

# STATEWIDE TRANSITION PLAN

## TO IMPLEMENT THE SETTING REQUIREMENTS

### FOR HOME AND COMMUNITY-BASED WAIVER SERVICES

ADOPTED BY CMS ON 3/17/2014



Revised 1-5-2018

### 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) 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 compliant. More information on the rules can be found on the CMS website at [www.medicaid.gov/hcbs](http://www.medicaid.gov/hcbs).

The Wyoming Department of Health (the Department) is the single state agency designated to administer the Wyoming Medicaid program and submits this Statewide Transition Plan in accordance with the federal regulation. This document is used to describe the Department's efforts to assess current HCB settings and its plan to transition any noncompliant settings and ensure ongoing compliance with the federal regulatory requirements.

### Overview of Transition Planning and Setting Assessment Process

The waiver settings that are a part of this Statewide Transition Plan include the Wyoming Community Choices Waiver (CCW), Acquired Brain Injury (ABI), Supports, and Comprehensive Medicaid Home and Community-Based Services (HCBS) waiver programs. (*The Children's Mental Health Waiver does not provide services in settings which require a transition plan.*) In a report to CMS under this new requirement, each state must include:

- An inventory and description of all HCB 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 settings 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 at: <http://www.health.wyo.gov/ddd/index.html>.*

### Summary of Compliance for the Children's Mental Health Waiver Settings

The settings for the Wyoming Children's Mental Health (CMH) waiver, demographics, and plans of care were reviewed by the Department. No CMH waiver participants reside in group homes or congregate facilities. No services may be offered in congregate facilities. All CMH waiver services are based in the 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 CMH Waiver settings are presumed to be compliant.

## **Systemic Assessment**

In order to assess compliance with the federal regulation, the Department has conducted an internal review of its administrative rules and program policies. The results of this assessment are included 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 Department has included proposed language that will bring the state authorities into compliance with federal regulation. Each change to administrative rule will undergo a separate public notice process, as required by the Wyoming Administrative Procedure Act. The Department intends to have all rules and policies in compliance with federal regulation by no later than July 1, 2021.

## **Revision of Chapter 45 – DD Waiver Provider Standards, Certification, and Sanctions**

Medicaid Chapter 45 – DD Waiver Provider Standards, Certification, and Sanctions, governs certification of providers under the Supports and Comprehensive waivers, and is currently undergoing revision and promulgation. The Department has proposed significant changes to this chapter, due in large part to its response to changes in federal regulatory requirements. Many of the required elements of the federal regulation can be found in new Section 13 – Home and Community Based Services Standards for Waiver Services.

Due to the significant nature of these revisions, a full listing of substantive changes, deletions, and additions are described in the Statement of Changes and Reasons. This document, as well as the entirety of proposed Chapter 45 can be found on pages 7-16 and 165-218 at the following link: [https://rules.wyo.gov/DownloadFile.aspx?source\\_id=178&source\\_type\\_id=109&doc\\_type\\_id=2122&file\\_type=pdf&filename=178.pdf&token=119145087157066245172241029229012095191096145118](https://rules.wyo.gov/DownloadFile.aspx?source_id=178&source_type_id=109&doc_type_id=2122&file_type=pdf&filename=178.pdf&token=119145087157066245172241029229012095191096145118).

*UPDATE – Wyoming Medicaid Chapter 45 was promulgated and in effect on June 11, 2017. Chapter 45 requires in State rule the components of 42 CFR 441.301(c)(4)-(5). The entirety of Chapter 45 can be found at <https://rules.wyo.gov/>.*

## **Plan for Monitoring Continued Compliance of HCB Settings**

The Department oversees the provider certification processes and ongoing oversight of provider compliance with all state standards. Through provider certification visits, ongoing 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. Onsite provider surveys include the 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.

Provider Support Specialists (PVS), Program Managers (PM), or other PM designees are responsible for conducting provider site surveys. The PVS team is comprised of individuals located throughout Wyoming. All surveyors must meet specific job qualifications, which include holding a bachelor's degree and one to three years of experience in human services or another related field, or an equivalent. Team composition for the on-site survey is determined by the size of the provider and the scope of the services provided. Size will vary from one (1) to four (4) team members. The team members for a specific survey are determined by the geographic location of the providers and the team member experience with the provider.

