedback on the quality of services they receive and if they feel the services meet HCB standards. This guide can be found on the Department's website: http://www.health.wyo.gov/ddd/index.html.

Summary of Compliance for the CMH Waiver and the LTC Waiver Settings

The waiver settings for the Wyoming Long Term Care Waiver and the Children's Mental Health Waiver demographics and plans of care were reviewed within the Department of Health. All waiver participants live in settings that are in their own home on the long term care waiver or their family home, if they are on the Children's Mental Health waiver. These waivers do not have active participants residing in group homes or congregate facilities. No services may be offered in congregate facilities. Respite service settings on the CMH waiver are either based in family's residence, the provider's family residence, or in community locations that are not institutional in nature, such as parks, malls, stores, and other activity centers. Therefore, the LTC and CMH Waiver settings are presumed to be compliant.

Systemic Assessment

In order to assess compliance with the federal regulation, the Department of Health has conducted an internal review of its administrative rules and program policies. The results of this assessment may be found as an addendum to this plan. This addendum specifies the areas of state rule and policy that are presently compliant, silent, or in conflict with the federal regulation. For areas that are silent or in conflict with the regulation, the State has included proposed language that will bring the state authority in compliance with federal regulation. Each change to administrative rule will undergo a separate public notice process, as required by Wyoming state law. The state intends to have all rules and policies to be in compliance with federal regulation by no later than July 1, 2018.

Plan for Monitoring Continued Compliance of HCB Settings

The Wyoming Department of Health State Medicaid Agency oversees the provider certification processes and ongoing oversight of provider compliance with all state standards. Through annual provider certification visits, ongoing incident and complaint management systems described in Appendix G of the approved waiver, the Department will assess providers for ongoing compliance with the HCB Settings. Onsite audits include the review of review of policies and procedures, employee file review, participant file review and internal and external inspections of all locations where services are provided to ensure providers are in compliance with federal and state regulations. The audit team consists of the Provider Support Specialist assigned to the provider as well as any additional staff members needed to conduct the audit. Staff is trained to conduct onsite visits through state rule and regulation education, federal rule and regulation education, instruction on how to use onsite audit forms such as checklists, documentation details, and how to write the final report. Training also includes corrective action and sanctioning education. Each audit team has a lead auditor. This lead auditor assigns responsibilities out to team members before the survey. The lead auditor also will help to train any new individuals on a survey as well as approve of all information released to the provider.Certification requirements will be adjusted to ensure service settings for this waiver remain in settings that are not institutional or isolating in nature. Any areas of concern will be addressed the Department's corrective action and sanctioning processes pursuant to Chapter 16 of Wyoming Medicaid Rules.

Covered Settings

The following settings are covered through Wyoming Medicaid as a HCB service setting on the ALF, ABI, Comprehensive, and Supports Waivers:

Residential

- Assisted living facility (Assisted Living Facility Waiver)
- Residential habilitation Host Home for adults (Comprehensive & ABI Waivers)
- Residential habilitation Group Home for adults (Comprehensive & ABI Waivers)
- Residential habilitation apartment setting for adults (Comprehensive & ABI Waivers)
- Special Family Habilitation Home for children (Comprehensive Waiver)
- Supported living (ABI, Comprehensive, and Supports Waivers)

Non-residential

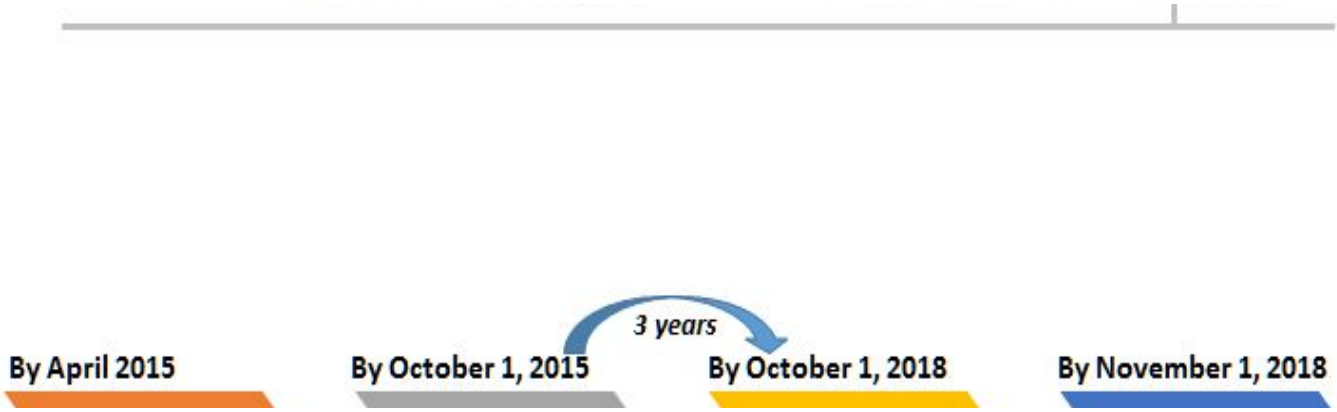
- Adult day care (Long Term Care Waiver)
- Supported employment (ABI, Comprehensive, and Supports Waivers)
- Group Work Centers (ABI, Comprehensive, and Supports Waivers)
- Provider Owned Businesses (ABI, Comprehensive, and Supports Waivers)
- Facility Based Day Services (ABI, Comprehensive, and Supports Waivers)

- Community Integration Settings (ABI, Comprehensive, and Supports Waivers)

Assessment of Setting Compliance

The Wyoming Department of Health, State Medicaid Agency is working with the various providers, participants, guardians, and other stakeholders involved in the waiver programs to gather the information needed to assess our current compliance with HCB setting regulations through surveys, interviews, site visits, and data analysis. The State will also continue to work with this stakeholder group to identify methods that can be implemented to maintain the State's provider network for waiver services and non-disability specific settings.

High Level Transition Timeline



PUBLIC COMMENT SUMMARY

Public Comment

Public comment on each of the Wyoming Waiver Transition plans was taken from October 3, 2014 through November 3, 2014. The public was invited to submit comments through an email address (bhdmail@wyo.gov), telephone, in writing, and forums were held at six locations across the state (Laramie, Cheyenne, Jackson, Evanston, Sheridan and Casper). A presentation on the state's transition plans was conducted at this year's Mega Conference and a recording was posted using YouTube, and the link was on the Division's website for people who cannot attend in person. Two conference calls were held for people during the 30 day period, so they could call in with their comments. A newsletter with information on the Transition Plan, which is available on the Division's DD section homepage (http://www.health.wyo.gov/ddd/index.html) for download or print, and the public forum schedule was sent to all waiver participants or guardians. Notice of the transition plan was also posted in the Wyoming Tribune-Eagle and Casper Star-Tribune with directions on how to obtain a hard copy of the plan and submit comments in writing. Information was sent out to nearly 2,000 people on the Division's listserv. The transition taskforce, which has members from various roles within the waiver system, reviewed and discussed input collected to help make final changes to the Transition plan. This final transition plan has been reposted in February 2015.

Changes to the Transition Plan Due To Public Comment

Public comments overwhelmingly recommended that the Division focus on assuring services are supporting people to be integrated in the community instead of focusing on the location where services are delivered. From the initial provider survey, settings were flagged for concern due to location issues such as industrial or commercial zoning areas or a rural area. After more analysis, the state decided these flags were an unfair assumption. They are now considered an "indicator" of possible segregation or isolation where the state needs more information to ensure the person's in those settings have services provided in compliance with the new rules. The flags were removed because providers and family made the case that the zoning characteristic was not an accurate indicator of segregation or isolation and not all industrial zones are created equal in a city. Some locations in these zones are close to other businesses that are safely and regularly visited. Some zones are further from businesses that can be frequented. Providers and family members in these locations mentioned that they still get to access the community and get out more often than other family members living at the family home, so if a provider can provide regular access to the community, the provider setting should not be eliminated from HCB by location alone. Additionally, towns and cities can change the zoning of different areas quickly and easily, but that zones are not always updated to ensure that they reflect the characteristics of an area. This renders the method of enforcing the new rules ineffective, because a provider would only need to their building's zoning changed. The Department of Health's leadership team agreed with this analysis and to make these changes that we would not disqualify a setting based on this characteristic alone. In our additional analysis in 2015, providers of settings that may appear to isolate or segregate, or are located on or adjacent to an institution, must give evidence on how people access the community, how often, and what they do so we can help them improve in this area or make modifications to their business model to meet the integration standards. Moreover, many people like to live in Wyoming due to its rural nature. Therefore, for residences that are not near other residences or near a community with businesses, the setting cannot be ruled as non-HCB by location alone. The provider must still provide evidence to the state on how they help the person access the community, provide transportation, and integrate the person (as well as the other standards in the new rule.)

SETTINGS INVENTORY AND ANALYSIS

The Behavioral Health Division ("BHD" or "The Division") evaluated provider settings to determine their compliance concerning the new Home and Community Based ("HCB") requirements using a 35 point assessment directly related to the new rules. Providers completed this assessment by listing all of their settings by type, address, and number of participants served. The Division required providers to submit a response and evidence for each compliance area if they identified they were in compliance. The Division needed to see verification of compliance, instead of just an explanation. For areas the provider marked "not in compliance", they must address a plan to come into compliance in a transition plan.

