

South Carolina Department of Health and Human Services
HIV/AIDS Waiver Transition Plan
September 2015

Introduction

The Center for Medicare and Medicaid Services (CMS) issued a final rule on Home and Community Based Services (HCBS) establishing certain requirements for home and community based services that are provided through Medicaid waivers, like the HIV/AIDS Waiver. There are specific requirements for where home and community-based services are received which will be referred to as the “settings requirements.”

CMS requires that each state submit a “Transition Plan” for each waiver renewal or amendment. The Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule settings requirements. Once any waiver renewal or amendment is submitted to CMS with the waiver specific Transition Plan, the state must then submit, 120 days later, a “Statewide Transition Plan” that outlines how the state will come into conformance with the new requirements of the HCBS Rule. States must come into full compliance with HCBS Rule requirements by March 17, 2019.

This is the Transition Plan for the HIV/AIDS Waiver Amendment. Per CMS requirements, this is available for the public to read and comment on before being submitted to CMS for review when the amendment is submitted.

The Transition Plan may change as the state goes through the process of coming into compliance with the HCBS Rule. If this plan undergoes any substantive changes after submission to CMS, the state will make it available again for public comment and input.

Home and Community Based Settings Requirements

CMS has listed the following as the requirements of home and community based settings. They must have the following qualities (per 42 CFR 441.301 (c)(4)):

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

Communications and Outreach – Public Notice Process

Initial Plan Development

SCDHHS formed a workgroup to address and solicit input on how the state could come into compliance with the HCBS rule, including the HIV/AIDS waiver amendment. This group is composed of members from:

- SC Department of Health and Human Services
- SC Department of Mental Health
- SC Department of Disabilities and Special Needs
- SC Vocational Rehabilitation Department
- Advocacy groups:
 - AARP
 - Family Connections
 - Protection & Advocacy
- Providers:
 - Local Disabilities and Special Needs Boards
 - Housing providers for the mentally ill population
 - Adult Day Health Care Providers
 - Private providers of Medicaid and HCBS services
- Beneficiaries and family members

The large workgroup broke into sub-groups to address different tasks of coming into compliance with the HCBS Rule, including a waiver renewal workgroup. The large group meets monthly to discuss the progress of the sub-groups and to examine issues, concerns and the overall vision of how the state can come into compliance with the new regulation.

Public Notice and Comment on Waiver Amendment

SCDHHS has developed policy to provide multiple methods of public notice and input on waiver amendments which also includes its accompanying transition plan.

- The Medical Care Advisory Committee (MCAC) was provided advisories on the HCBS Rule on September 10, 2014 and May 5, 2015.
- Per 42 CFR 441.304 (f)(4), Tribal Notification was provided on September 10, 2014 and May 5, 2015. A Tribal Notification conference call for the draft waiver amendment and draft transition plan was held May 20, 2015.
- Public notice on the draft HIV/AIDS waiver amendment and draft waiver transition plan, including the draft waiver amendment document and the draft waiver transition plan document, was posted on the following website before or on August 21, 2015.

- SCDHHS website (scdhhs.gov)
- Public notice for comment on the draft HIV/AIDS waiver amendment and draft transition plan was sent out via the SCDHHS listserv before or on August 21, 2015.
- Public notice on the draft HIV/AIDS waiver amendment document and draft waiver transition plan was sent out via e-mail to pertinent organizations, including MCAC and Tribal Notification before or on August 21, 2015.
- Printed public notice on the draft HIV/AIDS waiver amendment document and draft waiver transition plan was posted at SCDHHS Jefferson Square/Headquarters Lobby before or on August 21, 2015.
- Printed copy of the draft HIV/AIDS waiver amendment document and draft waiver transition plan document were made available for public view and comment at SCDHHS Jefferson Square/Headquarters Lobby before or on August 21, 2015.
- Printed copies of public notice on the draft HIV/AIDS waiver amendment and draft waiver transition plan, including a printed copy of the draft waiver amendment document and draft waiver transition plan document, were provided in all 10 Community Long Term Care Area Offices and 2 satellite offices before or on August 21, 2015.
- Public comments will be gathered from electronic communications sent to SCDHHS and from communications mailed to SCDHHS.