PVS receive comprehensive training on state and federal rules and regulations, and receive instruction on how to use onsite survey forms and checklists, how to review documentation, and how to write the final report. Training also includes identification and implementation of corrective action and sanctioning concerns.

The Division has developed a survey tool which incorporates a review of the specific HCB setting components of Medicaid Chapter 45 and 42 CFR 441.301(c)(4)-(5). This is a departure from the 35 criterion used to determine initial compliance, but will more accurately represent the components specifically outlined in rule. The development of this tool has involved the team members who will apply the tool in the field. Team members will test this tool from October – December 2017 to identify any lingering problems with design. Training on the survey tool will occur during the testing period.

Each survey team has a lead surveyor. The lead surveyor assigns responsibilities to team members before the survey, as well as approve all information released to the provider. Instruction on the purpose of the tool will be provided for new PVS. On the job training will also be conducted during surveys as new team members work closely with a seasoned team member to apply the tool.

An annual survey of all settings in which Comprehensive and Supports waiver services are provided is required in Wyoming Medicaid rule. These surveys, during which the new survey tool will be utilized, will be conducted during Calendar Year 2018 as part of the Department's site survey process. The team member applying the tool will score each provider on compliance areas (i.e., 0 – not in compliance, 1 – partially complaint, 2 – compliant), and an aggregate score for the provider will be calculated. The final score will determine the time frame for subsequent on-site visits, which could occur every one (1), two (2), or three (3) years. After 2018, desk audits will occur annually and site visits will occur based on previous survey scores.

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 Community Choices, ABI, Comprehensive, and Supports Waivers:

### **Residential**

- Assisted living facility (CCW)
- 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 facilities (CCW)
- 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 Department 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 Department will also continue to work with this stakeholder group to identify methods that can be implemented to maintain the provider network for waiver services and non-disability specific settings.

## **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](mailto:bhdmail@wyo.gov)), telephone, or in writing by mail. Additionally, 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 Department's website for people who could not 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 Department websites (<http://www.health.wyo.gov/ddd/index.html> and <https://health.wyo.gov/healthcarefin/medicaid/homecareservices/>) for download or print. 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 Department'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 transition plan was reposted in February 2015.

### **Changes to the Transition Plan Due To Public Comment**

Public comments overwhelmingly recommended that the Department 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 have their building's

zoning changed. The Department'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 Department 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.) The text of the public comment notice is as follows:

*HCBS Setting Statewide Transition Plan Public Comment*

*The Wyoming Department of Health, Behavioral Health Division and Division of Healthcare Financing seeks public input on its Statewide Transition Plan to comply with federal Medicaid Home and Community Based Settings (HCBS) requirements. In March 2014, the Centers for Medicare and Medicaid Services (CMS) passed new rules for provider setting requirements for HCBS. The new rule requires all states to evaluate their provider's settings where services are provided, and transition those settings to meet the new federal rules over five (5) years. This affects all provider controlled, owned, or operated settings in which individuals receive home and community based services through the Acquired Brain Injury, Comprehensive, Supports, Assisted Living Facility waiver programs. This plan was first posted for public input October 18, 2014 and has been revised at the request of CMS.*

*A copy of the revised Wyoming Statewide Transition Plan may be found online at <https://health.wyo.gov/behavioralhealth/dd/waivers>. A hard copy may be obtained by contacting the Department via phone at (307)777-6494 or by mail or in person at:*

*Wyoming Department of Health  
Behavioral Health Division  
6101 Yellowstone Road Suite 220  
Cheyenne, WY 82009*

*A public forum will be conducted via phone conference on Monday, September 26th from 2:00pm-3:00pm. Callers should call in to 1-877-278-2734 access code 0488804.*

*Public comment will close on October 14, 2016. Comments can be sent via e-mail to [bhdmail@wyo.gov](mailto:bhdmail@wyo.gov) or calling 307-777-6494. Written comments may be sent to:*

*Wyoming Department of Health  
Behavioral Health Division  
6101 Yellowstone Road, Suite 220  
Cheyenne, WY 82009*

After receiving feedback from CMS on Wyoming's Statewide Transition Plan, the Department incorporated changes to the plan and again posted the plan in its entirety for public input. Public input was accepted through October 14, 2016, and was accepted via mail, email, and phone. Public notice was provided through the following methods:

- Wyoming Department of Health's website (posted September 9, 2016)
- Wyoming Tribune-Eagle newspaper (posted September 12, 2016)
- Behavioral Health Division, Developmental Disability Listserv (delivered September 12, 2016)

- Division of Healthcare Financing Listserv (delivered September 12, 2016)

In addition, the Department provided notice through the tribal notification and consultation process as defined in the Wyoming Medicaid State Plan. The Department also partnered with the Governor's Council on Developmental Disabilities and was grateful that this organization posted the plan on its website and social media accounts. The Department hosted a statewide public forum via conference call on September 26th.