Assessment Methodology

The provider compliance assessment and state staff provider audit went through several drafts and iterations before a final methodology was adopted. A prior methodology and survey tool were used to gather information on provider compliance with the HCB regulations, but the tool and questions asked were new and the survey results reflected challenges in collecting this type of data. The Division kept one question from the 'old' tool – "*Is the setting located on or adjacent to an institution?*" The Division adopted a new survey tool and methodology. Staff

concerns regarding the efficiency of the instrument and provider concerns regarding the opportunity to explain their answers with their own words shaped the final HCB provider survey. The provider survey instrument included 35 compliance items with "yes", "no", and "N/A" answers, and a column for a provider to record comments. In this survey, 'yes' and 'compliant' were synonymous. Providers had to send in documentation and evidence of past and future compliance for any area in which they said they were in compliance. Division staff evaluated the provider survey responses and evidence provided by the agency. Division staff also analyzed data from Division databases that track incident reports, on-site surveys, certification reports, restraint use, participant and guardian complaints, corrective action requirements, and data gathered through the representative sample case review on areas such as participant satisfaction with choice, community integration, and service satisfaction. Division staff evaluated HCB settings for compliance by comparing the information provided by the provider on each setting to the data collected and analyzed by the Division to determine compliance. Lastly, participants and guardians were asked to submit a survey to gauge if they feel the services provided are meeting areas in the new standards.

In evaluating the compliance status of any provider, staff reviewed any evidence of institutional characteristics, such as: cameras, standardized room décor, indicators of seclusion – such as empty rooms – regimented meal times, meals being eaten in a congregate area, lack of locks on doors or lack of keys for participants, and the geographic location of the setting. State staff evaluated the geographic locations of settings to determine if the setting's location was not isolating. Staff assessed the location of the setting relative to small businesses, such as restaurants, entertainment, Church and religious places, and cultural places. Staff additionally investigated the geographic areas to ensure that participants in residential settings.

Staff also reviewed provider documentation and participant plans of care. Staff looked for facility based procedures and policies, documentation of a participant's ability to choose from different settings, including non-disability specific settings. Freedom of choice for the individual's setting is a State requirement and includes the choice of non-disability specific settings. Staff reviewed participant plans of cares to ensure that they were person centered, and then reviewed provider documentation to find specific policies and procedures that ensured those plans of care were being executed properly.

The Division will implement a lease agreement review that incorporates state law. The Department has asked that all providers that have property is owned or controlled that is used as residential setting present their lease agreements for state review. Upon this review, the state ensures that housing laws are being followed. The state laws that will be consulted during lease reviews are W.S. 1-21-1001 to -1016 (forcible entry and detainer), 1-21-1201 to -1211 (residential rental property), and 40-26-101 through -145 (fair housing act). For fair housing laws, which requires cooperation with the State Department of Housing and Urban Development, the Division will work with a representative when HUD homes are concerned. The Department will also refer to HCBS legislation when reviewing lease agreements to ensure compliance.

No participant surveys were linked to specific sites or used to ensure compliance with federal regulations. Wyoming's small population and small number of participants served per provider made anonymity of data impossible to ensure. The small sample size prevents statistical significance from being reached when assessing any quality metric stratified by provider. After discussions with the National Core Indicators project (NCI) and the Wyoming Institutional Review Board, the state concluded that our current representative sample of participant interviews could not be be linked to specific settings.

Providers received a final report detailing their compliance. All providers had to address each area of non-compliance by developing a detailed transition plan with milestones. These plans were due to the Division by October 1, 2015 and providers have until October 1, 2018 to come into full compliance with the new standards. They must also demonstrate annual progress on their

transition plan. The Division will monitor progress during annual provider recertification process and other standard monitoring processes, such as incident and complaint reviews. The Division will also begin participating in the National Core Indicators (NCI) project to annually review compliance with the new regulations by conducting a representative sample of interviews and case reviews.

For future setting assessments to ensure compliance, the staff that will be assigned to conducting the setting specific assessment will develop a uniform protocol when assessing sites. This protocol will include set forms and reports that clearly outline criteria for accepting or not accepting compliance. The staff that will be conducting the assessments will also be the creators of the protocol therefore will train while developing the protocol tools. The protocol will include detailed instruction regarding criterion and what will and will not be accepted. For new employees, there will be an assessment instruction guide in how to use the forms and reports as well as how to assess compliance.

During the onsite assessments that will be in conjunction with the onsite annual audit, there will be two staff members per survey team that will be collecting the data for the provider assessment using the uniform protocol. They will work independently to collect the data then compare findings to identify similarities and differences to ensure fidelity of the tool is maintained. They will work together to complete one uniform protocol assessment to present to the provider. If there is a question that the team cannot answer or disagree on, there will the availability of an internal team to evaluate the disagreement and deem compliance or non-compliance.

Response Rate

The State assessed **233** unique providers for a total of **544** individual settings. Providers in the State of Wyoming have an average of **2.3** settings each. A high number of Residential Host Homes and single participant Supported Living settings contribute to this low average. The Division excluded **189** compliance reports wherein the provider never submitted a self-assessment or supporting evidence for the setting from all analysis, in order to understand where non-compliance occurs as a result of policy and practice, rather than from a lack of documentation. The Division estimates that there are some settings that the provider did not report as applying to these requirements (when in fact they did) or some settings that have not yet been assessed. The total number is estimated at **650 settings.** Excluding the **189** settings constitutes a **99%** confidence interval and a **+/- 5 %** margin for error, well above the CMS requirement. Including the **189** settings that were assessed but did not submit a survey constitutes a **99%** confidence level and a **+/- 2.23%** margin for error. The overall total number of settings, including those for whom these new rules **do not** apply is **1038**. There are **388** settings in Wyoming that are presumed in compliance because they are participant family homes not receiving intensive services within the home, or participants living independently.

Additionally, the state assessed long term care facilities using the original survey instrument. The state assessed **19** unique Assisted Living Facility (ALF) providers for a total of **19** unique settings. Here are the settings evaluated by type:

- 4 were Community Employment
- 2 were Community Integration Services
- 1 was Group Supported Living
- 58 were Facility Based Day Services
- 9 were Group Work Centers
- 28 Reported as being “Other”
- 1 was a provider owned Business

- 15 were Residential Habilitation Apartment Settings
- 133 were Residential Habilitation Group Homes
- 157 were Residential Habilitation Host Homes
- 2 were Special Family Habilitation Homes
- 2 were Supported Employment
- 123 were Supported Living
- 19 Assisted Living Facilities

Wyoming's population is rural and geographically dispersed across the State. Host Homes and Supported Living settings are popular residential options because they allow participants to live near their relatives and remain in rural settings. Many participants who live in Group Home settings live in larger cities. Day service settings were also evaluated for compliance with the new regulations. Some providers did not understand that they needed to report a provider work setting or Community Integration Services, which will be addressed through corrective action plans. Providers who only serve participants who live at home with their families or in a place the participant owns or leases did not have to complete an assessment.

Preliminary Results

The Division established four tier levels of compliance based on the results of the 35-point compliance assessment. Below are the tiers and the number and proportion of settings in each tier.

Tier Level	# of Settings	% of Settings	Description
Tier 1: Full Compliance	**30**	**5.51%**	Providers had to submit sufficient documentation for all 35 questions that proved not only past compliance, but that the policies and standards in place ensured future compliance. Additionally, Division Staff determined that there were no concerns in this provider's past the indicated non-compliance in any area.
Tier 2: Mostly Compliant	**120**	**22.06 %**	Providers had to submit sufficient documentation for 15 questions that proved not only past compliance, but also that the policies and standards in place ensured future compliance. Additionally, Division Staff determined that there were no concerns in this setting's past the indicated non-compliance in at most 15 areas.
Tier 3: Somewhat Compliant	**183**	**33.64 %**	Providers had to submit sufficient documentation for at least 1 question that proved not only past compliance, but also that the policies and standards in place ensured future compliance. Additionally, Division staff determined that there were no concerns in the provider's past that indicated non-compliance in at least 1 area.
Tier 4: Did not Respond	**189**	**34.68 %**	Providers in this tier failed to submit an assessment or sufficient documentation of compliance in any area. **None** of these settings were documented by staff as having a litany of problems in all 35 areas of compliance as to bring into doubt their ability to comply, even with documented policies, in any area. These settings will likely be in compliance by October 1, 2018 once the provider completes the survey and transition plan and provides evidence that they meet each area of compliance.

			If any provider continues to refuse to participate in the assessment process, the Division will take corrective action against the provider and follow the state's sanctioning process to decertify them as a provider prior to October 1, 2018.
Tier 5: Non-Compliant	**0**	**0%**	Providers in their tier did submit a setting survey and documentation but were not found to be in compliance with any area of the assessment. These providers typically had a litany of past issues, such as complaints, that called into question their ability to transition in any areas of the assessment.

A detailed inventory and analysis of the data collected is available to CMS upon request. The detailed report outlines the percentage of compliance by setting type. It also analyzes the top concerns found overall, which the state will use in continued education and guidance for providers as they make the necessary changes to improve their services.