SCDHHS will review all comments from public postings and incorporate any appropriate changes to the waiver amendment and its transition plan based on public comments.

Assessment of Regulations, Policies, Licensing Standards, and Other Provider Requirements

Process of System-Wide Review

As part of the larger scope of the Statewide Transition Plan, SCDHHS reviewed the regulations, policies, standards, and other provider requirements that directly impact home and community-based settings. The list of regulations, policies, etc., was separated according to HCB setting. They were read and reviewed to determine that the regulation, policy, etc. is not a barrier to the settings standards outlined in the HCBS Rule. The settings for South Carolina, as they relate to this waiver, including the following:

- Residential settings (serving some individuals that are served through the HIV/AIDS Waiver):
 - Community Residential Care Facilities

A report was developed detailing the relevant laws, regulations, policies, standards, and directives that correspond with each HCBS settings requirement. A committee of external stakeholders (including providers, advocates, and other state agencies) reviewed the system-wide assessment and document. That group provided feedback to verify the findings of the SCDHHS review.

Outcomes of System-Wide Review

As part of the Statewide Transition Plan, the following standards, rules, requirements, law, regulations, and policies were assessed:

All HCB Settings

1. [Adult Protection, S.C. Code Ann. §§ 43-35-5 et seq.](#)
2. [Department of Health and Human Services, S.C. Code Ann. §§ 44-6-10 et seq.](#)
3. [Department of Health and Human Services S.C. Regs. Chapter 126](#)
4. [SCDHHS Provider Manuals](#)
 - a. CLTC Provider Manual
 - b. SC Medicaid Policy and Procedures Manual

Residential Settings: CRCF's

1. [Community Residential Care Facilities, S.C. Regs. 61-84](#)

After a review of these sources, SCDHHS has identified the following areas as not being fully compliant with the Federal settings regulations and will seek specific action to come into compliance:

1. **S.C. Code Reg. 61-84-103:** *“Facilities shall comply with applicable local, state, and federal laws, codes, and regulations. R. 61-84-103(c)(1): Compliance with structural standards: [Existing facilities]...shall be allowed to continue utilizing the previously-licensed structure without modification.”*
 - a. This regulation is not fully compliant with 42 C.F.R. 441.301(c)(4)(vi). This regulation may allow for a CRCF to not be compliant with ADA regulations. However, this regulation is mitigated by current DDSN Residential Habilitation standards which require compliance with all federal statutes and regulations. Additionally, CLTC verifies compliance of HCBS standards for any waiver participant choosing to reside in a CRCF.
2. **SCDHHS Policy, Waiver Documents, and SCDDSN Medicaid Waiver Policy Manuals**
Medicaid HCB Waiver Policy Regarding Waiver Services Provided while Clients Travel Out-of-State: *“[...] Waiver participants may travel out of state and retain a waiver slot under the following conditions: the trip is planned and will not exceed 90 consecutive days; the participant continues to receive a waiver service consistent with SCDDSN policy; the waiver service received is provided by a South Carolina Medicaid provider; South Carolina Medicaid eligibility is maintained. During travel, waiver services will be limited to the frequency of service currently approved in the participant’s plan. Services must be monitored according to SCDDSN policy. The parameters of this policy are established by SCDHHS for all HCB Waiver participants.”*
 - a. This policy does not specifically touch on any of the home and community-based settings requirements, but it may be an unnecessary restriction on an individual with disabilities. This policy may need further review.

All other laws, regulations, standards, directives, and policies reviewed were either supporting or not objecting to the home and community-based settings regulations and no further action needs to be taken.

Actions to Bring System into Compliance

For those policies, procedures, standards and directives that need modification as indicated in the previous section, SCDHHS will make those changes to move the system into compliance.