The Department received two primary points of feedback. The first point of public input was to clarify the administrative rule timeline found in Milestone 9 on page 27 of the plan, as there was concern that the rules would not be promulgated by the December 1, 2016 date indicated in the Transition Plan. This has been clarified to an anticipated completion date of 7/1/17 in order to reflect the anticipated completion of rules promulgation. Secondly, the Department was asked to clarify if providers could re-enroll through an HCBS waiver program if they become compliant after they are de-certified. The Department has clarified that providers may re-enroll if they have become fully compliant with the HCB settings regulation before re-enrollment. No further comment was received.

The current State Transition Plan, which has received initial approval, can be found at: <https://health.wyo.gov/behavioralhealth/dd/waivers/> and <https://health.wyo.gov/healthcarefin/medicaid/homecareservices/>.

## **Public Comment for Final Approval of State Transition Plan**

Public comment for the State Transition Plan will again be accepted from January 14, 2018 – February 13, 2018 via mail, email, and phone. Public notice will be provided through the following methods:

- Wyoming Department of Health's website (posted January 12, 2018)
- Wyoming Tribune-Eagle and Casper Star Tribune newspapers (posted January 14, 2018)
- Behavioral Health Division, Developmental Disability Listserv (delivered January 12, 2018)
- Division of Healthcare Financing Listserv (delivered January 12, 2018)

In addition, the Department will provide notice through the tribal notification and consultation process as defined in the Wyoming Medicaid State Plan. The Department will again partner with the Governor's Council on Developmental Disabilities and Parent Information Center to post the plan on their respective websites and social media accounts. The Department will host a statewide public forum via conference call on February 6, 2018.

## **Settings Inventory and Analysis**

The Behavioral Health Division and the Health Care Financing Division ("BHD" and "HCF" 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.

Information contained within the Division databases that were used as a comparison to provider responses is collected from a variety of sources:

- Incident Reports. Initial incident report information is submitted by the case manager or provider who witnessed or was responsible during the time of the incident. Follow up information, including any corrective action necessary on the part of the provider, is entered by Division staff. This information is collected on an ongoing basis, but trends are monitored monthly.
- Provider Information (i.e., surveys and reports, corrective action). Information related to providers, including qualifications, certifications, and sanctions, is collected and submitted by the Provider Support Specialist assigned to the provider. Information is entered annually at the time of the survey, or as corrective action is needed. Trends are monitored on a quarterly basis.
- Representative Sample and Case Review. Information surrounding participant cases and satisfaction data is collected and submitted by the Participant Support Specialist assigned to the participant’s case. Information is entered as data is collected, and trends are monitored annually.
- Participant and guardian complaints. Complaints are entered into the database by the staff member who receives the complaint. All follow up and resolution measures are submitted by the appropriate Provider Support Staff. Information is entered immediately upon receipt, and trends are reviewed by the Mortality Review Committee on a monthly basis.

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 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 care 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. All providers have been required to review and update policies to explain how they will ensure participant choice in these areas. Additionally, case managers have been offered training on how to facilitate these discussions prior to plan of care meetings.

The Division implemented a lease agreement review that incorporates state law. Providers that own or control property used as residential setting are required to 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 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. 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.

*UPDATE – Due to changes in project leadership, the Department extended the due date for provider transition plans to December 31, 2016. As of October 1, 2017, all 232 Wyoming Waiver providers that were required to submit transition plans have submitted transition plans with approved milestones. Wyoming has an exceptionally large number of independent providers who provide services for a small number of participants. The capacity of these providers to develop extensive policies and procedures or other documents is limited. Therefore, Provider Support Specialists (PVS) worked closely with providers, offering template forms and draft policy language to assist them through the transition process. Survey team members provided education on the rule and compliance expectations, furnished individual and group technical assistance, and offered additional guidance if submissions did not meet the requirements. Ongoing provider education regarding changes to State and Federal rule and other HCB topics will occur through provider monthly support calls, in person and online trainings, and ongoing technical assistance provided by PVS.*

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.