HCB Compliance by Tier Level and Waiver

Topic	Supports Waiver	Comprehensive Waiver	ABI Waiver	ALF Waiver
Tier 1 compliance level (# of Settings)	1	8	8	0
Tier 2 compliance level (# of Settings)	9	126	8	0
Tier 3 compliance level (# of Settings)	18	157	27	18
Tier 4 compliance level (# of Settings)	5	78	24	1
Tier 5 compliance level (# of Settings)	0	0	0	0
# of Participants affected in these settings	27	1353	90	167
Providers who provide services only to participants living in family homes or living independently, and presumed to be in compliance.	50	472	30	0
# of Participants in settings family home or living independently assumed to be compliant or not affected.	197	791	52	0
Total # of Settings evaluated for waiver *NOTE: Some settings serve people from more than one waiver, so numbers include duplicates*	33	365	159	19
Settings Located in an inpatient treatment facility	0	0	0	0
Setting located on the same campus or adjacent too an intermediate care facility	0	4	0	0
Settings that will be submitted for heightened scrutiny in 2015 (as of December 17, 2015)	0	0	0	0
Settings that may be submitted for heightened scrutiny in 2016, 2017 or 2018 once the provider is in compliance with HCB regulations	0	67	5 (duplicate #s, settings serve	1

These addresses are listed on page 17	both ABI and Comp participants)

Top Flags by Setting Type

Some HCB setting types received higher numbers of flags than other setting types. The Division determines if any particular setting type would have a difficult time transitioning to the new HCB requirements. In this analysis, the Division excluded the **189** sites that did not send an assessment or documentation from both the nominator and denominator not to skew the results.

Setting Type	Compliance Results	
Facility Based Day Services **943 participants Affected** **38 Providers affected**	**Facility Based Day Services** averaged **14** flags per setting.	
	56.8%	of settings do not provide people with disabilities multiple types of services and activities on-site.
	52.3%	of participants in this setting interact with members of the community whenever they please.
	72.7%	of participants in this setting have safe physical access to the community.
	84.1%	of participants in this setting have transportation options that result in the ability to access the community when they please.
	68.2%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
	59.1%	of settings integrate non-disabled persons who are not paid staff.
	65.9%	of settings support full access to the greater community.
	63.6%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
	36.4%	of settings include opportunities to seek employment.
	40.9%	of employment opportunities include competitive integrated work places.
	52.3%	of settings include opportunities for persons to engage in community life.
	61.4%	of settings include opportunities for persons to control personal resources.
	81.8%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
	40.9%	of settings are selected by the person from options including non-disability specific settings.
	77.3%	of settings ensure a person's rights of privacy.
	75.0%	of settings ensure a person's rights of dignity and respect.
	65.9%	of settings ensure a person's rights of freedom from coercion and restraint.
	43.2%	of settings optimize a person's independence in choosing daily activities.
	61.4%	of settings optimize a person's independence in choosing his or her physical environment.
	56.8%	of settings optimize a person's independence in customizing their physical environment.
	75.0%	of settings optimize a person's ability to choose with whom to interact.
	68.2%	of settings facilitate personal choice regarding services and supports.
	63.6%	of settings facilitate personal choice regarding which provider provides services.
	29.5%	of people do not have to follow a regimented schedule during services in this setting.
	40.9%	of settings give people the freedom and right to support and control his/her own schedule and activities.
	31.8%	of settings give people the freedom and right to support to access food at any time.
	38.6%	of settings allow people to decide when they want to eat.
	43.2%	of settings allow people to decide whom to eat with.
	59.1%	of settings allow people to have visitors at any time.
	70.5%	of settings are physically accessible to each person in it.

Day settings had higher rates of compliance than Residential and Supported Living settings. Day settings share many common challenges with these other settings. In particular, day settings struggle with providing freedom to choose and schedule daily activities. Some compliant day settings employ a planning coordinator, who helps participants determine their goals, desires, and wishes, and then designs customized schedules, helping the provider plan for staff time and transportation ahead of time.

Residential Habitation Group Homes

733 Participants Affected

28 Providers Affected

Residential Habilitation Group Homes averaged **17** flags per setting.

46.1%	of settings do not provide people with disabilities multiple types of services and activities on-site.
39.3%	of participants in this setting interact with members of the community whenever they please.
76.4%	of participants have safe physical access to the community.
79.8%	of participants have transportation options that result in the ability to access the community when they please.
62.9%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
47.2%	of settings integrate non-disabled persons who are not paid staff.
56.2%	of settings support full access to the greater community.
55.1%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
33.7%	of settings include opportunities to seek employment.
37.1%	of employment opportunities include competitive integrated work places.
46.1%	of settings include opportunities for persons to engage in community life.
61.8%	of settings include opportunities for persons to control personal resources.
76.4%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
13.5%	of settings are selected by the person from options including non-disability specific settings.
73.0%	of settings ensure a person's rights of privacy.
68.5%	of settings ensure a person's rights of dignity and respect.
64.0%	of settings ensure a person's rights of freedom from coercion and restraint.
43.8%	of settings optimize a person's independence in choosing daily activities.
58.4%	of settings optimize a person's independence in choosing his or her physical environment.
69.7%	of settings optimize a person's independence in customizing his or her physical environment.
65.2%	of settings optimize a person's ability to choose with whom to interact.
53.9%	of settings facilitate personal choice regarding services and supports.
57.3%	of settings facilitate personal choice regarding which provider provides services.
61.8%	of people in residential settings have a signed lease or written residency agreement.
62.9%	of people have privacy in their sleeping or living unit.
5.6%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
48.3%	of people sharing a sleeping or living unit have a choice of roommates.
43.8%	of people have the freedom to furnish and decorate within the lease/agreement.
25.8%	of settings allow people to not to have to follow a regimented schedule during services in this setting.
38.2%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
19.1%	of settings allow people to have the freedom and right to support to access food at any time.
13.5%	of settings allow people to decide when they want to eat.
29.2%	of settings allow people to decide with whom to eat with.
56.2%	of settings allow people to have visitors at any time.
74.2%	of settings are physically accessible to each person in it.

Group homes struggled with 4 out 5 of the top-flagged areas the most. Group homes providers may need to change their business model and capital structure to provide non-disability specific settings. Transitioning to compliance with regards to keys will be easier and much less expensive, partially because many larger providers not in compliance have already drafted and enacted transition plans in these areas. With regards to access to food, most settings will need to formalize their practices by way of policies and procedures to ensure ongoing compliance, as the participant survey indicates most providers have compliant practices. It is important to note that while group homes struggled most in these areas, in many other areas there were very high rates of compliance.

Residential Habitation Host Homes

Residential Habilitation Host Homes averaged **17** flags per setting.

63.8%	of settings do not provide people with disabilities multiple types of services and activities on-site.

144 Participants Affected

120 Providers Affected

40.4%	of participants in this setting interact with members of the community whenever they please.
76.6%	of participants have safe physical access to the community.
50.0%	of participants have transportation options that result in the ability to access the community when they please.
64.9%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
47.9%	of settings integrate non-disabled persons who are not paid staff.
29.8%	of settings support full access to the greater community.
45.7%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
42.6%	of settings include opportunities to seek employment.
42.6%	of employment opportunities include competitive integrated work places.
36.2%	of settings include opportunities for persons to engage in community life.
42.6%	of settings include opportunities for persons to control personal resources.
50.0%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
37.2%	of settings are selected by the person from options including non-disability specific settings.
48.9%	of settings ensure a person's rights of privacy.
46.8%	of settings ensure a person's rights of dignity and respect.
48.9%	of settings ensure a person's rights of freedom from coercion and restraint.
31.9%	of settings optimize a person's independence in choosing daily activities.
44.7%	of settings optimize a person's independence in choosing his or her physical environment.
58.5%	of settings optimize a person's independence in customizing his or her physical environment.
46.8%	of settings optimize a person's ability to choose with whom to interact.
46.8%	of settings facilitate personal choice regarding services and supports.
53.2%	of settings facilitate personal choice regarding which provider provides services.
53.2%	of people in residential settings have a signed lease or written residency agreement.
61.7%	of people have privacy in their sleeping or living unit.
40.4%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
48.9%	of settings allow people sharing a sleeping or living unit have a choice of roommates.
46.8%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
45.7%	of settings allow people to not have to follow a regimented schedule during services in this setting.
45.7%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
63.8%	of settings allow people to have the freedom and right to support to access food at any time.
45.7%	of settings allow people to decide when they want to eat.
59.6%	of settings allow people to decide with whom to eat with.
57.4%	of settings allow people to have visitors at any time.
71.3%	of settings are physically accessible to each person in it.

Host Homes had better compliance than day settings in many respects, with the exception of community integration. Hosts Homes are often located in rural locations, further from other people. These settings will have to determine how they integrate participants with neighbors and friends, and make sure participants can go into town. Host Homes are also smaller than most day settings, which increases the likelihood of individualized services.

Supported Living

Supported Living settings averaged **15** flags per setting.

58.7%	of settings do not provide people with disabilities multiple types of services and activities on-site.
52.2%	of participants in this setting interact with members of the community whenever they please.
59.8%	of participants have safe physical access to the community.