SCDHHS has established an internal workgroup to begin fall of 2015 to review SCDHHS policy and procedures. The workgroup will make recommendations for changes to bring waiver policies and procedures in line with the HCBS requirements. SCDHHS anticipates the review period to be complete by the end of the year with recommended changes to be made by March 1, 2016. SCDHHS will use its internal policy management review process for implementing any additions or changes to policy in accordance with standard agency practice.

Ongoing Compliance of System

Ongoing compliance of the system will be monitored on an on-going basis per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the HIV/AIDS waivers. With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state.

CLTC is a division in SCDHHS and waiver review is part of the overall CLTC Quality Assurance (QA) Plan. CLTC utilizes Phoenix as its data system for their waivers. The Phoenix data system provides 100% reporting on specified performance measures. Data can be trended by specified performance measures regionally or statewide. SCDHHS Central Office has a QA Task Force committee to review all data accumulated. The QA Task Force meets bi-monthly throughout the year to identify and pursue action plans for making improvements in the waiver program as well as in the quality management framework and strategy. This process allows a thorough assessment of areas needing improvement and areas of best practice. Systems improvement for statewide problems can be addressed through different measures, including revision of policy and procedures, thereby allowing SCDHHS to ensure compliance with the new HCBS standards.

It is through these established systems of quality assurance review that ongoing compliance of HCBS standards will be monitored.

Assessment of Settings

Setting Types

The majority of HIV/AIDS participants reside in their own homes; therefore participants' homes are the primary setting where home and community-based services are provided in the HIV/AIDS waiver. However, a few participants reside in Community Residential Care Facilities. Participants in this waiver do not attend Adult Day Health Care (ADHC).

Community Residential Care Facility (CRCF). This model offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan.

Setting Assessment Process

The setting assessment process is part of the overall process detailed in the Statewide Transition Plan. The C4 Individual Facilities/Settings Assessment process and the Waiver Participant Surveys are detailed here.

C4 Individual Facilities/Settings Assessment. The C4 assessment is designed to evaluate individual facilities to determine compliance with the HCBS criteria outlined in 42 CFR Part 441.301(c)(4). This assessment tool was used for the providers' self-assessment and will be used for the independent site visits.

Development of the assessment tools and criteria. Two assessment tools were developed for individual facilities: one for residential facilities and another for day (non-residential) facilities. The criteria used to create these tools is outlined in the 42 CFR Part 441.301(c)(4). Additionally, SCDHHS used the exploratory questions issued by CMS for the settings requirements. The assessment tools will be used in two ways to measure individual facilities. First, they were used by providers to complete the self-assessment of individual facilities. Second, SCDHHS or a contracted vendor will use the tools as an independent assessment during site visits. The setting-specific assessments are online tools. For providers who may not have internet access, SCDHHS made available paper copies.

SCDHHS conducted a pilot test of the setting-specific assessment tools to determine reliability and decide if any revisions needed to be made prior to distributing to providers. Testing the pilot was conducted with providers who own or operate home and community-based settings. The testing process also aided in the development of clear instructions on how to complete the assessment. Pilot testing began in January 2015 and was completed in March 2015. It was determined from the pilot test results that individual day (non-residential) facilities would still be individually assessed. However, residential facilities would be assessed by residential setting type. Both self-assessments included a review of policies for the setting.

Resources to conduct assessments and site visits. Resources to conduct the assessments will come from SCDHHS personnel and financial resources as well as individual provider personnel and financial resources.

SCDHHS sent electronic notification of the individual facility assessment process to providers in April 2015. Following the notification the agency sent individual letters to providers with instructions on how to conduct the setting-specific assessments in May 2015. For

providers who may not have internet access, paper copies of the assessment tools were made available to them.

Individual letters were sent on May 15, 2015, to all HCBS residential and non-residential providers with instructions on how to complete that assessment within a 45 calendar day time frame. The deadline, which was July 1, 2015, was established based on the letter's approximate day of delivery to providers. All day (non-residential) settings were assessed. Due to the large number of residential settings and limited SCDHHS resources, and based on the pilot test feedback, each residential provider conducted a self-assessment of each of their residential settings types. It is expected that each HCBS residential provider will conduct a self-assessment on all of their individual residential settings to determine their level of compliance and establish any steps that may be needed to come into compliance if there are deficiencies.