*See Page 2-3 for a complete update on continued monitoring.*

*UPDATE – The State has participated in National Core Indicators since SFY2016. Data received from this national survey will assist the Division in determining the participant and guardian satisfaction in areas of choice, autonomy, and independence.*

## **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.

*UPDATE – The Division has identified all settings that must meet compliance with setting requirements. 100% of these settings have been initially assessed and will undergo continual review to ensure ongoing compliance.*

*The Division will continue to monitor all settings, and if at any time it is suspected that the setting or the services provided within the setting don't meet the HCB requirements, an additional review will be conducted and corrective action will be required if deficiencies are verified.*

Additionally, the state assessed Community Choices facilities using the original survey instrument. The state assessed **19** unique Assisted Living Facility (ALF) and **4** Adult Day providers for a total of **23** unique settings. The total number of settings evaluated by type include:

- 4 Community Employment
- 2 Community Integration Services
- 1 Group Supported Living
- 58 Facility Based Day Services
- 9 Group Work Centers

- 28 Reported as being “Other”
- 1 provider owned Business
- 15 Residential Habilitation Apartment Settings
- 133 Residential Habilitation Group Homes
- 157 Residential Habilitation Host Homes
- 2 Special Family Habilitation Homes
- 2 Supported Employment
- 123 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 required 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
<b>Tier 1: Full Compliance</b>	<b>30</b>	<b>5.51%</b>	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.
<b>Tier 2: Mostly Compliant</b>	<b>120</b>	<b>22.06%</b>	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.
<b>Tier 3: Somewhat Compliant</b>	<b>183</b>	<b>33.64%</b>	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.
<b>Tier 4: Did not Respond</b>	<b>189</b>	<b>34.68%</b>	Providers in this tier failed to submit an assessment or sufficient documentation of compliance in any area. <b>None</b> 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.

Results of the initial assessment of providers can be found in Appendix A of this document.

## 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.

### 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	
<b>Participant Autonomy</b>	12. The setting includes opportunities for persons to control personal resources. 16. The setting ensures a person's rights of dignity and respect.
<b>Control of Environment</b>	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.
<b>Daily Independence</b>	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.
	9. The setting includes opportunities to seek employment.

## 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<sup>1</sup>. 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)<sup>2</sup>. Both studies show that the qualities of a setting matter in determining a participant's autonomy, rather than a participant's 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.

<sup>1</sup> 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.

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

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 HCBS 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 castle, and each man's home is his safest refuge"<sup>3</sup>. According to William Blackstone, "for this reason no doors can in general be broken open to execute any civil process"<sup>4</sup>. 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 intellectual disabilities 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

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<sup>3</sup> William Blackstone, Commentaries on the Laws of England, 4 vols. (Oxford 1765-1769).

<sup>4</sup> Ibid

factors including participant ability, previous residential history, and structural and procedural aspects of the residential supports currently provided”.<sup>5</sup>

*Employment* is the final variable, and an essential part of American community life. Employment is correlated with social capital<sup>6</sup> and allows Medicaid participants to rise out of poverty. Unfortunately, employment and labor force participation are low in the population of individuals with intellectual or developmental disabilities (ID/DD) 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<sup>7</sup>. This study 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, 2021. However, some settings may still need to go through CMS’s heightened scrutiny process with CMS in order to be fully approved as an HCB provider after October 1, 2021.

## **Process for Heightened Scrutiny**

### **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

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<sup>5</sup> 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.

<sup>6</sup> 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

<sup>7</sup> 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.

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:

<b>Setting qualities that will make the setting subject to heightened scrutiny or disenrollment</b>
1. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
2. Any setting that is in a building on the grounds of, or immediately adjacent to a public institution;
3. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

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.

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 meets one of the criterion listed in the table above. 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 was to be subject to heightened scrutiny once the provider is deemed by the state to have come into compliance with the federal regulations.