419 Participants affected

62 Providers Affected

56.5%	of participants have transportation options that result in the ability to access the community when they please.
29.3%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
53.3%	of settings integrate non-disabled persons who are not paid staff.
52.2%	of settings support full access to the greater community.
51.1%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
72.8%	of settings include opportunities to seek employment.
73.9%	of employment opportunities include competitive integrated work places.
52.2%	of settings include opportunities for persons to engage in community life.
51.1%	of settings include opportunities for persons to control personal resources.
57.6%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
23.9%	of settings are selected by the person from options including non-disability specific settings.
76.1%	of settings ensure a person's rights of privacy.
51.1%	of settings ensure a person's rights of dignity and respect.
22.8%	of settings ensure a person's rights of freedom from coercion and restraint.
48.9%	of settings optimize a person's independence in choosing daily activities.
55.4%	of settings optimize a person's independence in choosing his or her physical environment.
78.3%	of settings optimize a person's independence in customizing his or her physical environment.
75.0%	of settings optimize a person's ability to choose with whom to interact.
77.2%	of settings facilitate personal choice regarding services and supports.
76.1%	of settings facilitate personal choice regarding which provider provides services.
89.1%	of people in residential settings have a signed lease or written residency agreement.
64.1%	of people have privacy in their sleeping or living unit.
35.9%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
40.2%	of settings allow people sharing a sleeping or living unit have a choice of roommates.
90.2%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
30.4%	of settings allow people to not to have to follow a regimented schedule during services in this setting.
64.1%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
34.8%	of settings allow people to have the freedom and right to support to access food at any time.
34.8%	of settings allow people to decide when they want to eat.
64.1%	of settings allow people to decide with whom to eat with.
87.0%	of settings allow people to have visitors at any time.
69.6%	of settings are physically accessible to each person in it.

Supported living settings struggled with the five areas more than host homes or day services. Many of these settings need to improve their process for showing participants different setting options, which include non-disability specific options. However, these settings are the most integrated of the four major setting types.

Special Family Habilitation Home

26 Participants Affected

Special Family Habilitation Homes Averaged **0** flags per setting.

100.0%	of settings do not provide people with disabilities multiple types of services and activities on-site.
100.0%	of participants in this setting interact with members of the community whenever they please.
100.0%	of participants have safe physical access to the community.
100.0%	of participants have transportation options that result in the ability to access the community when they please.
100.0%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).

3 Providers Affected

100.0%	of settings integrate non-disabled persons who are not paid staff.
100.0%	of settings support full access to the greater community.
100.0%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
100.0%	of settings include opportunities to seek employment.
100.0%	of employment opportunities include competitive integrated work places.
100.0%	of settings include opportunities for persons to engage in community life.
100.0%	of settings include opportunities for persons to control personal resources.
100.0%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
100.0%	of settings are selected by the person from options including non-disability specific settings.
100.0%	of settings ensure a person's rights of privacy.
100.0%	of settings ensure a person's rights of dignity and respect.
100.0%	of settings ensure a person's rights of freedom from coercion and restraint.
100.0%	of settings optimize a person's independence in choosing daily activities.
100.0%	of settings optimize a person's independence in choosing his or her physical environment.
100.0%	of settings optimize a person's independence in customizing his or her physical environment.
100.0%	of settings optimize a person's ability to choose with whom to interact.
100.0%	of settings facilitate personal choice regarding services and supports.
100.0%	of settings facilitate personal choice regarding which provider provides services.
100.0%	of people in residential settings have a signed lease or written residency agreement.
100.0%	of people have privacy in their sleeping or living unit.
100.0%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
100.0%	of settings allow people sharing a sleeping or living unit to have a choice of roommates.
100.0%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
100.0%	of settings allow people to not have to follow a regimented schedule during services in this setting.
100.0%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
100.0%	of settings allow people to have the freedom and right to support to access food at any time.
100.0%	of settings allow people to can decide when they want to eat.
100.0%	of settings allow people to decide with whom to eat with.
100.0%	of settings allow people to have visitors at any time.
100.0%	of settings are physically accessible to each person in it.

Residential Habilitation Apartment Setting

139 Participants Affected

7 Providers Affected

Residential Habilitation Apartment Settings Averaged **21** flags per setting.

15.4%	of settings do not provide people with disabilities multiple types of services and activities on-site.
7.7%	of participants in this setting interact with members of the community whenever they please.
15.4%	of participants have safe physical access to the community.
69.2%	of participants have transportation options that result in the ability to access the community when they please.
69.2%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
69.2%	of settings integrate non-disabled persons who are not paid staff.
69.2%	of settings support full access to the greater community.
7.7%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.

15.4%	of settings include opportunities to seek employment.
15.4%	of employment opportunities include competitive integrated work places.
15.4%	of settings include opportunities for persons to engage in community life.
76.9%	of settings include opportunities for persons to control personal resources.
76.9%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
7.7%	of settings are selected by the person from options including non-disability specific settings.
84.6%	of settings ensure a person's rights of privacy.
76.9%	of settings ensure a person's rights of dignity and respect.
69.2%	of settings ensure a person's rights of freedom from coercion and restraint.
0.0%	of settings optimize a person's independence in choosing daily activities.
23.1%	of settings optimize a person's independence in choosing his or her physical environment.
30.8%	of settings optimize a person's independence in customizing his or her physical environment.
84.6%	of settings optimize a person's ability to choose with whom to interact.
84.6%	of settings facilitate personal choice regarding services and supports.
23.1%	of settings facilitate personal choice regarding which provider provides services.
84.6%	of people in residential settings have a signed lease or written residency agreement.
84.6%	of people have privacy in their sleeping or living unit.
0.0%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
69.2%	of settings allow people sharing a sleeping or living unit to have a choice of roommates.
84.6%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
0.0%	of settings allow people to not have to follow a regimented schedule during services in this setting.
0.0%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
0.0%	of settings allow people to have the freedom and right to support to access food at any time.
0.0%	of settings allow people to decide when they want to eat.
0.0%	of settings allow people to decide with whom to eat with.
76.9%	of settings allow people to have visitors at any time.
15.4%	of settings are physically accessible to each person in it.

Other types of settings reported

22 Participants affected

25 Providers Affected

All settings that reported as "**Other**" averaged **20** flags per setting.

73.3%	of settings do not provide people with disabilities multiple types of services and activities on-site.
40.0%	of participants in this setting interact with members of the community whenever they please.
73.3%	of participants have safe physical access to the community.
46.7%	of participants have transportation options that result in the ability to access the community when they please.
66.7%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
33.3%	of settings integrate non-disabled persons who are not paid staff.
33.3%	of settings support full access to the greater community.
33.3%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
40.0%	of settings include opportunities to seek employment.
40.0%	of employment opportunities include competitive integrated work places.
26.7%	of settings include opportunities for persons to engage in community life.
33.3%	of settings include opportunities for persons to control personal resources.
26.7%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
33.3%	of settings are selected by the person from options including non-disability specific settings.
26.7%	of settings ensure a person's rights of privacy.
26.7%	of settings ensure a person's rights of dignity and respect.
33.3%	of settings ensure a person's rights of freedom from coercion and restraint.

20.0%	of settings optimize a person's independence in choosing daily activities.
33.3%	of settings optimize a person's independence in choosing his or her physical environment.
53.3%	of settings optimize a person's independence in customizing his or her physical environment.
26.7%	of settings optimize a person's ability to choose with whom to interact.
40.0%	of settings facilitate personal choice regarding services and supports.
46.7%	of settings facilitate personal choice regarding which provider provides services.
40.0%	of people in residential settings have a signed lease or written residency agreement.
66.7%	of people have privacy in their sleeping or living unit.
26.7%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
73.3%	of settings allow people sharing a sleeping or living unit to have a choice of roommates.
40.0%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
40.0%	of settings allow people to not have to follow a regimented schedule during services in this setting.
40.0%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
40.0%	of settings allow people to have the freedom and right to support to access food at any time.
53.3%	of settings allow people to decide when they want to eat.
40.0%	of settings allow people to decide with whom to eat with.
40.0%	of settings allow people to have visitors at any time.
73.3%	of settings are physically accessible to each person in it.

Group Work Center

72 participants affected

4 Providers Affected

Group Work Centers averaged **21** flags per setting

28.6%	of settings do not provide people with disabilities multiple types of services and activities on-site.
28.6%	of participants in this setting interact with members of the community whenever they please.
28.6%	of participants have safe physical access to the community.
100.0%	of participants have transportation options that result in the ability to access the community when they please.
100.0%	of settings do not use or authorize interventions or restrictions that are used in institutional settings. (e.g. seclusion, involuntary restraints).
71.4%	of settings integrate non-disabled persons who are not paid staff.
71.4%	of settings support full access to the greater community.
0.0%	of settings support and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.
0.0%	of settings include opportunities to seek employment.
0.0%	of employment opportunities include competitive integrated work places.
0.0%	of settings include opportunities for persons to engage in community life.
71.4%	of settings include opportunities for persons to control personal resources.
100.0%	of settings include opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.
0.0%	of settings are selected by the person from options including non-disability specific settings.
71.4%	of settings ensure a person's rights of privacy.
71.4%	of settings ensure a person's rights of dignity and respect.
100.0%	of settings ensure a person's rights of freedom from coercion and restraint.
0.0%	of settings optimize a person's independence in choosing daily activities.
0.0%	of settings optimize a person's independence in choosing his or her physical environment.
0.0%	of settings optimize a person's independence in customizing his or her physical environment.
71.4%	of settings optimize a person's ability to choose with whom to interact.
71.4%	of settings facilitate personal choice regarding services and supports.
0.0%	of settings facilitate personal choice regarding which provider provides services.
71.4%	of people in residential settings have a signed lease or written residency agreement.
71.4%	of people have privacy in their sleeping or living unit.
0.0%	of units have lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.
71.4%	of settings allow people sharing a sleeping or living unit to have a choice of roommates.