Individual site visits will occur after the provider self-assessments. These are anticipated to begin in January of 2016. These site visits will be on individual settings and will be conducted by SCDHHS or a contracted vendor. All day (non-residential) settings will be subject to an independent site visit.

Any provider owned or operated residential setting may be subject to a site visit. Due to the large number of residential settings and limited SCDHHS resources, SCDHHS or a contracted vendor will conduct site visits on a statistically valid sample of residential settings types by provider (stratified random sample). Each residential provider will have a site visit conducted on a statistically valid sample of each residential setting type that it owns or operates. To determine the sample, SCDHHS utilized the [Division of Medicaid Policy Research](#) (MPR) in the Institute of Families and Society at the University of South Carolina to conduct the analysis. A complete listing of every HCBS residential setting by provider was given to MPR. MPR conducted the analysis in [Stata](#) to obtain a 10% stratified random sample of each housing type by provider.

Any setting, residential or non-residential, that self-identified through the initial C5 assessment or the C4 self-assessment as potentially being subject to the heightened scrutiny process will be subject to an independent site visit.

Timeframe to conduct assessments and site visits. Each part of the assessment process has an estimated time for completion. These time frames are based on personnel and financial resources and may vary.

Providers had 45 calendar days to complete and return the self-assessment for the settings they own and/or operate to SCDHHS. The deadline was established based on the letter's approximated day of delivery to providers.

Independent site visits are anticipated to take approximately 12 months to complete. This timeframe will begin once either SCDHHS or a contracted vendor is confirmed as the entity who will conduct the site visits. The site visits will start later than the provider self-assessment time frame. These site visits are anticipated to begin in January 2016.

Assessment review. SCDHHS will individually review all setting-specific assessments to determine if each setting is or is not in compliance. To determine the level of compliance or non-compliance, SCDHHS will use the data collected during both the provider self-assessment and the independent site visit assessment.

Providers will receive initial written feedback from SCDHHS after review of the self-assessments. Included in this written feedback will be SCDHHS' expectation that providers self-

assess all of their settings to determine each setting's level of compliance with the new standards and establish any steps needed to come into compliance for any deficiencies. The initial feedback to all providers is anticipated to be completed by December 2015.

Providers will receive final written feedback from SCDHHS on each setting after the independent site visits are completed and both assessments are reviewed. SCDHHS' goal is to complete the final assessment review within 12 months from the start of the independent site visits. As the sites visits are anticipated to begin in January 2016, the review is anticipated to be completed by December 2016.

Waiver Participant surveys. Waiver participant experience and satisfaction surveys are waiver specific and ask questions directly of the waiver participant/Primary Contact about their experiences with services in the waiver and their satisfaction level with those services. There is a survey for HIV/AIDS waiver participants.

Development of the assessment tools and criteria. This survey is created and conducted by an external contracted entity. The survey will be reviewed and any supplemental questions may be added as they relate to the standards listed in 42 CFR Part 441.301(c)(4).

Resources to conduct assessments. Resources to conduct the surveys will come from SCDHHS personnel and financial resources as well as the contracted vendor's personnel and financial resources.

SCDHHS has contracted with an external entity and they are currently developing the HIV/AIDS waiver participant experience and satisfaction survey.

Timeframe to conduct assessments. Each part of the assessment process has an estimated time for completion. These time frames are based on personnel and financial resources and may vary.

The agency has changed the external entity with which it contracts to develop and conduct the waiver specific participant surveys. Due to this change, SCDHHS anticipates that the HIV/AIDS waiver participant experience and satisfaction survey will be completed in 2016 per their contract requirements.

Assessment review. SCDHHS will review all relevant data gathered from the HIV/AIDS waiver participant experience and satisfaction survey to aid in determining where settings may or may not be in compliance.

Outcomes

C4 Individual Facilities/Settings Assessment. As individual facilities are assessed and reviewed, SCDHHS will compile that data to submit to CMS. Upon completion, SCDHHS will be able to show what percentage of facilities, by type, meet the settings criteria and what percentage do not.