The State developed a Heightened Scrutiny Project Plan to provide a step by step outline to implement the heightened scrutiny process. As part of this project plan, the State developed specific tools including an on-site assessment guide and a documentation review guide. A specific timeline was determined in which providers must be assessed, provide documentation examples, and participate in a public forum. The simple timeline is as follows:

- March 2018 – All identified sites receive a letter of notification that they fall under heightened scrutiny. Letter will indicate:
  - When the on-site visit will occur
  - What evidence will be reviewed
- July 2018 – Request participant schedules and documentation for all participants receiving services in identified settings
  - This documentation will be reviewed prior to the site visit
- October 2018 – Site visits and interviews conducted
  - Interviews of participants, guardians, and case managers, scheduled prior to the on-site interview
  - Public meeting scheduled during on-site visit to collect public input on provider services
- December 2018 – On-Site Team generates a Heightened Scrutiny Report and publishes to Division website
- January 2019 – Public forums to receive input on Heightened Scrutiny Report
- February 2019 – If site does not meet heightened scrutiny standards, On-Site Team will meet with Internal HCBS team to review evidence and standards. Based on decision from the Internal HCBS Team, one of the following actions will occur:



- Letter to provider indicating failure to meet heightened scrutiny. Due to the extension of the HCB deadline, State will provide additional time for settings to come into compliance with HCB standards. or
- Heightened Scrutiny Report is sent to CMS for consideration.
- March 2019 – Reports sent to CMS
  - A letter to the provider will be sent at time report is sent, indicating that their case has been submitted for heightened scrutiny
- January 2021 – Reassessment of providers that don't meet heightened scrutiny requirements.
- July 2021 – Notification to all participants, guardians, case managers that setting will be decertified due to failure to come into compliance with HCB standards.

Initially, over 100 settings were identified as requiring heightened scrutiny. However, after a review of the guidance provided by CMS, the State determined that these settings were incorrectly identified and areas of non-compliance could be rectified through the provider transition plan. The number of settings which required heightened scrutiny was reduced to five (5).

The State worked with the leadership of one provider organization with settings under heightened scrutiny to gather participant documentation and schedules, schedule interviews and a public meeting, and outline the details of the on-site visit. The documentation and schedules were uploaded onto a secure website for the State to review prior to the site visit. During the documentation review, it became evident that participants were integrated in their community and involved in activities that were both identified in the plan of care and spontaneous in nature. In consultation with the Provider Support Specialist who works closely with the provider, it was determined that any remaining areas of non-compliance would be addressed through the provider transition plan. Therefore, heightened scrutiny was not necessary.

As of October 1, 2017, the Department has determined that all but two (2) assisted living providers can address areas of non-compliance through transition plans. Two providers will be required to undergo the heightened scrutiny process. No participant receiving funding through a HCBS waiver is currently receiving services in a setting that is anticipated to be decertified due to non-compliance. All new providers must be in compliance prior to new provider certification.

The Department's on-site heightened scrutiny team consists of Linda Flynn, Julie Newlin, and Shirley Pratt. This team will review plans of care, service documentation, and the company's policies and procedures to further evaluate compliance and gather evidence. This team will also conduct interviews and public meetings associated with the heightened scrutiny process. The team received training through HCBS/SOTA webinars and conferences.

The Department's Internal HCBS team consists of representatives from 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 approved the policy, procedures, and assessment questions to be used for the on-site review. Additionally, this team will be responsible to make a final determination on any setting that is deemed to not meet heightened scrutiny standards and is slated for decertification.

## **Settings identified for possible heightened scrutiny**

As noted above, Wyoming does not have any setting currently identified as requiring heightened scrutiny. As provider settings are closely evaluated for compliance on an ongoing basis by the state, additional settings may need to be added to this list due to other evidence or information gathered by the state or the heightened scrutiny team.