71.4%	of settings allow people to have the freedom to furnish and decorate within the lease/agreement.
0.0%	of settings allow people to not have to follow a regimented schedule during services in this setting.
0.0%	of settings allow people to have the freedom and right to support and control his/her own schedule and activities.
0.0%	of settings allow people to have the freedom and right to support to access food at any time.
0.0%	of settings allow people to decide when they want to eat.
0.0%	of settings allow people to decide with whom to eat with.
71.4%	of settings allow people to have visitors at any time.
28.6%	of settings are physically accessible to each person in it.

Participant and Guardian Survey Results by Question

The Division developed an HCB Compliance Advocacy Guide to educate participants and guardians that had a survey at the end of it. Case managers were asked to distribute the guides and surveys, discuss the new requirements with them, then encouraged them to submit a survey response to the Division. The participant and guardian surveys gave the Division another perspective for provider compliance with home and community based standards. The Division received **420** participant and guardian responses to the survey, which constitutes a **95%** confidence level with a **4.36** margin for error (confidence interval) for the participants served on the three Division waivers. The surveys were not linked to specific settings. Rather, this survey was used as a systemic assessment of the waiver services and supports. The results below show the expanded type of responses to these questions.

Survey Question	Yes	Some what	No	N/A
1. Did you have a choice in the services you receive?	**24.5 %**	**0.0%**	**66.4%**	**9.0%**
2. If you are 18 or older, were you informed of other options where you could live?	**49.3 %**	**0.0%**	**44.8%**	**6.0%**
3. Did you have full choice in providers?	**62.9 %**	**0.0%**	**36.0%**	**1.2%**
4. Have you visited other places you could live in the past year?	**30.2 %**	**0.7%**	**61.7%**	**7.4%**
5. Do you want to do something else during the day than what you are currently doing?	**31.4 %**	**0.2%**	**24.8%**	**43.6%**
6. Were you involved in developing your plan of care?	**78.1 %**	**0.5%**	**19.8%**	**1.7%**
7. Do you feel that your providers listen to you?	**86.4 %**	**1.0%**	**12.4%**	**0.2%**
8. Do you know how to request new providers or services?	**39.5 %**	**0.0%**	**12.1%**	**48.3%**
9. Do you have input in choosing your daily schedule?	**70.7 %**	**0.0%**	**11.7%**	**17.6%**
10. Do you have input in how your money is spent?	**88.6 %**	**0.7%**	**8.6%**	**2.1%**
11. Do you have input in how you spend your free time?	**87.1 %**	**0.7%**	**8.1%**	**4.0%**
12. Did you go out for entertainment in the last month?	**90.0 %**	**0.2%**	**8.1%**	**1.7%**
13. Did you go to church or cultural event in the past month?	**91.7 %**	**0.0%**	**7.4%**	**1.0%**
14. Do you have a key to where you live and your room?	**91.4 %**	**0.5%**	**6.4%**	**1.7%**
15. Do you have friends you hang out with other than paid staff or family?	**74.0 %**	**0.2%**	**4.3%**	**1.9%**
16. Do providers drive you into the community, to stores, movies, or other places you like to go?	**93.3 %**	**0.5%**	**5.2%**	**1.0%**

17. Do you get out as often as you want?	**92.9 %**	**0.0%**	**4.5%**	**2.6%**
18. Do you have access to food when you want to eat?	**96.0 %**	**0.5%**	**2.9%**	**0.7%**
19. If not working, do providers help you to find a job?	**95.0 %**	**1.7%**	**2.4%**	**1.0%**
20. If you are working, do your providers help you be successful at work?	**96.9 %**	**0.2%**	**2.1%**	**0.7%**
21. Are you satisfied with the waiver services you receive?	**96.0 %**	**1.0%**	**1.9%**	**1.2%**

Assessment Analysis

Summary

These data were analyzed using principle components analysis. For the HCB Provider assessment, additional structural equation modeling was used as confirmatory analysis. While the results and conclusions come with a number of limitations, overall the models were found to have adequate fit. The analysis found that questions could be aggregated by **four (4)** latent variables for the provider and advocate survey. For more information on how these variables were derived, see **Appendix A.**

Results

The analysis derived four variables from the HCB Provider Assessment responses that corresponded well with themes from the compliance survey, and themes found throughout the new requirements. These latent variables are described below.

Identified Latent Variables and Indicators HCB Provider Assessment	
Participant Autonomy	*12. The setting includes opportunities for persons to control personal resources.* *16. The setting ensures a person's rights of dignity and respect.*
Control of Environment	*27. Each person sharing a sleeping or living unit has a choice of roommates.* *28. Each person has the freedom to furnish and decorate within the lease/agreement.*
Daily Independence	*29. The persons do not have to follow a regimented schedule during services in this setting.* *31. Each person has the freedom and right to support to access food at any time.* *32. Each person can decide when they want to eat.*
Opportunities to Seek Employment	*9. The setting includes opportunities to seek employment.* *10. Employment opportunities include competitive integrated work places.*

Principle components analysis derived four principal components from the participant and guardian survey that have some correspondence with the HCB Provider Assessment.

Identified Latent Variables and Indicators Participant and Guardian Survey	
Participant Choice	*9. Do you have input in choosing your daily schedule?* *10. Do you have input in how your money is spent?*
Choice of Environment	*2. If you are 18 or older, were you informed of other options where you could live?* *4. Have you visited other places you could live in the past year?*
Participant Integration	*12. Did you go out for entertainment in the last month?* *13. Did you go to church or cultural event in the last month?*
Participant Input	*11. Do you have input in how you spend your free time?* *6. Were you involved in developing your plan of care?*

Discussion

The following section discusses the implications and recommendations based on this report's results. These are meant to bring awareness of needs and future implementation of policy, or challenges the State faces concerning the transition to the new regulations. This discussion will focus primarily on the HCB Provider Compliance Assessment, because many factors in the HCB Advocacy Survey corresponded with it.

One should interpret these latent variables as qualities of a non-isolating and non-institutional setting. Personal autonomy, control of one's environment, daily independence, and employment are four factors that clearly distinguish an institutional and non-institutional setting.

Personal Autonomy, the ability to make decisions in an informed, un-coerced manner is a critical aspect of American community life. Autonomy allows participants to form willing associations with other people and live their lives as they see fit. Some suggest that personal or 'innate' qualities, such as being born with a 'strong will' determine one's *Personal Autonomy*. However, some research suggests that, when controlled for personal characteristics, a participant's environment (ie: setting) was the most significant contributor to self-determination. Therefore, characteristics of settings, such opportunities for participants to demonstrate self-determination and respect of participants' decisions, contribute to a participant's personal autonomy[1]. Some researchers have also suggested that the quality of a setting, in particular the quality of supports, contributes to personal autonomy (the researchers state, however, that there has been no systematic study or research conducted in this area)[2]. Both studies show that the qualities of a setting matter in determining a participants' autonomy, rather than a participants' autonomy shaping the characteristics of the setting. Therefore, a lack of personal autonomy must be attributed to the characteristic of the setting and not the participant. Per State of Wyoming and federal requirements, the participant has the freedom of choice in providers, which must include non-disability specific settings.

In transitioning to the requirements, this analysis has revealed some barriers. Residential Host Homes and Supported Living settings had lower rates of compliance with both indicators, with about half of all settings not in compliance. There are several possible reasons. First, the culture between participants, providers, and guardians is risk adverse. Guardians want providers to minimize potential harm, such as exploitation, to participants. This is evidenced in many of the plans of care that were reviewed during plan review, public comment during the HCB Statewide Transition Plan, and on the Advocate Survey. These policies, while passed with the best of intentions, hamstring personal autonomy. Second, statewide education with regards to how an environment affects personal autonomy is needed. Advocate and provider survey comments indicated that settings were chosen on the basis of who a participant is, rather than who a participant wants to be. Statewide education would reframe this decision, and help all stakeholders align their decisions with the goals of the HCB Waivers.

Control of Environment is related to personal autonomy, and is another important aspect of American community life. This is a participant's ability to determine the appearance of their living space, and to exclude or have a choice of persons allowed in that living space, whether this is visitation or cohabitation. This concept is known as the *Castle Doctrine*; "A man's house is his

[1] Wehmeyer, M. L., & Bolding, N. (2001). Enhanced self-determination of adults with intellectual disability as an outcome of moving to community based work or living environments. *Journal of Intellectual Disability Research, 45, 371-383.*

[2] Nonnemacher, S. L., & Bambara L. M., Self-advocates' perspectives on self-determination. *Intellectual and Developmental Disabilities,* 49, 327-340.

castle, and each man's home is his safest refuge"[3]. According to William Blackstone, "for this reason no doors can in general be broken open to execute any civil process"[4]. Blackstone acknowledges the need for some exceptions, such as public safety. In the case of the HCB waivers, an exception should be made when a participant's health is at grave risk. When anyone regularly and routinely enters a participant's personal environment without that participant's knowledge or consent, however, that participant loses an important and fundamental aspect of American life.

Daily Independence is a participant's ability to decide what s/he will do on a daily basis at specific times. This is distinguishable from personal autonomy insofar as time is a component, and it relates to day to day decisions as to what a participant wants to do, rather than who a participant wants to be. The analysis revealed two barriers to this component: access to food and the implementation of regimented schedules – two common flags found during the assessment. This area is a challenge for many providers because either they provider services to many participants, and therefore have a challenge coordinating services while allowing participants liberty to do what they please when they please, and because those providers that had documentation of past compliance did not have policies to ensure future compliance. Establishing planning coordinators may be one solution to this problem, as well as allowing for more trust in the participant to exercise choice and control in every day little and big decisions.