Waiver Participant surveys. When the HIV/AIDS waiver participant experience and satisfaction survey is completed, SCDHHS will review the data and determine if any changes are needed in waiver policies or procedures. Additionally, the agency will use the data to assist providers as they develop their action plans for compliance.

Actions for facilities deemed not in compliance

C4 Individual Facilities/Settings Assessment. SCDHHS will develop an individualized response by provider for each facility based upon the self-assessment and site visit. The agency will leverage responses from the self-assessment and site visit to identify gaps in compliance, as well as include any global policy or programmatic changes that are necessary for the provider to comport with the new HCBS standards. Providers must create an action plan for their facility(ies) and indicate how they will bring it(them) into compliance with the requirements. The action plan must include a timeframe for completion and be submitted to SCDHHS for approval within 30 days of receiving the written notice. SCDHHS will review each action plan and determine if the action plan is approved or needs revision. SCDHHS will send providers a letter indicating whether their action plan is approved and they can move forward with their changes, or whether the action plan needs further work. If the action plan needs further work, SCDHHS will give providers two weeks from receipt of the letter to make changes to the action plan and resubmit it to SCDHHS for approval. SCDHHS will review the revised action plan and will either approve it, or send notification to the appropriate program area to have the provider and setting reviewed for disciplinary action.

SCDHHS will submit copies of each provider's final, individualized response letter along with a copy of the provider's approved action plan to the appropriate SCDHHS program area and/or SCDDSN to monitor progress toward compliance and continued monitoring of compliance through established quality assurance and/or licensing protocols.

SCDHHS or a contracted vendor will conduct follow-up site visits to monitor the progress of those providers who must come into compliance, in accordance with their approved action plans. These visits will occur after a facility's action plan has been approved by SCDHHS, but before the March 2019 compliance deadline.

Relocation of Waiver participants. Should relocation of waiver participants be needed due to a setting's inability to come into compliance with the new standards, SCDHHS will utilize the following procedures to transition participants to an appropriate setting. These procedures may change to best meet the needs of the waiver participants.

Relocation of waiver participants in non-compliant Residential settings. For residents in a Community Residential Care Facility (CRCF), the "Relocation Guidelines: Community Residential Care Facility (CRCF) Residents" developed by SCDHHS with SCDHEC, SCDMH, SCDSS, and SCDDSN will be utilized for proper protocol and procedure. See Appendix A, in the Statewide Transition Plan, for those guidelines.

Timeline. Relocation of waiver beneficiaries would be made after SCDHHS has determined the setting to be institutional, or SCDHHS has determined that it will not submit the setting to CMS for final heightened scrutiny review. This process of relocation is anticipated to begin in 2017 as SCDHHS anticipates it will have concluded its independent site visits and heightened scrutiny process by the end of 2016.

Ongoing compliance

Ongoing compliance of the settings will be monitored per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the HIV/AIDS waiver. With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state.

CLTC is a division in SCDHHS and waiver review is part of the overall CLTC Quality Assurance (QA) Plan. CLTC utilizes Phoenix as its data system for their waivers. The Phoenix data system provides 100% reporting on specified performance measures. Data can be trended by specified performance measures regionally or statewide. Information is gathered and compiled from the following data sources: Waiver participant satisfaction surveys conducted by an outside vendor; Provider Compliance Reports from SCDHHS staff; Annual Case Manager reviews conducted by SCDHHS staff; APS/critical incident reports; provider reviews conducted at least every 18 months by SCDHHS staff; participant appeals and dispositions; management reviews; quality assurance reviews on selected case managers as needed; and area office quarterly reports on case management agencies that are non-compliant with corrective action plans. Information gathered is taken to the Quality Improvement Task Force, which is scheduled to meet bi-monthly. Data is reviewed and discussed for discovery of noncompliance and strategies for remediation. Reports and trends are shared with area offices and providers as appropriate. Anything requiring corrective action generates a report and request for corrective action plan to the area office administrator. All reports, corrective action plans, appeals and dispositions are brought to the Quality Improvement Task Force to review outcomes. Outcomes would assist in determining necessary policy or system changes. This process allows a thorough assessment of areas needing improvement and areas of best practice. It is through this established system of quality assurance review that settings' ongoing compliance of HCBS standards for the HIV/AIDS waiver will be monitored.