# Statewide Waiver Milestones and Plan for Full Compliance

Milestones	Target Date	Completion Status
<b>YEAR 1 MILESTONES – March 17, 2014 – March 16, 2015</b>		
<b>Milestone 1:</b> By September 2014, the State will develop and implement a communication strategy to inform and educate participants, guardians, providers, legislators on the new standards and requirements. This strategy includes updates during provider support calls, regular email blasts, ongoing technical assistance, and legislative committee updates.	9/30/2014	<i>Strategy developed and ongoing communication occurring</i>
<b>Milestone 2:</b> In October 2014, the State will conduct Public Forums to review transition plan and gather public input, as required by CMS.	10/30/2014	<i>Public Forums completed</i>
<b>Milestone 3:</b> In November 2014, the State will develop waiver and a statewide transition plan to submit to CMS.	11/30/2014	<i>Initial STP submitted 11/24/2014</i>
<b>YEAR 2 MILESTONES – March 17, 2015 – March 16, 2016</b>		
<b>Milestone 4:</b> 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: <ul style="list-style-type: none"> <li>▪ <b>A) In Compliance</b> (fully align with the Federal requirements)</li> <li>▪ <b>B) Does not comply with the Federal requirements and will require modifications</b></li> <li>▪ <b>C) Cannot meet the Federal requirements and require removal from the program and/or the relocation of individuals</b></li> <li>▪ <b>D) Presumptively non-home and community-based</b> 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).</li> </ul>	12/30/15	<i>Initial Inventory completed 4/1/15</i>
<b>Milestone 5:</b> 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.	1/1/2016	<i>Team Sunsetting</i>
<b>YEAR 3 MILESTONES – March 17, 2016 – March 16, 2017</b>		

<p><b>Milestone 6:</b> In April 2016, the State will complete a document of changes needed 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.</p>	4/30/2016	<i>Completed</i>
<b>YEAR 4 MILESTONES – March 17, 2017 – March 16, 2018</b>		
<p><b>Milestone 7:</b> By May 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.</p>	5/1/2017	<i>Completed</i>
<p><b>Milestone 8:</b> By October 1, 2017, 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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b) People served in the setting have limited, if any, interaction with the broader community.</li> <li>c) Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).</li> </ul> <p>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.</p>	10/1/2017	<i>Completed</i>
<p><b>Milestone 9:</b> By October 1, 2017, and after, the State will complete another year of 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, 2021. If requested by the provider, the State will determine by October 31, 2017 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.</p>	10/1/2017	<i>Completed</i>
<p><b>Milestone 10:</b> By January 1, 2018, the State will have developed a process for monitoring and enforcing ongoing compliance with the new standards and provider requirements. The State will implement this process through initial and annual provider certification. States must ensure that providers meet the milestones in the transition plan and continue to meet the standards on an ongoing basis.</p>	1/1/2018	<i>Completed</i>
<p><b>Milestone 11:</b> By January 1, 2018, 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</p>	1/1/2018	<i>Completed</i>

noncompliance through technical assistance, corrective action or other sanctions.		
<b>Milestone 12:</b> By December 31, 2017, 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 years left in the transition period, but must report at time of milestone completion identified in the transition plan.	12/31/2017	<i>Completed</i>
<p><b>Milestone 13:</b> By January 1, 2018, each provider with an HCB setting that has areas of noncompliance with the new standards found by State staff will receive technical assistance to develop provider specific transition plans that address areas of non-compliance. Areas could include:</p> <ul style="list-style-type: none"> <li>● A lease or written residency agreement with each participant</li> <li>● Each individual has privacy in their sleeping or living unit</li> <li>● Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed</li> <li>● Individuals sharing units have a choice of roommates</li> <li>● Individuals have freedom to furnish and decorate within the lease/agreement</li> <li>● Individuals have freedom and support to control their schedules and activities and have access to food any time</li> <li>● Individuals may have visitors at any time</li> <li>● The setting is physically accessible to the individual</li> </ul>	1/1/2018	<i>Completed</i>
<b>Milestone 14:</b> By March 1, 2018, 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.	3/1/2018	
<b>YEAR 5 MILESTONES – March 17, 2018 – March 16, 2019</b>		
<b>Milestone 15:</b> By March 31, 2018, any setting determined to meet the requirements for heightened scrutiny, shall be approved by the State Internal HCBS Team and submitted for CMS for consideration.	3/31/2018	
<b>Milestone 16:</b> By March 2018, providers continue to implement transition plans and report progress to the State during recertification processes.	3/31/2018	
<b>Milestone 17:</b> By October 1, 2018, 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.	10/1/2018	