The Self-Advocacy Survey had a corresponding component, Participant Choice and Participant Input. While participant input indicators were overall positive, those for participant choice showed that a significant minority of participants did not have choice over daily and major events in their lives. Overall, these two components paint a mixed picture of participant feelings on their daily independence. This suggests that there is room to improve with regards to control of resources and respect for participant decision making.

In fact, one study had similar findings. A study conducted among 281 adults with mental retardation receiving community-based services found that "participants had little or no opportunity to exercise self-determination over major life decisions (e.g., with whom and where to live)…even in more mundane areas, such as where and when to eat" and concluded that "variation in environmental opportunities to exercise self-determination was strongly related to a range of factors including participant ability, previous residential history, and structural and procedural aspects of the residential supports currently provided".[5]

Employment is the final variable, and an essential part of American community life. Employment is correlated with social capital[6] and allows Medicaid participants to rise out of poverty. Unfortunately, employment and labor force participation are low in the ID/DD population in both the United States and Wyoming – despite strong economic conditions, high labor force participation, and low unemployment in Wyoming. A study conducted with 200 respondents with ID/DD, both employed and unemployed, found significant differences in the locus of control scores on the Nowicki-Strickland Internal-External Scale between the groups. The study found that individuals unemployed and employed in sheltered settings perceived themselves as having less control than individuals employed in competitive and integrated employment settings[7]. This study

[3] William Blackstone, Commentaries on the Laws of England, 4 vols. (Oxford 1765-1769).
[4] Ibid
[5] Robertson, Janet, et al. "Environmental opportunities and supports for exercising self-determination in community-based residential settings." *Research in Developmental Disabilities* 22.6 (2001): 487-502.
[6] A Rimmerman, T Araten-Bergman 2009 Journal of social work in disability & rehabilitation 8 (3-4), 132-145 Social participation of employed and unemployed Israelis with disabilities
[7] Wehmeyer, Michael L. "Employment status and perceptions of control of adults with cognitive and developmental disabilities." *Research in developmental disabilities* 15.2 (1994): 119-131.

lends support to the findings here – that employment is an important part of American community life and distinguishes HCB settings from those settings that have qualities of an institution.

The State of Wyoming has adopted Employment First as the policy of the State, such that competitive and integrated employment shall be considered the first option when serving persons with disabilities who are of working age. The State believes that in changing some policies, potentially some service rates, and working in conjunction with the employment first task force it can strive to improve employment.

Assessment Conclusion

The results from the HCB Setting analysis show the challenges that the state and providers face when transitioning service delivery to conform to the new standards. The results also show the many strengths of Wyoming's providers and the high level of satisfaction among participants and guardians in many areas. Issues like physical accessibility, privacy, customization of living area, and visitation, Wyoming's settings excel, showing fewer than 35% of all settings as not compliant in any one of these areas. It is also important to keep in mind that Wyoming set a high bar for compliance – it was not enough for providers to demonstrate past compliance, future compliance must be ensured. In many cases, providers said they were doing things in their organization that complied with the standard, but they lacked the necessary formal policies, procedures, or evidence in a client handbook that would ensure consistency and future compliance with the standards. By systematizing the provider's approach to implementing and delivering services in a way that fits the new standards, the state believes providers will reach 100% compliance with each area in all settings by October 1, 2018. However, some settings must still go through CMS's heightened scrutiny process with CMS in order to be fully approved as an HCB provider after October 1, 2018.

Process for Heightened Scrutiny

The State used an initial survey process with providers in 2014 to ask questions about the location of their settings in relation to other areas of their community. The State also used a Geographical Information System (GIS) to map the locations of provider settings that may make a setting seem institutional in nature because it has the appearance of isolating individuals or it shows the setting is in the building, on the grounds of, or immediately adjacent to a public institution. After a review of provider evidence on the setting and evaluating other evidence of individual experiences in those settings, the state developed a list of setting locations that will be subject to heightened scrutiny once the provider is deemed by the state to have come into compliance with the federal regulations.

After providers received their report of compliance/non-compliance with the federal regulations, state staff reviewed provider transition plans to determine if providers 1) would come into compliance with the HCB regulations; 2) would come into compliance with a revisions to the transition plan; and, 3) had any settings that would require heightened scrutiny when the provider completed all of the transition plan milestones and could provide evidence they are in compliance with the HCB regulations. Provider settings that do not come into compliance, including providers who do not get a transition plan approved, are subject to disenrollment of specific settings.

Before a provider setting is submitted for heightened scrutiny with CMS, the state will do a thorough assessment using the CMS exploratory questions and additional CMS guidance to states to evaluate compliance with the standards and gather evidence. For reference to the items in the CMS Toolkit please visit: http://www.medicaid.gov/Medicaid-CHIP-ProgramInformation/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html.

What is heightened scrutiny?

CMS has given guidance to states regarding settings that appear to be institutional in nature and should not be approved for home and community based services unless the provider can show that they meet the HCB standards despite the location or appearance of the setting. The following list describes the criteria used to judge if a setting should be subject to heightened scrutiny:

Setting qualities that will make the setting subject to heightened scrutiny or disenrollment
1. Setting is on the grounds of or adjacent to an institution
2. Setting has the appearance of isolating individuals because of its location:
a. Multiple settings co-located and operationally related by the same provider where people with disabilities are congregated together
b. Setting that limits interaction with broader community. If the setting is not in the community or located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community or if it does not encourage visitors or other people from the greater community (aside from paid staff) to be present or lacks evidence that visitors have been present at regular frequencies.
c. A farmstead or farm community that has people living there who primarily interact with only other people with disabilities or staff who work with them. Activities take place on site and people on the farm seldom go into town.
3. Settings that congregate people, where people with disabilities only interact with others in the same setting or provider group and have multiple on-site activities for church, therapy, and people are bussed into the community or go into the community in large groups. This includes residential schools like BOCES, Gated/secure community settings
4. A setting that uses or authorizes institutional type restraints.
5. Setting established in a manner that isolates the individual from the community, such as an isolated property solely for their family members with disabilities using waiver services.

NOTE: These items will be evaluated and compared to the evidence of the individual's experiences in the settings to make final determinations of compliance and submit the request to CMS for heightened scrutiny, which is what is needed to make the setting eligible for HCB determination and continued funding by the waiver program.

Once a provider comes into full compliance with the HCB regulations and they have the evidence to show the state that their settings are in compliance, then the state may begin the heightened scrutiny process to receive approval from CMS that the setting(s) are home and community based in nature and not institutional. The heightened scrutiny team will contact

these providers after approval of the transition plans to explain the next steps the state will take when the provider believes they have achieved their milestones and are ready to be assessed again for full compliance.

The state's heightened scrutiny team consists of people within the Wyoming Department of Health, the Wyoming Governor's Council on Developmental Disabilities, Wyoming Guardianship Corporation, the Attorney General's office, and Wyoming Community Service Providers. This team is developing the policy, procedures, and assessment questions when a setting evaluation will be completed onsite with a provider to gather the necessary evidence of HCB compliance that is required when the state submits a request to CMS for heightened scrutiny. The team will utilize various staff from the team and the state Medicaid agency to conduct interviews with direct care staff, participants, guardians, case managers, businesses, community members, and other relevant agencies to gather information on individuals' satisfaction with opportunities and involvement of individuals in the community, receiving employment opportunities, and other parts of the HCB rules. The team will review plans of care, service documentation, and the company's policies and procedures to further evaluate compliance and gather evidence.

Settings identified for possible heightened scrutiny

These locations will be listed in the state's Statewide Transition Plan as required by CMS. As provider settings are closely evaluated for compliance on an ongoing basis by the state, additional settings may be need to be added to this list or removed from this list due to other evidence or information gathered by the state or the heightened scrutiny team.