South Carolina assures that the setting transition plan included in this waiver amendment will be subject to any provisions or requirements included in the South Carolina's approved Statewide Transition Plan. South Carolina will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.

**South Carolina Home and Community Based Services Transition Plan Timeline
HIV/AIDS Waiver Amendment**

Section 1. Identification						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Identify Residential programs	Identify the number and type of residential programs serving individuals in the waiver.	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified.
Regulation and policy identification	Identify regulations, policies, standards, and directives that impact HIV/AIDS HCB Settings.	September 2014	October 2014	SCDHHS, SCDDSN, SCDHEC, SC Code of Regulations	SCDHHS, SCDDSN, private providers	Gather all sources of regulation in advance of systemic review.
Section 2. Assessment						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Review existing regulations, policies, standards, and directives for HIV/AIDS HCB settings	As part of the Statewide Transition plan, conduct review of existing policies, qualification standards, licensure regulations, etc. for HIV/AIDS HCB settings to determine conformance to HCBS rule using CFR language as the rubric.	October 2014	January 2015	SC Code of Regulations, SCDHHS policies, SCDDSN policies, SCDHEC regulations	SCDHHS, SCDDSN, SCDHEC	Determine compliance with HCB standards.
Develop Residential assessment tool	Create an assessment tool for residential providers to evaluate compliance with settings requirements.	June 2014	September 2014	CMS Guidance, CFR, State developed assessment tools (Iowa,	SCDHHS, SCDDSN, providers	Assessment tool is developed.

				Kansas, Florida)		
Section 2. Assessment continued						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Submit assessment tool for review	Assessment tool submitted to CMS and the large Stakeholder workgroup for review and feedback.	August 2014	October 2014	Draft assessment tool	SCDHHS, SCDDSN, Providers, Advocacy groups, beneficiaries, families	Incorporate appropriate revisions into tool.
Conduct pilot test of assessment tool	Assessment tool will be sent to a sample of providers to test and determine if revisions are needed. Clear instructions on completion of the tool will be developed from this pilot.	January 2015	March 2015	Draft assessment tool	SCDHHS, SCDDSN, Providers	Test assessment tool to ensure accurate data is gathered.
Revise assessment and develop instructions	The assessment tool will be revised as needed after the pilot testing. Clear instructions will be developed for completion of the assessment.	March 2015	April 2015	Draft assessment tools	SCDHHS, SCDDSN, Providers	Finalize tool for distribution.
Distribute the assessment tool to providers	Providers will complete the self-assessment tool to determine compliance with HCBS settings requirements.	May 15, 2015* <i>*Providers will have 45 days to complete the assessment</i>	July 1, 2015	Assessment Tool	SCDHHS, Providers, SCDDSN	Providers complete the assessment.

Section 2. Assessment continued						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Conduct site visits at provider facilities	SCDHHS or contracted vendor will conduct site visits on individual settings to determine if any corrective action is needed to meet new standards.	January 2016	December 2016	Assessment results; enrolled providers; HCBS Standards	SCDHHS, SCDDSN, Providers, Advocacy groups, beneficiaries, families	Independent assessment of individual settings is completed.
Review of assessment data	SCDHHS will review the assessment data from the providers and the independent site visits to determine which facilities are in compliance and which facilities are not.	January 2016	December 2016	Assessment results (self-assessment and independent)	SCDHHS; SCDDSN, providers	Results identify deficiencies and steps needed to come into compliance are determined.
Create response to providers using results from the assessment	Providers will be notified of their assessment results and any areas of correction for compliance with HCBS Rule.	January 2016	December 2016	Assessment results	SCDHHS, SCDDSN, Providers, Advocacy groups, beneficiaries, families	Providers aware of deficiencies regarding compliance with HCBS Rule.
Section 3. Compliance Actions						
Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Intervention/Outcome
Policy Revisions	SCDHHS will review and revise policies as necessary to reflect HCBS regulations as well as ongoing monitoring and compliance.	September 2015	March 2016	CMS Guidance, CFR, SCDHHS policy manuals	SCDHHS, Partner agencies, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements.