<p><b>Milestones 18:</b> By December 31, 2018, 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:</p> <ul style="list-style-type: none"> <li>a) Is integrated in and supports full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.</li> <li>b) Is selected by the individual from options, including non-disability specific settings.</li> <li>c) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</li> <li>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.</li> <li>e) Facilitates individual choice regarding services and supports, and who provides them.</li> </ul> <p>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.</p>	12/31/2018	
<b>YEAR 6 MILESTONES – March 17, 2019 – March 16, 2020</b>		
<p><b>Milestone 19:</b> By March 2019, providers continue to implement transition plans and report progress to the State during recertification processes.</p>	3/31/2019	
<p><b>Milestone 20:</b> By July 1, 2019, the State will update administrative rules, policies and laws required to meet new standards. The State needs to ensure the rules and laws do not conflict with the federal regulations.</p>	7/1/2019	
<b>YEAR 7 MILESTONES – March 17, 2020 – March 16, 2021</b>		
<p><b>Milestone 21:</b> By March 2020, providers continue to implement transition plans and report progress to the State during recertification processes.</p>	3/31/2020	
<b>YEAR 8 MILESTONES – March 17, 2021 – March 16, 2022</b>		
<p><b>Milestone 22:</b> By March 2021, providers continue to implement transition plans and report progress to the State during recertification processes.</p>	3/31/2021	
<p><b>Milestone 23:</b> By June 1, 2021, the State will notify providers of any settings that will be disenrolled from waiver funding due to noncompliance.</p>	6/1/2021	
<p><b>Milestone 24:</b> By July 1, 2021, 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 family members ample time to plan for transitioning of services, if needed.</p>	7/1/2021	
<p><b>Milestone 25:</b> By October 1, 2021, Providers make final adjustments to meet and maintain compliance with all HCB setting standards.</p>	10/1/2021	

<b>Milestone 26:</b> By October 1, 2021, 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.	10/1/2021	
<b>Milestone 27:</b> Pending CMS approval, the approved Statewide Transition plan will be fully implemented.	12/31/2021	
<b>Milestone 28:</b> By March 1, 2022, waiver participants must have completed the transition to new settings, if needed.	3/1/2022	
<b>Milestone 29:</b> Continued provider compliance with HCB rule will be ensured through ongoing provider surveys.	Ongoing after 3/17/2022	

## **STATE REVIEW OF RULES, POLICIES, AND PROCESSES**

The Department 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 Department 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 were posted for public comment from November 15, 2016 - January 4, 2017 and are anticipated to be fully promulgated and in effect by July 1, 2017.

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 Department 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 Department 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, 2021, if a setting is likely not going to come into compliance by not being able to complete their transition plan milestones, is found to 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 Department 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 Department 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, 2021, 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, 2022 so the participants can be offered a choice in other providers and begin the transition process. De-certified providers may become active again, only if they are fully compliant with the HCB standards prior to re-enrollment. By March 1, 2022, waiver participants must have completed the transition to new settings, if needed.

## 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>



- Healthcare Financing Home Care Services page:  
<https://health.wyo.gov/healthcarefin/medicaid/homecareservices/>
- 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.*

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## APPENDIX A – PRELIMINARY RESULTS OF INITIAL PROVIDER ASSESSMENT OF COMPLIANCE

### HCB Compliance by Tier Level and Waiver

Topic	Supports Waiver	Comprehensive Waiver	ABI Waiver	CCW 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	22
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 <i>NOTE: Some settings serve people from more than one waiver, so numbers include duplicates</i>	33	365	159	19
Settings Located in an inpatient treatment facility	0	0	0	0
Setting located on the same campus or adjacent to 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  These addresses are listed on page 17	0	67	5 (duplicate #s, settings serve both ABI and Comp participants)	1

### 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
	<b>Facility Based Day Services</b> averaged <b>14</b> flags per setting.
<b>56.8%</b>	of settings do not provide people with disabilities multiple types of services and activities on-site.

**Facility Based Day Services**

**943 participants Affected**  
**38 Providers affected**

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 Habilitation 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 Habilitation Host Homes

144  
Participants  
Affected

120  
Providers  
Affected

## 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.
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** settings averaged **15** flags per setting.

**Supported Living**

**419 Participants affected**

**62 Providers Affected**

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.
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**

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

**26 Participants Affected**

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).
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.

**3 Providers Affected**

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.
<b>Residential Habilitation Apartment Settings Averaged 21 flags per setting.</b>	
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.

**Residential Habilitation Apartment Setting**

**139 Participants Affected**

**7 Providers Affected**

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.

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

**Other types of settings reported**

**22 Participants affected**  
**25 Providers Affected**

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 Centers averaged **21** flags per setting

**Group Work Center**

**72 participants affected**

**4 Providers Affected**

	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.

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**71.4%** of settings allow people to have visitors at any time.

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**28.6%** of settings are physically accessible to each person in it.

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