Able Hands	3508 White Mountain	Rock Springs	WY	82901
Able Hands	3516 White Mountain	Rock Springs	WY	82901
Advancing Abilities	400 E 15th Street	Casper	WY	82601
All About Family	195 Pronghorn	Casper	WY	~~82601~~
Ark Regional Services	1150 North Third Street	Laramie	WY	82072
Ark Regional Services	970 North Fifth Street	Laramie	WY	82072
Ark Regional Services	712 Canby	Laramie	WY	82072
Ark Regional Services	1362 N. 3rd, Apts #1-4	Laramie	WY	82070
Ark Regional Services	1374 N. 3rd, Apts #5-8	Laramie	WY	82070
Ark Regional Services	1378 N. 3rd, Apts #9-12	Laramie	WY	82070
Ark Regional Services	1370 N. 3rd, Apts #13-16	Laramie	WY	82070
Ark Regional Services	1358 N. 3rd, Apts #17-18	Laramie	WY	82070
Beyond Expectations	1892 Cherry Court	Cheyenne	WY	82001
Beyond Expectations	1888 Cherry Court	Cheyenne	WY	82001
Big Horn Enterprises, Inc.	641 Warren St	Thermopolis	WY	82443
Big Horn Enterprises, Inc.	121 South 7th Street	Thermopolis	WY	82443
Big Horn Enterprises, Inc.	123 South 7th Street	Thermopolis	WY	82443
Big Horn Enterprises, Inc.	146 South Bent St.	Powell	WY	82435
Big Horn Enterprises, Inc	221 S. 23rs Street	Worland	WY	82401
Big Horn Enterprises, Inc.	301 S. 23rd St.	Worland	WY	82401
Big Horn Enterprises, Inc.	313 23rd Street	Worland	WY	82401
Big Horn Enterprises, Inc.	317 North 6th Street	Thermopolis	WY	82443
Big Horn Enterprises, Inc.	337 North 6th Street	Thermopolis	WY	82443
Cheyenne Habilitation	2000 Westland Road	Cheyenne	WY	82001
Circle C Resources	1010 East 1st Street	Casper	WY	82601

Community Entry Services	20 Pioneer Lane	Jackson	WY	83001
Community Entry Services	Liberty 834	Riverton	WY	
Community Entry Services	815 Liberty St.	Riverton	WY	82501
Community Entry Services	301 Summit	Riverton	WY	
Community Entry Services	824 Yvonne	Riverton	WY	
Community Entry Services	706 College View	Riverton	WY	
Community Entry Services	2431 Peck Ave	Riverton	WY	
Community Entry Services	177 North 3rd	Lander	WY	
Community Entry Services	220 Dillon Dr	Lander	WY	
Community Entry Services	240 Valley View	Lander	WY	
Community Entry Services	265 Valley View	Lander	WY	
Community Entry Services	794 Vance	Lander	WY	
Diversified Services, Inc.	1138 West C Street	Torrington	WY	82240
Diversified Services, Inc.	1213 W C Street	Torrington	WY	
Eagle Ridge Rehabilitation Services	54 Seymour	Sheridan	WY	82801
Easter Seals Wyoming	1621 Terra Ave #110	Sheridan	WY	82801
Emeritus at Sugarland Ridge	1551 Sugarland Drive	Sheridan	WY	82801
Goodwill Industries Of Wyoming, INC	612 W 17th Street	Cheyenne	WY	82001
House Of Angels, Worland	1844 Cloud Peak Apts 1-4	Worland	WY	82401
I-Reach	1649 East E Street	Casper	WY	82601
I-Reach 2	159 Curtis Street	Evansville	WY	82636
I-Reach 2	153 Curtis Street	Evansville	WY	82636
I-Reach 2	171 Curtis Street	Evansville	WY	82636
Love, Care & Dignity, Inc.	3344 Ridge Road	Cheyenne	WY	82001
Magic City Enterprises, Inc.	1215 Cleveland	Cheyenne	WY	82001
Magic City Enterprises, Inc.	3517 Ridge	Cheyenne	WY	82001
Magic City Enterprises, Inc.	6388 Shaun	Cheyenne	WY	82009
Magic City Enterprises, Inc.	5187 Sycamore	Cheyenne	WY	82009
Magic City Enterprises, Inc.	2403 Wills	Cheyenne	WY	82001
Magic City Enterprises, Inc.	1710 Westland Road	Cheyenne	WY	82007
Magic City Enterprises, Inc.	515 East Carlson	Cheyenne	WY	82009
Magic City Enterprises, Inc.	1720 Westland Road	Cheyenne	WY	82007
Magic City Enterprises, Inc.	Eco Center, 2600 Missile Drive	Cheyenne	WY	82007
Magic City Enterprises, Inc.	Mahoney, 2120 Capitol Avenue	Cheyenne	WY	82001
Mountain Regional Services, Inc.	50 Allegiance Circle	Evanston	WY	82930
NOWCAP Services	416 West Blair Rock	Rock Springs	WY	82901
NOWCAP Services	353 N. Walsh Drive	Casper	WY	82601
NOWCAP Services	357 N. Walsh Drive	Casper	WY	82601
NOWCAP Services	361 N. Walsh Drive	Casper	WY	82601
NOWCAP Services	337 Robert Street	Cody	WY	82414
Owl Unlimited, LLC	151 S. 6th Street	Worland	WY	82401
RCR Inspirations	1581 Scenic	Casper	WY	82601
RENEW	1034 Delphi	Sheridan	WY	82801

Statewide Waiver Milestones and Plan for Full Compliance

Milestone *[This field was copied directly from the STP]*	Start date *[if available]*	End date
Year 1 Milestones from March 17,2014 to March 16, 2015		
Milestone 1: By June 2014 and ongoing until 2016, a Transition Stakeholder team has been established and meets monthly. This stakeholder team, which represents a cross section of the waiver providers, participants, and agency staff, will meet to discuss and set standards and complete self-assessments for Wyoming and help with ongoing issues.	By 6/2014	1/1/2016
Milestone 2: Starting in November 2014, the State will inventory provider settings and conduct an assessment of compliance with HCB standards in federal rules. Settings must be evaluated to see if they meet the standards and are required to fix the areas of non-compliance in order to remain HCB providers according to the State's approved transition plan. Settings will be considered one of the following: ▪ **A) In Compliance** (fully align with the Federal requirements) ▪ **B) Does not comply with the Federal requirements and will require modifications** ▪ **C) Cannot meet the Federal requirements and require removal from the program and/or the relocation of individuals** ▪ **D) Presumptively non-home and community-based** but for which the State will provide justification / evidence to show that those settings do not have the characteristics of an institution and do have the qualities of HCBS (to be evaluated by CMS through heightened scrutiny process).	11/2014	12/30/15 Initial Inventory completed 4/1/15
Milestone 3: Starting in October 2014 and until October 1, 2018, the State will conduct follow-up visits of provider settings with participant, guardian, case manager, and State staff respondents ensuring that milestones are being met.	10/2014	10/1/2018
Milestone 4: In March 2016, the State will complete a document of changes needed and/or changes made to address Chapter 45, Provider Certification Rules, Chapter 43, Rules for the Acquired Brain Injury Waiver, Chapter 44, Rules for Specialized Equipment, Environmental Modifications, and Self Directed Goods and Services, service definitions, requirements, policies, new Chapter 46, Rules for the Supports and Comprehensive Waivers, and compliance for each settings, remediation improvements needed, and changes to processes, provider or facility requirements.	7/1/2014	4/30/2016

Milestone 5: In October 2014, the State will conduct Public Forums to review transition plan and gather public input, as required by CMS.	10/1/2014	10/30/2014
Milestone 6: In November 2014, the State will develop waiver and a statewide transition plan to submit to CMS and evaluate every six months.	11/1/2014	5/1/2015 11/1/2015 5/1/2016 11/1/2016 5/1/2017 11/1/2017 5/1/2018 11/1/2018 (final completion)
Milestone 7: By September 2014, and ongoing biannually through the next five years, the State will develop and deploy a communication strategy to inform and educate participants, guardians, providers, legislators on the new standards and requirements.	9/1/2014	3/17/2015 9/1/2015 3/17/2016 9/1/2016 3/17/2017 9/1/2017 3/17/2018 9/1/2018 3/17/2019
Milestone 8: By February 2015, the State will have developed a plan for monitoring and enforcing ongoing compliance with the new standards and provider requirements. The State will enforce this plan ongoing through initial provider certification 2019. States must ensure that providers meet the milestones in the transition plan and continue to meet the standards on an ongoing basis.	2/1/2015	3/1/2019
Year 2 Milestones for March 17,2015 to March 16, 2016		
Milestone 9: By December 2016, the State will update State rules and laws where required to meet new standards. The State needs to ensure the rules and laws do not conflict with the federal regulations.	7/1/2014	12/1/2016
Milestone 10: By October 31, 2015 (or anytime thereafter), any provider HCB settings that are fully assessed by the State and found to meet one of the following qualities will be presumed institutional in nature:	4/1/2015	12/31/2017

a) The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities. b) People served in the setting have limited, if any, interaction with the broader community. c) Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion). If notified of this status, the provider may ask the State to request approval from CMS to be considered HCB because of the other HCB qualities and individual experiences that meet the federal standards. Through the ongoing analysis of settings, if any setting is found to be non-HCB based on the new rules, but the State determines that evidence proves it should be considered HCB, the State must provide the evidence to CMS and the setting is subject to approval through the heightened scrutiny process. Requests to CMS, if determined appropriate by the State, will be submitted no later than December 31, 2017 and go through the heightened scrutiny process. Requests for heightened scrutiny will be finalized through the State Heightened Scrutiny Stakeholder Team and submitted for CMS consideration by December 31, 2017.		
Milestone 11: By December 2016, any provider found out of compliance with an HCB standard in any setting must develop and implement a transition plan to make changes in order to meet the standards. The provider must ensure the policies and practices of their organization are changed where appropriate and that board members, staff, participants and guardians are aware of the systemic changes. Providers will be able to uniquely adjust or restructure their business to meet the standards within the four years left in the transition plan, but must report annually (by October 1 of each year) on progress of milestones.	4/15/2015	10/1/2018
Milestone 12: By March 1, 2016, participants who need a modification to a right specified in the new standards must have the modification or restriction identified and documented in a signed plan of care approved by the State according to the requirements listed in § 441.301(c)(4)(vi)(A) through (D). Participants must have their rights protected. Any modification to their rights must be fully documented and explored by the State's Case Manager, Provider, Guardian, and Participant team according to the new HCB standards.	7/1/2015	3/1/2016
Milestones 13: By March 1, 2016, the participant's team documents in the plan of care, which is signed by the participant or guardian, how the HCB setting(s) chosen in the plan:	7/1/2015	3/1/2016