Section 3. Compliance Actions <i>continued</i>						
Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Intervention/Outcome
Develop action plan for compliance	SCDHHS informs providers to create their own action plan outlining how they will bring their facility(ies) into compliance. It will be submitted to SCDHHS to review and approve.	January 2016* <i>*Providers will have 30 days to develop an action plan</i>	December 2016	Assessment results, information from SCDHHS, CMS guidance	SCDHHS, Providers	Each provider develops an approved action plan for compliance.
Provider follow up	SCDHHS will follow up with providers to monitor progress towards compliance and if HCBS requirements are met based on timeframe in their approved action plans	January 2017	December 2018	Assessment results, Provider action plans, CMS Guidance, CFR, SCDHHS policies	SCDHHS, Providers	Providers come into compliance with HCBS rule.
Provider Training and Education	To ensure understanding of HCBS rule requirements, SCDHHS will develop and provide training/education as needed to providers, ensure ongoing compliance with requirements.	January 2016	December 2017	CMS Guidance, CFR, SCDHHS policies,	SCDHHS, partner agencies, providers	Educate providers on HCBS rule and its requirements.

Section 4. Communications						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Form Stakeholder workgroup	Invited various stakeholders to come together to address new HCBS Final Rule and provide input on plans to come into compliance.	Feb. 26, 2014	December 2015	Partner Agencies, Advocacy groups, providers, beneficiaries, and families	Partner Agencies, Advocacy groups, providers, beneficiaries, and families	Monthly workgroup meetings
Provide Notice to MCAC	Provide notice of the Waiver Amendment and the Transition plan at MCAC meeting.	September 10, 2014 and May 5, 2015		Advisories to MCAC	SCDHHS, Providers, Beneficiaries, Advocacy groups	MCAC advised of Waiver Amendment and when will be submitted per agency policy.
Tribal Notification	Notice is provided to the Catawba Indian Nation on the amendment of the waiver and transition plan; a conference call is held to discuss.	September 10, 2014; May 5, 2015; and May 20, 2015		Proposed waiver amendment changes and transition plan	SCDHHS, Catawba Indian Nation	Any questions or concerns about waiver amendments or transition plan are addressed.
Public Notice provided for Posting of Draft Waiver Amendment Document and Waiver Transition Plan and Public Meeting	Notice of the draft waiver amendment document and Waiver Transition Plan posted to the SCDHHS website; sent out via listserv to any interested parties, e-mailed to MCAC, Tribal Notification and other pertinent organizations; printed copies posted in all CLTC Area and Satellite	Before or on August 21, 2015	September 21, 2015	Public notice document, Waiver document, HIV/AIDS Transition plan document	SCDHHS, Beneficiaries, families, Providers, Advocacy Groups	Public notice posted along with waiver amendment document and HIV/AIDS waiver transition plan.

	Offices and SCDHHS lobby.					
Section 4. Communications <i>continued</i>						
<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>End Date</i>	<i>Sources</i>	<i>Stakeholders</i>	<i>Intervention/Outcome</i>
Public comment – waiver amendments and transition plan	SCDHHS will gather public comments for review through multiple methods and make appropriate changes to the waiver amendment and transition plan. Comments will be gathered via mail, email, and in person.	August 21, 2015	September 21, 2015	Public notice document, HIV/AIDS waiver and Transition plan Draft document	SCDHHS, Beneficiaries, families, Providers, Advocacy Groups	Public notice posted along with waiver application document and HIV/AIDS waiver transition plan.
Public Comment collection and revisions	SCDHHS will review all comments on the waiver amendment and transition plan and make appropriate changes to both documents.	August 21, 2015	September 28, 2015	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.