a) Is integrated in and supports full access to the greater community to the same degree as individuals not receiving Medicaid HCBS. b) Is selected by the individual from options, including non-disability specific settings. c) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. d) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including daily activities, physical environment, and with whom to interact. e) Facilitates individual choice regarding services and supports, and who provides them. The plan of care is developed using person-centered practices to ensure the providers know how to support the person in an individualized fashion. The plan approval process ensures the participant and guardian signs and approves the how services will be delivered.		
Milestone 14: By December 31, 2015, the approved waiver Five Year Transition plan will be implemented and evaluated.	12/1/2015	12/31/2015
Milestone 15: By March 1, 2016, the State will develop and monitor a plan to address provider capacity and setting capacity if issues with capacity arise. The State must ensure that participants on the waivers and the number of providers and settings available are equitable.	2/1/2016	3/1/2016
Milestone 16: By July 1, 2016, the State will implement changes to provider monitoring practices to oversee the provider compliance to their own transition plans and milestones. CMS requires the State to ensure the provider is meeting State standards and must address areas of noncompliance through technical assistance, corrective action or other sanctions.	11/1/2015	7/1/2016
Year 3 Milestones for March 17, 2016 to March 16, 2017		
Milestone 17: By April 1, 2017, providers will continue to implement transition plans and report progress to the State during recertification processes. Any business changes and policy changes should be evaluated regularly and adjusted as appropriate.	4/1/2016	4/1/2017
Milestone 18: By October 1, 2016, each provider with an HCB setting that has areas of noncompliance with the new standards found by State staff will be issued a Corrective Action Plan (CAP) for any of the following standards where their residential setting is not in compliance; ● A lease or written residency agreement with each participant	4/1/2016	10/1/2016

● Each individual has privacy in their sleeping or living unit ● Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed ● Individuals sharing units have a choice of roommates ● Individuals have freedom to furnish and decorate within the lease/agreement ● Individuals have freedom and support to control their schedules and activities and have access to food any time ● Individuals may have visitors at any time ● The setting is physically accessible to the individual For providers without a CAP by April 1, 2016, the State will provide technical assistance and support to encourage compliance with the new standards. This will occur on an ongoing basis with a finalized date for all providers to receive a CAP by October 1, 2016.		
Milestone 19: By October 31, 2016, and after, the State has completed another year of site visits, monitoring and provider recertifications, if the State determines any provider settings are non-HCB, the provider will be notified that it must come into full compliance with the HCB standards by October 1, 2018. If requested by the provider, the State will determine by October 31, 2016 if the setting should be submitted to CMS for heightened scrutiny. If the State determines any provider settings are non-HCB, the provider will be notified that it must change or repurpose the setting that does not comply with the HCB standards.	10/1/2016	10/31/2016
Year 4 Milestones for March 17, 2017 to March 16, 2018		
Milestone 20: By January 1, 2017, the State will require all providers to resolve their Corrective Action Plan (CAP) if they have a setting found not in compliance. In the CAP, the provider must make final action plans regarding the changes to settings they will make to meet HCB standards or list how they will notify participants, guardians and case managers to help participants transition to new service settings by March 1, 2019.	1/1/2017	12/1/2017
Milestone 21: By March 2018, providers continue to implement transition plans and report progress to the State during recertification processes.	4/1/2017	4/1/2018
Year 5 Milestones for March 17, 2018 to March 16, 2019		
Milestone 22: By October 1, 2018, Providers make final adjustments to meet and maintain compliance with all HCB setting standards.	4/1/2018	10/1/2018

Milestone 23: By July 1, 2018, the State will notify participants of any setting that will be disenrolled from waiver funding due to noncompliance. This is intended to allow participants and their families ample time to plan for transitioning of services, if needed.	6/1/2018	7/1/2018
Milestone 24: By June 1, 2018, the waiver transition plan will receive a final after action debrief evaluation for continued process improvement.	10/1/2018	06/1/2018
Milestone 25: By June 1, 2018, the State will notify providers of any settings that will be disenrolled from waiver funding due to noncompliance.	10/1/2018	06/1/2018
Milestone 26: By June 1, 2018, the State will issue notification to the participants and their case managers who receive services in noncompliant settings that the funding for services in those settings is discontinuing effective March 17, 2019 so the participants can be offered a choice in other providers and begin the transition process.	10/1/2018	06/1/2018
Milestone 27: By March 1, 2019, waiver participants must have completed the transition to new settings, if needed. By June 1, 2018, any participants (and their case managers) served in a setting that does not meet HCB standards will receive notice to choose another setting and possibly a new provider. If participant chooses to remain in a non-compliant setting waiver funding cannot be used.	11/1/2018	3/1/2019

STATE REVIEW OF RULES, POLICIES, AND PROCESSES

The state completed a review of rules, policies and processes that must be updated to comply with the rules. Wyoming Medicaid Rules Chapter 45, Provider Certification and Sanctions for ABI, Comprehensive, Supports, and the old Adult DD and Child DD waivers require the most changes. The changes include updates to plan of care requirements, conflict free case management, explanation of a participant's rights, standards for provider facilities including acceptable locations, and more standards on restricting a participant's rights to comport with the new HCB rules. The state is introducing a tiered system for provider settings that will not allow new settings to be certified if they do not comply with the HCB federal rules. The current settings that are certified must still come into compliance according to the processes outlined in the statewide transition plan, but will not be disallowed as a qualified setting unless the provider does not come into compliance with HCB standards in the specified timeframe.

The changes have been made to the rules and they were posted for a 30 day informal public comment period. They are awaiting approval from the Governor to post for the formal comment period. The state intends to get his approval in January 2016 and post for public comment in February 2016.

Plans of care and the electronic system that houses the plan of care are getting updates/enhancements to better reflect the wording of the new rules, but the state determined that the plan of care already requires items that are specified in the federal rule.

Provider certification processes are being updated with a new self-assessment as the state is learning more about the heightened scrutiny process and the evidence that a provider must have to show/demonstrate compliance. Once the new rules are promulgated, the processes can be formally adopted. The goal is to have a system for a provider to monitor their own compliance and a comprehensive quality check of compliance done by the state that ensures a provider is doing what they agreed to do in their transition plan and are meeting the standards of the HCB rules.

Notice and Assistance to Participants If Relocating

The Wyoming Department of Health State Medicaid Agency oversees the provider certification processes and ongoing oversight of provider compliance with all state standards. Through provider certification visits, incident and complaint management systems described in Appendix G of the approved waivers, the Department will assess providers for ongoing compliance with the HCB Settings. Certification requirements will be adjusted to ensure service settings for this waiver remain in settings that are not institutional or isolating in nature. Any areas of concern will be addressed the Department's corrective action and sanctioning processes pursuant to Chapter 16 of Wyoming Medicaid Rules. If participants must transition out of a service setting because it will be disenrolled, then the Division will involve the Department of Family Services and Protection & Advocacy System, Inc. to be additional advocates during the process.

By July 1, 2018, if a setting is likely not going to come into compliance by not being able to complete their transition plan milestones, is found not be out of compliance with HCB standards through provider recertifications, or if the heightened scrutiny process determines a setting is institutional in nature and not eligible for home and community based funding, then the state will send out certified letters to the participants or guardians and hold a meeting in person at the provider's office or a central location and have a conference call-in number. The State plans to hold this meeting with all people involved to review the decision, discuss choices and other options, and make state staff available for personal discussions, meetings or questions. The state will utilize the case managers involved with the participants to offer choice of other setting options and to help participants visit or interview other providers. If a participant chooses to remain in a non-compliant setting waiver funding cannot be used.

When transitioning to a new setting, critical services will be maintained for each participant. The Case Manager will be responsible for coordinating a transition that seamlessly maintains services for the participant. The transition will be coordinating with the participant, their family members, and/or their authorized representatives.

By July 1, 2018, the State will notify providers of any setting that will be disenrolled from waiver funding due to noncompliance. At the same time, the State will issue notification to the participants and their case managers who receive services in noncompliant settings that the funding for services in those settings is discontinuing effective March 17, 2019 so the participants can be offered a choice in other providers and begin the transition process. By March 1, 2019, waiver participants must have completed the transition to new settings, if needed.

Finding the Waiver Specific Transition Plans

The Statewide Transition Plan has been posted on the Department's website, as well as the specific five-year transition plan for the Department's Assisted Living Facility, Supports,

Comprehensive, and Acquired Brain Injury Waivers are on the Department's website at http://health.wyo.gov/healthcarefin/equalitycare/index.html.

RESOURCES

- Full text of the federal regulation and all of the associated guidance: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html
- ASAN. (2014) Defining Community: Implementing the new Medicaid Home and Community-Based Services rule. Retrieved from http://autisticadvocacy.org/wp-content/uploads/2014/09/Guide-for-Administrators.pdf
- Behavioral Health Division-DD Section Home page: http://health.wyo.gov/ddd/index.html
- Additional guides and resources for participants and guardians: http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html

To receive this information in an alternative format, please contact the Behavioral Health Division.

Teri Green, State Medicaid Director | **Chris Newman,** BHD Senior Administrator
Wyoming Department of Health | 6101 Yellowstone Road Suite 210 & 220
Cheyenne, Wyoming 82002 | 307-777-6494 | 1-800-510-0280 | bhdmail@wyo.gov